

Board of Directors
Item 5.4

Subject: Getting it Right First Time (“GIRFT”) programme update
Date of Meeting: 27th September 2022
Prepared by: Michael Filek, Head of Improvement and Transformation
Presented by: Dr Raphael Perry – Medical Director
Purpose of Report: For Noting

BAF Reference	Impact on BAF
BAF 1 BAF 10	Failure to improve patient outcomes; Implications for system working and ICS collaboration

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
✓	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

The paper provides an update on progress against the GIRFT programmes in specific service lines at LHCH.

There are 8 GIRFT National Best Practice Reports applicable to LHCH services. Progress is good and improving with seven of eight services progressing their improvement plans. The latest GIRFT Lung Cancer report was only published in April 2022 and the Lung Cancer team is scheduled to commence its review of this report 26th September. Cardiology, Respiratory, and Critical Care are moving into a closure phase of monitoring, having addressed as far as practicable all the recommendations.

This paper also updates on the local provider ‘Deep Dive’ data packs and site visits. Excellent feedback was received from GIRFT’s clinical leads following the two site visits in the previous year.

2. Background

The Getting It Right First Time (GIRFT) programme was established in November 2016 following the pioneering work in orthopaedics by Professor Tim Briggs which improved quality and delivered estimated savings of £30m - £50m.

GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. Working to the principle that a patient should expect to receive equally timely and effective investigations, treatment and outcomes wherever care is delivered, irrespective of who delivers that care, GIRFT aims to identify approaches from across the NHS that improve outcomes and patient experience, without the need for radical change or additional investment.

GIRFT is part of an aligned set of programmes within NHS England and NHS Improvement. The programme has the backing of the Royal Colleges and professional associations and has a significant and growing presence on the Model Health System (Model Hospital) portal, with its data-rich approach providing the evidence for hospitals to benchmark against expected standards of service and efficiency.

There are two main report types produced by GIRFT:

- **Provider Level Report** (“Deep Dive”) –an extensive benchmarking data pack
- **National Best Practice** reports – based on the conclusions drawn from the deep dive reports for multiple providers

Liverpool Heart and Chest Hospital has received Deep Dive data packs for a series of specialties as set out below.

Specialty	Report
Litigation	2021
Surgical Site Infections	2021
Cardiothoracic Surgery	2021
Lung Cancer	2020
Outpatients	2020
Cardiology	2019
Anaesthesia and Periop Medicine	2019
Critical Care	2018

Deep Dive visits are a peer-to-peer conversation led by the national GIRFT clinical lead(s) for each specialty. Each deep dive visit is supported by an extensive benchmarking Deep Dive ‘Data Pack’ provided by GIRFT. Prior to the pandemic, visits were conducted on site at the hospital; more recent Deep Dives have been conducted virtually.

Following deep dive visits, GIRFT typically shares observation notes, followed by a range of proposed actions for the Trust to consider and jointly agree. LHCH fields strong clinical and operational representation at these meetings.

GIRFT’s observations and findings from the Deep Dives of all providers sampled nationally are then aggregated in the form of a best practice report for each specialty. Those relevant to Liverpool Heart and Chest Hospital are set out below.

Specialty	Report
Lung Cancer	2022
Anaesthesia and Periop Medicine	2021
Litigation	2021
Respiratory	2021
Critical Care	2021
Cardiology	2021
Radiology	2020
Cardiothoracic Surgery	2018

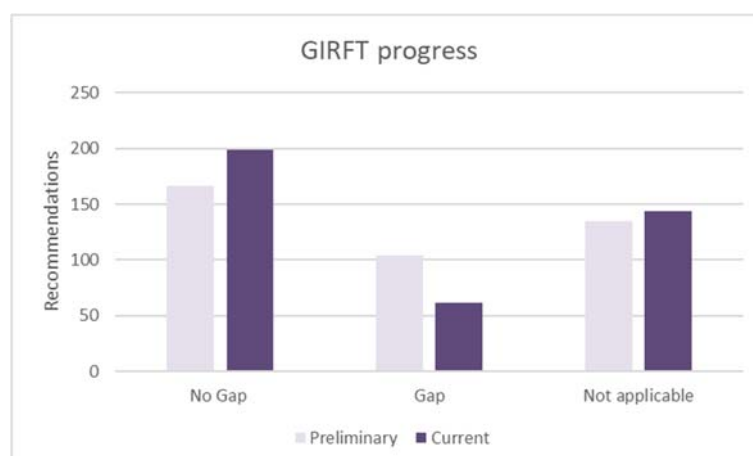
The Deep Dive recommendations and national best practice recommendations overlap to a degree. Liverpool Heart & Chest Hospital reviews each report type for completeness. Progress is monitored through regular meetings with clinical leads. The monitoring arrangements are set out in Appendix 1. Each specialty report has a nominated clinical lead.

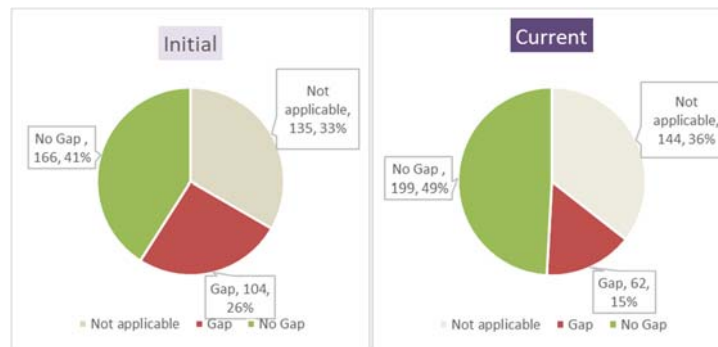
3. GIRFT Programme Update

Progress is measured by reference to the GIRFT requirements to adopt best practice wherever possible and to act upon the key recommendations in the reports.

LHCH has regular meetings with the North West GIRFT Regional Implementation Manager to ensure work on the GIRFT recommendations are progressing in accordance with expectations. There was a vacancy in that post at GIRFT from February to July 2022; meetings have resumed in August and September. Feedback from the Regional Implementation Manager continues to be positive, and confirms the LHCH approach is consistent with GIRFT expectations. The Trust's GIRFT structure is provided in Appendix 1.

Each of the seven active specialties has completed a gap analysis against the national best practice reports, and is monitoring progress against the preliminary gap analysis. In total, 405 recommendations are under review across the seven specialties. Progress can be seen below:

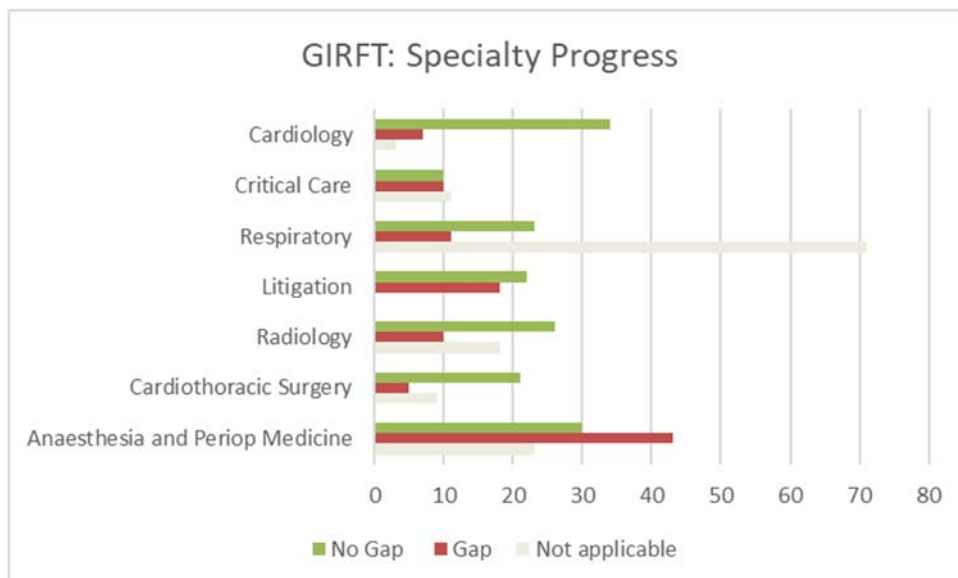




As shown above, there are currently 42 fewer gaps compared to the initial position (a reduction from 104 to 62 gaps).

Several recommendations are considered “Not applicable” by specialty leads. These relate mainly to recommendations for which GIRFT identifies a third party (typically GIRFT, or a professional body / society) as responsible for delivering the recommendation.

Progress at specialty level is as follows:



4. Deep Dive Site Visits Update

Two site visits were completed in the previous 12 months. Very positive feedback was received from the GIRFT national clinical leads as follows:

Cardiothoracic Surgery

GIRFT issued an updated deep dive data pack in 2021, and arranged a virtual site visit to the trust 13th December 2021. They have since issued their Observation Notes from that visit, which had strong representation from the Trust (clinical leads, Trust executive, theatre team, and operational managers). The observation notes were very positive and well received by the Team. The key points outlined in the Observation Notes were grouped as follows:

Notable good practice – Cardiac

Consultant led ward round for both thoracic and cardiac.

Notable good practice – Thoracic

- LHCH hold themselves to a local target of performing surgery within 2 weeks of referral, considerably ahead of current

<ul style="list-style-type: none"> • Exemplar aortic service: • dedicated subspecialist team freed from main on-call rota to provide subspecialist care to all acute aortic syndrome surgical patients. • Close working with vascular team, regional subspecialist MDTs and tailored follow up specific to individual aortic syndromes. • Urgent cardiac pathway works well. Established SoW model, pathway coordinators, 4 day/week urgent revascularisation MDT, referral management software and dedicated urgent slots on cardiac lists 	<p>national targets. This policy is reflected in short times to treatment for lung cancer.</p> <ul style="list-style-type: none"> • High resection rates and good outcomes delivered in a population with high levels of comorbidity and deprivation. • Good collaborative working with Aintree MTC, so that trauma surgery has little impact on the wider thoracic service. • Well-established high-risk MDT. • Weekend consultant ward rounds embedded. • High levels of minimal access surgery delivered.
<p>Improvement Opportunities – Cardiac</p> <ul style="list-style-type: none"> • There should be investment in the pre-operative clinic, including job-planned anaesthetist time. • This would be a platform for further development of a DOSA programme and pre-op optimisation / pre-habilitation (diabetes, activity, smoking cessation and other interventions). • Mitral – data possibly incorrect. Local review suggested. 	<p>Improvement Opportunities - Thoracic</p> <ul style="list-style-type: none"> • Scope to develop and increase the DOSA programme, aiming initially at achieving the national rate of >50% admitted on day of surgery. • 30-day complications in lung resections should be reviewed. Rate seems high but incongruous with some other outcome data.

Following the feedback from the site visit in December 2021, a review of the surgical GIRFT report was presented to Surgery and Anaesthetic Audit day on 19th July 2022. Clinical consensus was obtained in relation to the majority of recommendations in the GIRFT national report, and an action plan agreed.

Critical Care

The data pack was issued in 2018, and the Deep Dive visit to the Trust was significantly delayed (in large measure due to Covid). A constructive and very positive (virtual) meeting was eventually held 2nd December 2021 with GIRFT's national clinical lead, Dr A Batchelor, who praised the unit's cohesiveness and teamwork. LHCH had broad clinical and operational representation at the meeting. Dr Batchelor's key remarks in her Observation Notes (attached as Appendix 3) are set out below together with LHCH's current position:

	Area	GIRFT Observations	Current position and comments
1	Infection in Critical Care Quality Improvement Programme (ICQIP)	To consider using ICQIP for central line and food stream infection monitoring as it is a useful tool for quality improvement. The more units who participate, the better the information is. It's a way of benchmarking against general and cardiac units	ICQIP is a benchmarking surveillance programme supported by Public Health England, and recommended by GIRFT in the National Best Practice Report for Critical Care. Participation is recommended in the Critical Care specialised commissioning service specification. ICQIP has a focus on anti-microbial resistant infections.

	Area	GIRFT Observations	Current position and comments
			<p>ICCQIP was founded following the results of the "Matching Michigan" study which demonstrated a 60% reduction in reported CVC-BSIs in adult ICUs in England.</p> <p>Participation in ICCQIP was agreed in principle at the August Clinical Services Divisional Board meeting.</p> <p>The next step is to make a formal expression of interest to ICCQIP.</p> <p>Once registered and submitting data, LHCH will be demonstrating clinical leadership through this currently under-subscribed surveillance.</p>
2	Critical Care Research	The unit was encouraged to reinvigorate its research activity in the Critical Care unit, as the evidence demonstrates that units that undertake research have better outcomes	The Unit is now well embedded in an ICNARC funded multi-centre trial, having recruited 12 patients since the GIRFT visit in December 2021. The unit is now satisfied it is compliant with the GIRFT recommendation to undertake research and has a longer term aspiration to build on this.
3	Renal team	An opportunity to identify ways of acquiring more renal support for critical care patients	The Unit considers its baseline provision of renal therapy (haemofiltration) to be good from the outset. This has now been strengthened by agreed capital investment to upgrade rooms on the unit to Haemodialysis. To date, two rooms on the unit have been converted to Haemodialysis capability. More are planned.
4	Workforce	Evaluate the current workforce to fill in the gaps in the allied health professional groups, such as physiotherapy, occupational therapists, and pharmacy, in order to provide the seven-day cover, especially at the weekends. Need to meet GPICS standards	At July 2022 Operational Board, a business case to extend physiotherapy cover to the weekends was presented but deferred pending resolution of budget issues. LHCH remains non compliant with the GPICS2 standard that is ~3 years old. See risks below

The GIRFT team also acknowledged areas of "Notable good practice" in Critical Care:

- The Trust has an excellent collaborative approach seen in the multidisciplinary team at the hospital.
- End of Life care patients have a rapid discharge service with a unique and outstanding service which enables a quick turnaround. The staff will escort patients back to where they need to be to achieve the patient's wishes, which is best care practice at the Trust.
- The Trust has worked on improving infection prevention. The Critical Care infection prevention nurse post was created in order to manage any bacteraemia or infection on the ward, which has a review to see if there is any learning to be gained from it.
- There are no patients discharged overnight, which is good practice.

- The risk of not being able to take a patient that needs to come in is a better way to measure efficiency than occupancy. The team is an exemplar with the team able to balance the beds and avoid cancellations and make space available for emergency cases.

5. National Best Practice progress

LHCH self-assesses itself against each recommendation in all relevant National Best Practice reports, and formulates a remedial action plan where there are any gaps. Progress to date is set out below.

Specialty	Report	Clinical Lead	Report Date	Gap Analysis	Actions Agreed	Progress RAG	Movement
Lung Cancer	2022	Mr J Asante-Siaw	Apr-22	New	New	New	New
Anaesthesia and Periop Medicine	2021	Dr M Evans	Sep-21	Yes	Yes	Amber	▲
Litigation	2021	Dr N Scawn	May-21	Yes	Yes	Green	■
Respiratory	2021	Dr J Morris	Mar-21	Yes	Yes	Green	■
Critical Care	2021	Dr N Coulson	Feb-21	Yes	Yes	Green	■
Cardiology	2021	Dr J Morris	Feb-21	Yes	Yes	Green	■
Radiology	2020	Dr M Ntouskou	Nov-20	Yes	Yes	Amber	▲
Cardiothoracic Surgery	2018	Mr M Kudavali	Mar-18	Yes	Yes	Green	▲

In terms of those with an Amber RAG rating:

- **Lung Cancer** – The Surgery Division has scheduled a first review meeting 26th September 2022 to progress the gap analysis and improvement plan for the latest available GIRFT report for Lung Cancer, which was published in April 2022.
- **Radiology** - The gap analysis has been completed and an improvement plan to close the gaps has been drafted. The Clinical Services Division plans to bring the gap analysis and action plan to Quality Committee in October 2022.

6. Key achievements in the year

The key achievements in year in relation to GIRFT are:

- Outstanding feedback from GIRFT site visits for Critical Care and Cardiothoracic Surgery
- GIRFT influenced improvements in Critical Care:
 - Reinvigorated research activities
 - Enhanced renal support
 - Enhanced Pharmacy, Psychology and outreach in the unit
 - Divisional approval in principle for participation in ICCQIP
 - Business case developed to support achievement of the GPICS2 standard for 7/7 physio cover. This is currently pending a final decision.
 - Research - now actively participating in a multicentre clinical trial and, jointly with the Research team, has ambitions to increase its research profile
- Surgical Site Infections – the internal review of the GIRFT SSI report influenced decision to introduce Endoscopic Vein Harvesting (EVH), with anticipated benefits to patient experience and potentially improved infection rates (although EVH is not explicitly referenced in the report).

7. Risks

The main risks relating to the improvement plans are:

- **7/7 physiotherapy provision (GPICS2)** Funding constraints may prevent achieving compliance with GPICS2 standard for 7/7 physiotherapy
- **Sharing of Litigation Learning** – there may be long standing cultural obstacles to sharing learning earlier in the process of litigation; delay on identifying and sharing themes from LHCH's 5 year litigation review.
- **Capital funding and estate constraints** may make it challenging to deliver the patient dignity recommendations for Radiology
- **DOSA** – dedicated staffing and area

8. Conclusion

The GIRFT programme is a clinically led programme aimed at improving patient care and treatment. It is underpinned by data that highlights variation, and through an extensive process of peer-to-peer conversations, GIRFT identifies best practice.

The experience to date at LHCH is very good, with increasing levels of support and buy-in from clinical and operational teams. Critical Care, Cardiology and Respiratory aim to formally close their active monitoring at the earliest possible opportunity (there being no formal GIRFT closure process) through divisional governance. Any residual gaps and corresponding improvement plans will be covered in Business as Usual in the Divisions.

The feedback from GIRFT following site visits to date has been excellent.

The Trust's regular contact with the regional Implementation Manager from the Northwest appears to be exemplary practice, and provides assurance that the LHCH approach to GIRFT is in line with GIRFT's expectations. GIRFT reiterates consistently that it is not a regulator; nevertheless, LHCH has taken the opportunity through the Regional Implementation to demonstrate its high levels of compliance, clinical engagement and support for the GIRFT ethos.

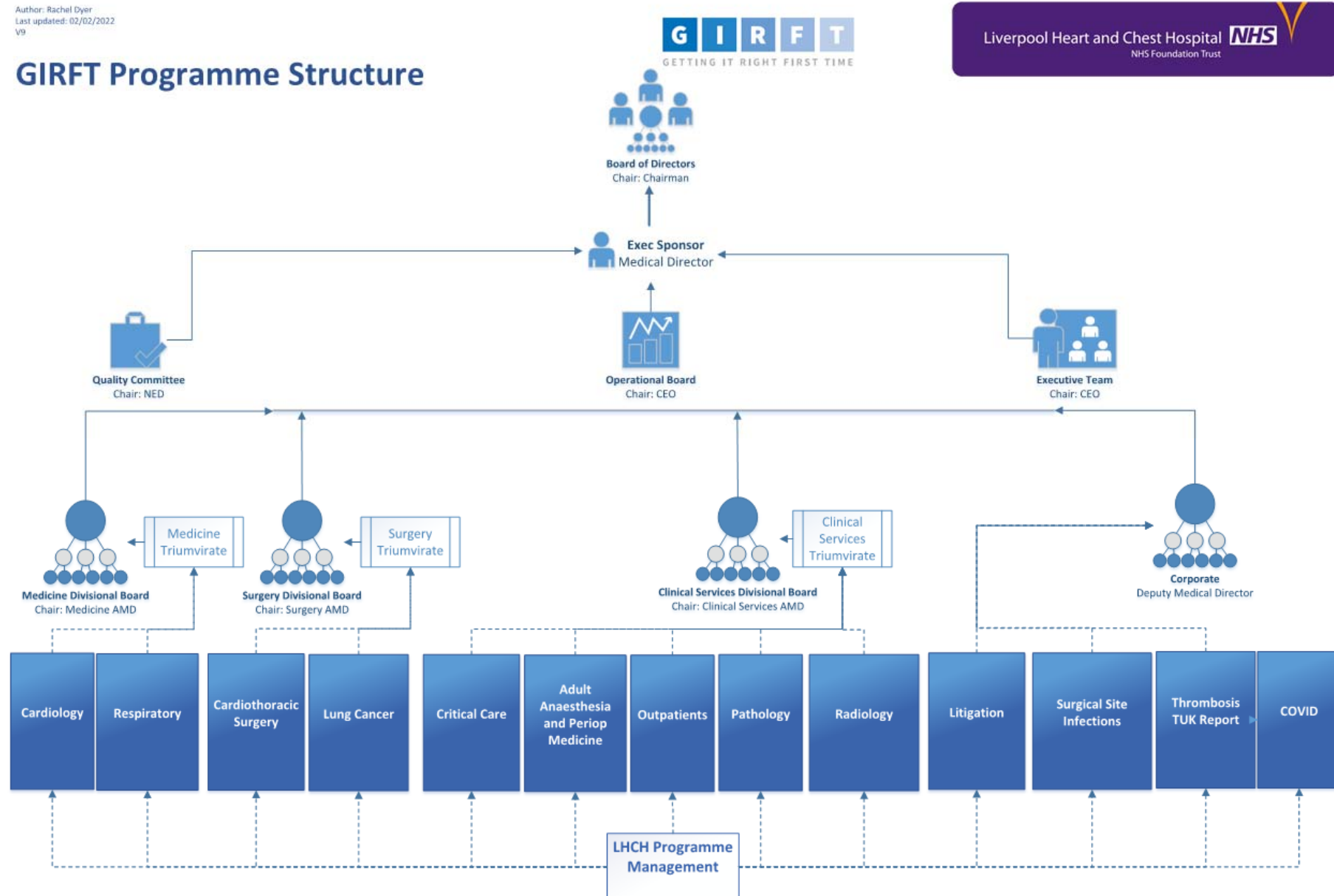
9. Recommendations

The Board of Directors is asked to note the contents of the report, and take assurance that the trust is acting upon the GIRFT information and recommendations in order to improve outcomes, safety and experience for our patients.

Appendix 1

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Last updated: 02/02/2022
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GIRFT Programme Structure



Liverpool Heart and Chest Hospital **NHS**
NHS Foundation Trust