

## Board of Directors

### Item 5.4

**Subject:** Getting it Right First Time (“GIRFT”) programme update  
**Date of Meeting:** 24<sup>th</sup> September 2024  
**Presented by:** Manoj Kuduvalli  
**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)					
<input checked="" type="checkbox"/>	Acceptable assurance	<input type="checkbox"/>	Partial assurance	<input type="checkbox"/>	Low assurance

### 1. Executive Summary

The paper provides an update on the Trust’s Getting it Right First Time (GIRFT) programme. The programme consists of two areas:

- 1) **National specialty reports** - The Trust continues to make progress against the recommendations in the GIRFT National Specialty reports. Compliance has improved from the baseline 61% to 82% (September 2024). Five of nine specialty workstreams have completed as far as practicable adopting measures to increase compliance with the national specialty recommendations.
- 2) **“Further Faster” Handbooks** – GIRFT has more recently introduced a significant body of guidance building on the national specialty reports and extensive provider / system engagement. There are 19 specialties currently in scope, of which three apply to LHCH. Handbook checklists have been completed for two of the three specialties in scope (Cardiology, Respiratory) and the final checklist relates to Anaesthesia and Perioperative Medicine & Theatres. Work will now commence on developing and progressing plans to address gaps identified in Cardiology and Respiratory checklists, and also to complete the perioperative checklist.

### Background

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

GIRFT is a national programme designed to improve the treatment and care of patients through 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.

GIRFT has more recently launched its “Further Faster” programme, so-called to support rapid clinical transformation with the aim of reducing 52-week waits, reducing unnecessary appointments and improving access and waiting times for patients. There are currently 19 specialties in the Further Faster programme:



### The 19 specialties are...

- ➡ 1. Anaesthesia & perioperative medicine
- ➡ 2. Cardiology
- 3. Children and young people
- 4. Dermatology
- 5. Diabetes
- 6. Endocrinology
- 7. ENT
- 8. Gastroenterology
- 9. General surgery
- 10. Geriatric medicine
- 11. Gynaecology
- 12. Neurology
- 13. Ophthalmology
- 14. Orthopaedics
- 15. Paediatrics
- ➡ 16. Respiratory
- 17. Rheumatology
- 18. Spinal surgery
- 19. Urology

Specialties that will form part of LHCH’s GIRFT Further Faster programme are highlighted above. Currently there are no plans to develop a Further Faster Handbook for cardiac surgery, based on discussions with the regional GIRFT implementation Manager and the C&M ICB Outpatient Transformation Senior Project Manager.

### Programme Arrangements

Liverpool Heart and Chest Hospital reviews each GIRFT report and identifies areas where our services are considered not compliant with the recommendations. The Trust’s approach is clinically led and supported by the Head of Improvement and Transformation. LHCH continues to engage with the GIRFT Regional Implementation Manager when required to ensure work on the GIRFT recommendations are progressing in accordance with expectation. Additional support is provided as required by the Improvement Team.

## 2. GIRFT Programme Update

Progress as at 6th September on improving compliance with the national specialty report recommendations is shown below:

Ref	Specialty	Status	Recom- mendations	Preliminary			Current Sep-24		
				N/A	Not compliant	Compliant	N/A	Not Compliant	Compliant
1	Stroke	Open	116	93	17	6	106	5	5
2	Lung Cancer	Open	156	72	23	61	72	13	71
3	Anaesthesia and Periop Medicine	Open	95	23	43	29	26	28	41
4	Radiology	Open	54	18	10	26	21	6	27
5	Respiratory	Closed	105	71	11	23	73	1	31
6	Cardiology	Closed	44	10	12	22	10	1	33
7	Critical Care	Closed	31	12	4	15	14	2	15
8	Cardiothoracic Surgery	Closed	35	9	5	21	9	4	22
9	Litigation	Closed	40	0	18	22	1	2	37
TOTALS			676	308	143	225	332	62	282
Compliance % of Applicable					39%	61%		18%	82%

The compliance across the open specialties is as follows:

Ref	Specialty	Status	Recom- mendations	Preliminary			Current Sep-24		
				N/A	Not compliant	Compliant	N/A	Not Compliant	Compliant
1	Stroke	Open	116	93	17	6	106	5	5
2	Lung Cancer	Open	156	72	23	61	72	13	71
3	Anaesthesia and Periop Medicine	Open	95	23	43	29	26	28	41
4	Radiology	Open	54	18	10	26	21	6	27
TOTALS			421	206	93	122	225	52	144
Compliance % of Applicable					43%	57%		27%	73%

A summary of key issues for each open specialty is set out below.

### Stroke

*Neuropsychology provision* – there remains a gap in provision of psychology services. Efforts to identify appropriate resource for this recommendation in the divisions has not been successful to date. A decision is required whether / how to support additional neuropsychology to improve patient experience and outcomes.

*Diagnostics* - Funds have been identified regionally to procure Brainomix, a platform that uses artificial intelligence algorithms to provide interpretation of brain scans, which is expected to improve treatment and transfer decisions for stroke patients. This is currently in the implementation phase. On go-live (timelines are to be confirmed), it is anticipated that the platform will support more patients to get the right treatment, in the right place, at the right time. Further updates will be provided as the implementation progresses.

*Therapies* – Improvements in Speech and Language Therapies (SALT) weekend referral to screen time and full SALT assessment has been noted, following successful recruitment to a new post at Band 8a earlier in the calendar year. An audit is planned to assess these improvements; it should be noted however,

that the Trust is not fully compliant with the recommendation to provide 7/7 therapies. A decision is required whether to adopt 7/7 working, or to implement suitable mitigations.

## Anaesthesia and Perioperative Medicine

Increased formal programme arrangements were introduced in May 2024 with a view to prioritising remaining areas of non compliance:

- Prehabilitation
- Enhanced Recovery
- Enhanced Care
- Day of Surgery Admissions (“DOSA”)

Clinical leads have agreed that DOSA should be addressed as the current improvement priority based on:

1. GIRFT's recommendation that DOSA be the default method of admission, even for the most complex cases and including patients travelling long distances
2. Anticipated benefits to experience, outcomes and finance that will result from increased DOSA rate
3. Benchmarking shows that LHCH is an outlier in DOSA, for both Cardiac Surgery and Thoracic Surgery (see **Appendix 1**).
4. Improvements in DOSA are expected to support improvements in compliance with other GIRFT Perioperative recommendations.

The approach above was presented to and supported by Operational Board (May 2024).

Process mapping facilitated by the Improvement Team was completed in late June jointly with key operational and clinical stakeholders, which has identified several issues and opportunities, and in August a ‘future state’ process mapping exercise was undertaken. Detailed plans will be drawn up to support improvement in the DOSA rate. The DOSA rate has also been considered in recent discussions relating to productivity.

Prehabilitation, enhanced recovery, enhanced care and other areas in the GIRFT Perioperative report will be addressed in turn.

## Radiology

Clinical Services division has been focussed on addressing both the Provider to Provider P2P risk, and also supporting the CAMRIN review while dealing with high levels of staff sickness. With the appointment two additional consultants, a post at Band 8b, and an improvement in sickness levels, the division has been in a position from August to progress the GIRFT recommendations and to cross reference these to the CAMRIN review. The CAMRIN recommendations are monitored in divisional governance. GIRFT Radiology recommendations are now being reviewed with the clinical lead, service managers and the Head of Improvement and Transformation. A gap analysis will be completed in late Q2/Q3; where gaps are identified, an improvement plan will be developed.

## Lung Cancer

Significant progress is noted in the development of a reporting dashboard that has been developed internally and shared with stakeholders for feedback. Pending any refinements arising from the stakeholder feedback, this dashboard is expected to ensure compliance with a key GIRFT recommendation that lung cancer services should have access to real time data on individual steps in the pathway.

Recommendations relating to prehabilitation will be addressed as part of the Perioperative workstream (which as mentioned above however is currently focussed on DOSA).

An area of non-compliance relates to the Specialist Nurse ratio, which is lower than the standard set. The clinical lead is **satisfied** that there is no clinical risk. A decision may be required whether to identify

resource to increase the ratio, or to continue to apply or strengthen the current mitigations (which is felt to come at the cost of taking time away from research activity).

## **Further Faster**

There are three Further Faster Handbooks that apply to LHCH:

- Cardiology
- Respiratory
- Anaesthesia and Perioperative Medicine & Theatres

The handbook checklists have been completed for Cardiology and Respiratory. Once these are internally validated, they will be shared with GIRFT (Q2), and more importantly supporting improvement plans for identified gaps will be developed. Updates will be provided to Ops Board, Quality Committee and Board periodically as appropriate.

Work on the third applicable Further Faster handbook, Anaesthesia and Perioperative Medicine & Theatres, will commence in late Q2 / Q3. This Further Faster handbook cuts across pre-op, risk stratification/triage, patient optimisation, theatre productivity, booking, scheduling and other areas.

LHCH has had divisional representation, along with the Head of Improvement and Transformation, at the Cheshire and Mersey Further Faster Working Group, to keep abreast of emerging issues and developments.

## **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.

LHCH supports adoption of best practice identified by GIRFT and has in place a programme to support development and monitoring of improvement plans based on the GIRFT benchmarking and best practice recommendations. The programme is clinically led and supported operationally.

5 of 9 specialties have completed work on their respective reports. Plans are in place to progress the other 4 specialties. Compliance with the national specialty report recommendations has improved from 61% to 82%.

Further Faster Handbook reviews are underway, with two of three checklists complete pending clinical validation, and the third scheduled for completion in Q3.

## **Recommendations**

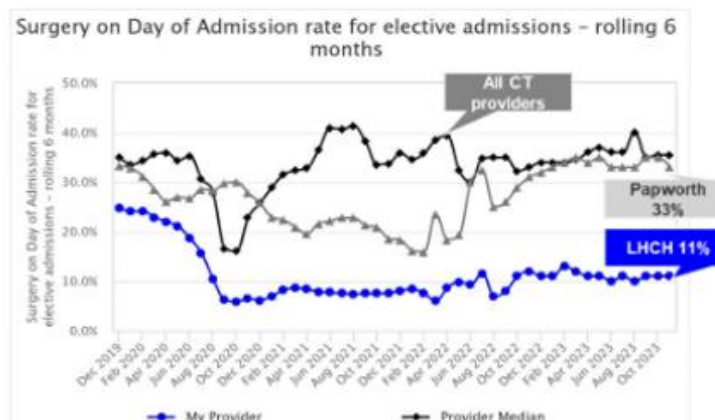
The Quality Committee is asked to note the contents of the report, and take assurance that the trust is acting upon the GIRFT information, including their Further Faster Handbooks, and benchmarking in order to improve outcomes, safety and experience for our patients.

## Appendix 1 – DOSA Benchmarking

### Benchmarking

#### DOSA - Elective CardioThoracic (excl Daycase)

- Model Hospital performance reflects current challenges and opportunities
  - Location
  - Virtual clinic process / admin support
  - Consistency of pre-op diagnostic work up
  - Forward planning theatre



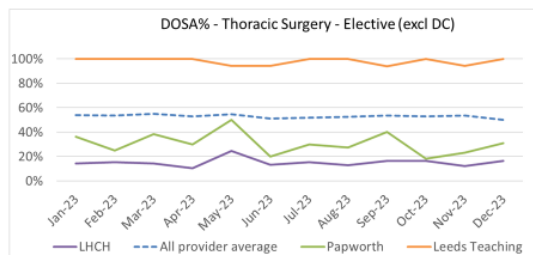
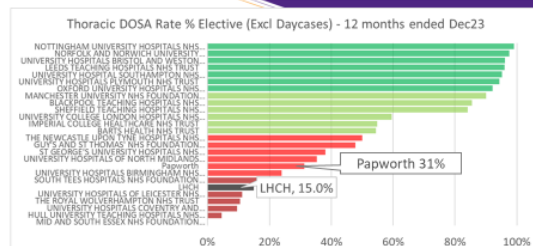


## Thoracic

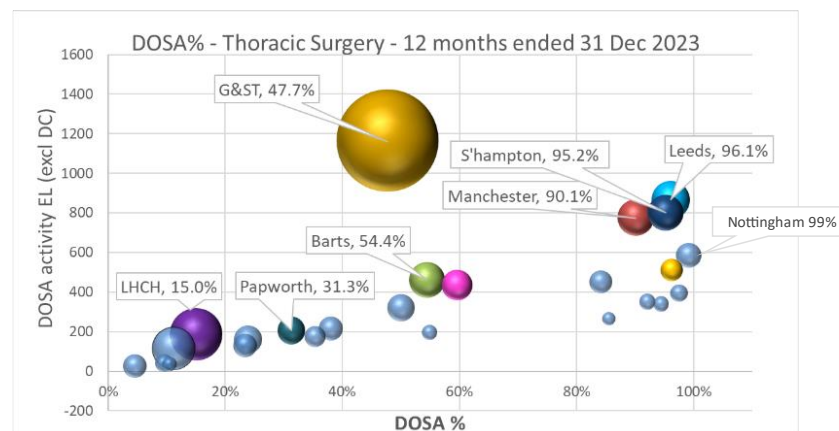
### Benchmarking DOSA – Thoracic

12 months ended 31 December 2023

Provider	Total spells	DOSA spells	% DOSA
Nottingham	590	585	99.2%
Norfolk and Norw	405	395	97.5%
Bristol	530	510	96.2%
Leeds	900	865	96.1%
Southampton	840	800	95.2%
Plymouth	360	340	94.4%
Oxford	380	350	92.1%
Manchester	860	775	90.1%
Blackpool	310	265	85.5%
Sheffield Teaching	535	450	84.1%
UCL	730	435	59.6%
Imperial	355	195	54.9%
Barts	845	460	54.4%
Newcastle Upon T	640	320	50.0%
G&ST	2,440	1,165	47.7%
St Georges	565	215	38.1%
North Midlands	495	175	35.4%
Papworth	655	205	31.3%
UHB	670	160	23.9%
South Tees	555	130	23.4%
LHCH	1,248	187	15.0%
Leicester	1,025	115	11.2%
Wolverhampton	335	35	10.4%
Coventry	420	40	9.5%
Hull	550	25	4.5%



### Benchmarking DOSA – Thoracic

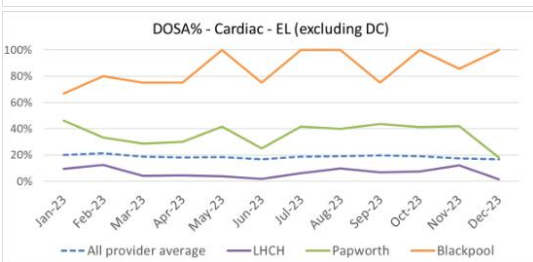
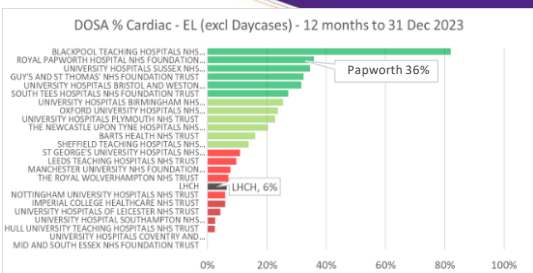


## Cardiac

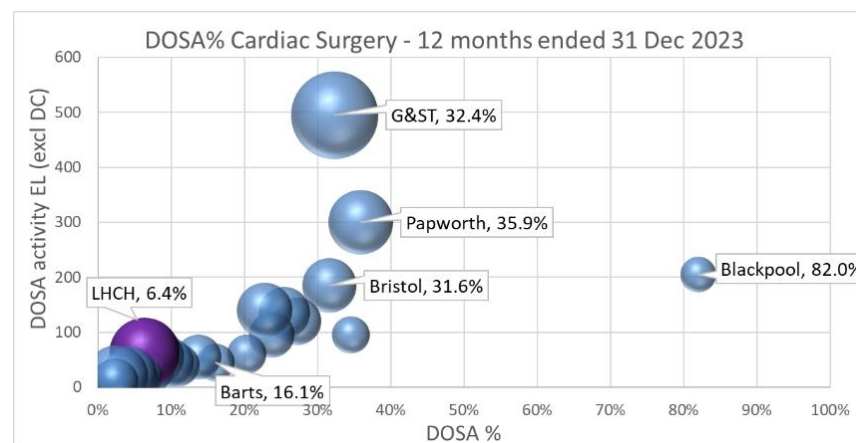
### Benchmarking DOSA – Cardiac

12 months ended 31 December 2023

Provider	Total spells	DOSA Spells	DOSA %
Blackpool	250	205	82.0%
Papworth	835	300	35.9%
Sussex	275	95	34.5%
G&ST	1,530	495	32.4%
Bristol	585	185	31.6%
South Tees	440	120	27.3%
UHB	530	135	25.5%
Oxford	400	95	23.8%
Plymouth	615	140	22.8%
Newcastle Upon Tyne	295	60	20.3%
Barts	280	45	16.1%
Sheffield Teaching	400	55	13.8%
St George's	365	40	11.0%
Leeds	460	45	9.8%
Manchester	715	55	7.7%
Wolverhampton	495	35	7.1%
LHCH	981	63	6.4%
Nottingham	335	20	6.0%
Imperial	255	15	5.9%
Leicester	580	25	4.3%
Southampton	780	20	2.6%
Hull	425	10	2.4%



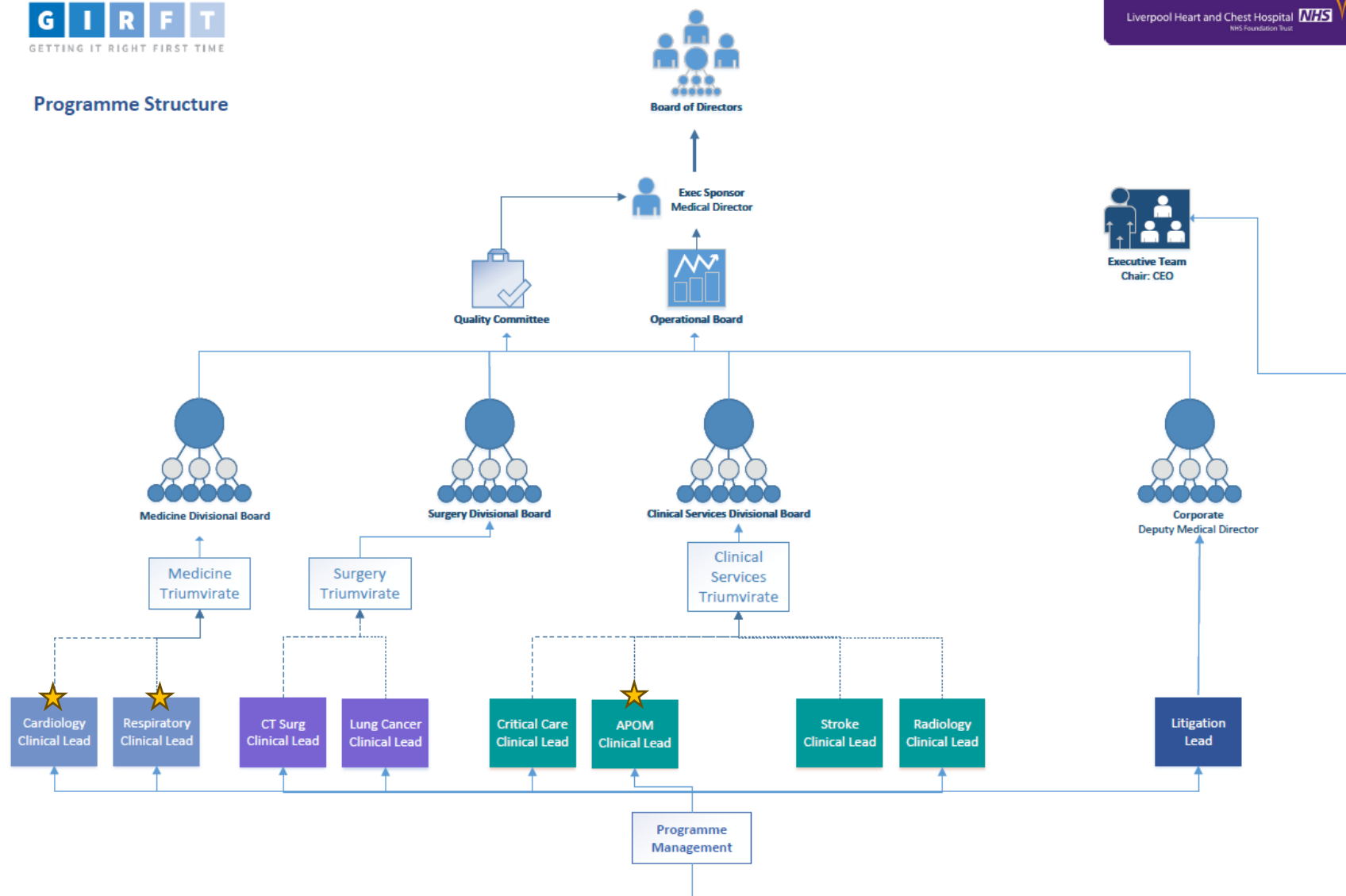
### Benchmarking DOSA – Cardiac



## Appendix 2 – Programme management structure



### Programme Structure



★ Further Faster Handbook specialty