GETTING IT RIGHT FIRST TIME

Royal National Orthopaedic Hospital NHS Trust

NHS Improvement

Getting It Right First Time

Liz Lingard, GIRFT Hub Director
North East, North Cumbria and Yorkshire

NHS Productivity: Delivery Better Value Care
13 December 2017

GIRFT is delivered in partnership with the RNOH and the Operational Productivity Directorate of NHS Improvement

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Introducing GIRFT

GETTING IT RIGHT FIRST TIME – reducing variation, improving patient outcomes

Aiming to deliver **operational productivity improvements** that translate into **resource savings** of £240-420m in 2017-18 and c.£1.4bn p.a. by 2020-21 (c.£3-4bn cumulative 2017-21).

- Programme is led by **frontline clinicians** who are expert in the areas they are reviewing
- Supported by Secretary of State for Health, **Royal Colleges** and professional societies
- **Peer to peer engagement** helping clinicians and managers identify and deliver changes that will improve care and deliver efficiencies.
- **Innovative use of data sets** to identify unwarranted variations in the way services are delivered
- Regional hubs will support trusts, CCGs and STPs to drive **locally designed improvements**

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GIRFT Orthopaedics Pilot: impact to date

c.£50m

savings over two years and improved quality of care

50,000

beds freed up annually by reduced length of stay for hip & knee operations

£4.4m

estimated savings p.a, from increased use of cemented hip replacements for patients aged over 65 – reducing readmissions

75%

of trusts have renegotiated the costs of implant stock and reduced use of expensive 'loan kit'

	2013-14	2015-16
Litigation cases	1,600	1,350
Litigation cost	£215m	£138m

Litigation costs have reduced by 36% in 2 years

British Orthopaedic Association
Caring for Patients; Supporting Surgeons

BOA used GIRFT principles in best practice guidance

A pricing letter provides transparency of procurement costs to all trusts

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Recent progress and milestones

General Surgery National Report (published in August 2017) identified:

- **A total opportunity for £160m savings annually** including £32m from improving enhanced recovery to shorten length of stay
- The need to overhaul quality and capture of clinical data and overcome barriers to addressing variation.
- That consultant-led assessments in Emergency Departments (EDs) could cut admissions by 30%, improving EDs' sustainability and freeing up bed capacity.
- Cost savings of 59% for a basket of typical surgical supplies.

Upcoming milestones

- Implementing GIRFT **surgical infection audit** findings will improve patient outcomes and deliver significant savings (e.g. £1.5bn over 5 years potential in orthopaedics alone).
- **National Reports** for vascular, urology, spinal surgery and cranial neurosurgery due to be released over the coming months.
- **Litigation data** to be shared with Trusts to help drive patient care improvements leading to reduction of litigation costs.
- Regional collaboration with NHSE National **RightCare** and **Elective Care Transformation Programmes**.
- GIRFT to deliver Sir Norman William's vision for the National Clinical Improvement Programme (**NCIP**) initiative.

Implementation until March 2021 with more specialties (oncology, paediatric medicine) to be added subject to DH business case later this autumn

Role of GIRFT Clinical Leads

- Clinical leads will play an active role in working with trusts to develop and implement their action plans.
- A programme of re-visits will ensure that trusts are able to make progress with local implementation and for areas of concern and difficulty to be raised.
- Clinical Leads will work closely with GIRFT regional hubs to monitor progress and to develop specific interventions if progress isn't being made.
- Clinical Leads will continue to have regular contact with clinicians in the trusts to proactively drive forward changes and to be an expert colleague to discuss issues arising.

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GIRFT Implementation: regional hubs

7

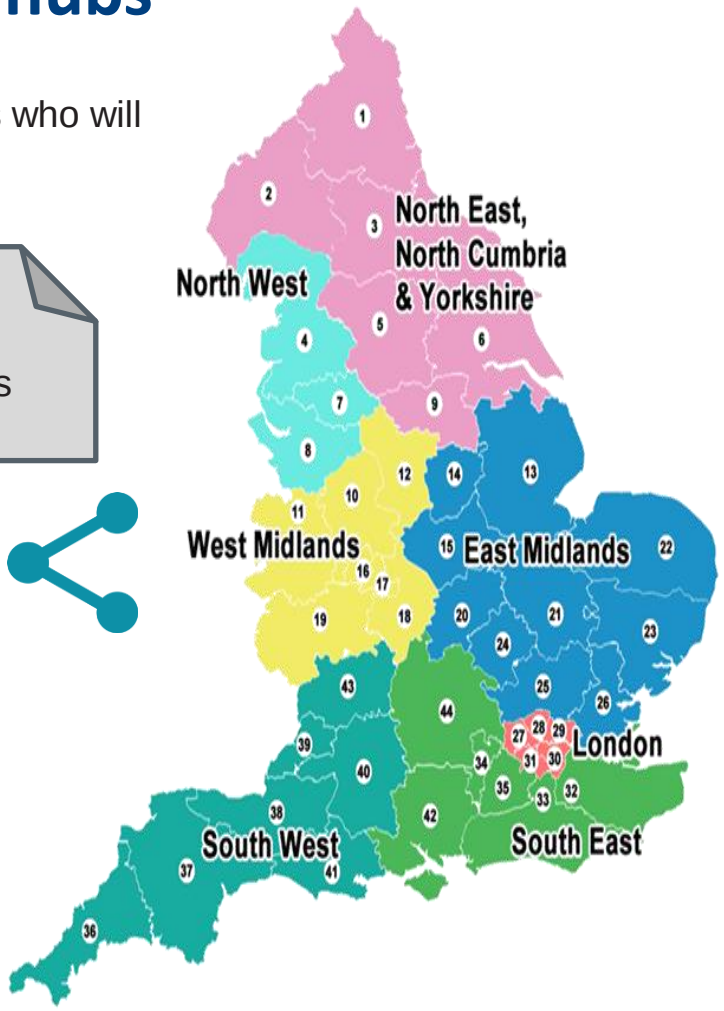
GIRFT Hubs with clinical and project delivery leads who will support trusts, commissioners, STPs and ACCs to:

Build and deliver implementation plans reflecting:
1. The variations highlighted in trusts' data packs
2. The improvement priorities discussed in Clinical Lead visits
3. The recommendations set out in each National Report

Provide concentrated additional resources

and disseminate best practice

Name	Hub Area
Ruth Tyrrell	North West
Ian Donnelly	West Midlands
Liz Lingard	North East, North Cumbria & Yorkshire
Eiri Jones	South West
Michael Dickson	South East
Karen Hansed	East Midlands
Graham Lomax	London



The GIRFT Regional Hub Team

GIRFT Regional Hub Director

- Leadership of GIRFT Hub across home region, ensuring that hub resources are targeted at the highest priorities within each region
- Regular meetings at trust executive level to review GIRFT performance
- Work with clinical leads/ambassadors to help trusts to take a strategic look at the priorities among all the GIRFT workstreams at that trust
- Close work with NHSI Regional Productivity Directors & Regional SMTs to ensure GIRFT work is fully coordinated with wider NHSI trust planning
- Lead coordination with other regional actors such as STPs, CCGs, RightCare/NHSE including in support to other parts of the local health economy
- Coordinate GIRFT approach to trusts requiring more intensive support (potentially delivered through embedded GIRFT project managers)
- Enable transfer of best practice and peer support between trusts through coordination with fellow GIRFT regional hub directors
- Play a key role in GIRFT programme leadership as part of SMT

2 GIRFT Clinical Ambassadors

- Regional clinical leadership on GIRFT, meeting medical and clinical directors who act as GIRFT champions in their trusts, providing hands-on support including by helping trusts to take a strategic look at the priorities across all GIRFT workstreams
- Play a role in reviewing Trusts' GIRFT implementation plans alongside Clinical Leads and NHSI Regional MDs
- Role, alongside Clinical Leads, in escalation mechanism in instances where there are patient safety concerns
- Best practice network across all clinical ambassadors and clinical leads, helping Trusts to learn from/mentor other Trusts
- Coordination with NHSI regional MDs

7 GIRFT Implementation Managers

- Providing in depth, ongoing support to trusts as they analyse their GIRFT data packs, the findings from clinical lead deep dive meetings and recommendations from national reports and turn these into GIRFT implementation plans per workstream
- Each implementation manager will either focus on a distinct sub region within each hub region or cover a bundle of clinical workstreams across a wider area – the approach will be customised for each hub
- Ensure that trust implementation plans are updated, and used to gauge progress on implementation
- Coordinate closely with NHSI regional teams and other regional bodies
- Help to spread best practice nationally through GIRFT hub network
- Accompany re-visits by Clinical Leads

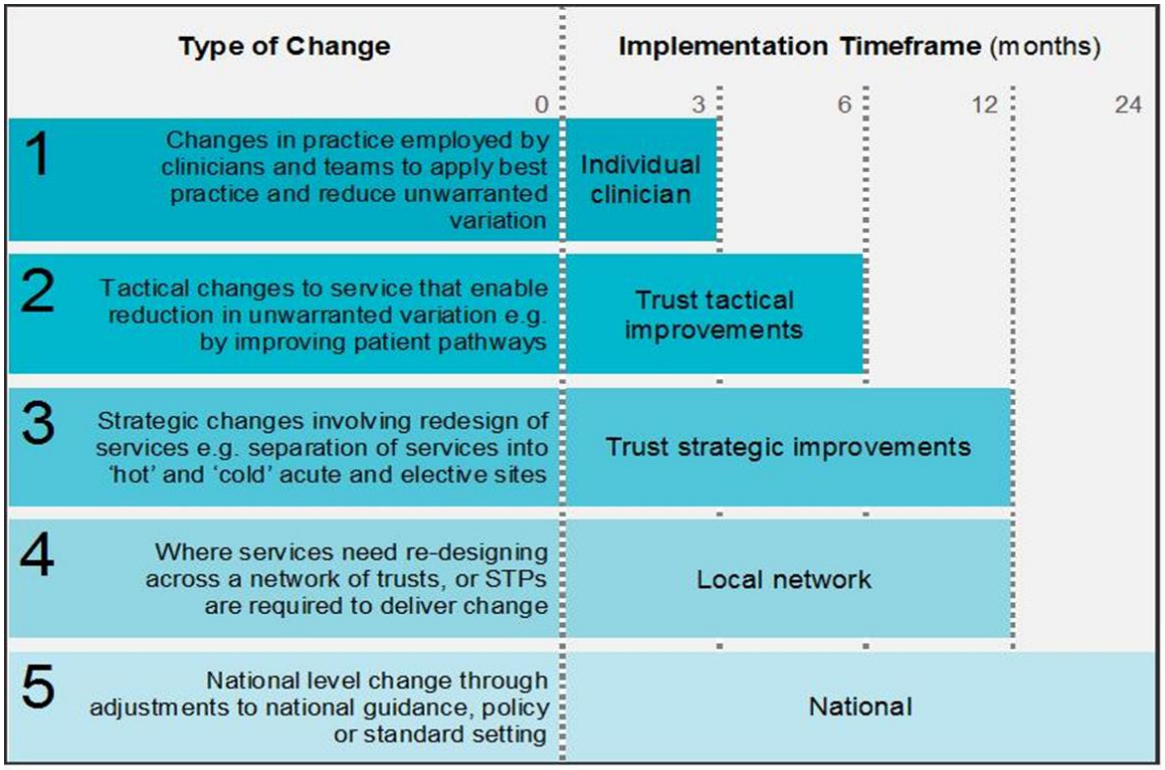
Hub Support Team

- 2 Administrative support staff for GIRFT Hub team to coordinate visits, manage information by coordinating trust implementation plan updates, and ensure the hub runs well
- 1 Comms officer (shared between two neighbouring hubs) to support trusts' local communications on GIRFT implementation

Implementation Timeframe for GIRFT Changes

Some GIRFT recommended changes can be implemented solely within the boundaries of a trust, while others require involvement of a wide range of local and national partners

GIRFT Clinical Leads are joining up across specialties to ensure that cross-cutting opportunities are realised



GIRFT Implementation: Stakeholder Collaboration

The full potential of GIRFT can only be realised if the programme works in close partnership with a wide range of stakeholders:

- There is a deep partnership in place between GIRFT and **NHSI Operational Productivity Directorate**, focusing on collaborating across Carter workstreams to manage dependencies and deliver joint objectives
- GIRFT is working closely with a range of **NHSI central teams** including Regulation, Strategy, Comms, Finance, Pricing, Patient Safety, Medical & Nursing.
- We have developed a local implementation operating model that dovetails with the **NHSI Regional network** in a one-team approach that still allows room for GIRFT's distinctive approach.
- We are working closely with **NICE, Royal Colleges** and national professional associations on national reports, best practice guidance etc
- We are putting national collaboration agreements in place with **NHS England** including with RightCare, the Elective Care Transformation Programme & Specialised Commissioning

GIRFT & NHSI Regions: One Team Approach

- GIRFT has a distinct approach with 'bottom-up', peer to peer support for trusts but GIRFT Hubs will collaborate fully with NHSI regions in a **one team approach** to ensure that all GIRFT interactions with trusts are fully embedded into NHSI's overall plans.
- GIRFT to **share trust data** with NHSI teams. New IT platform from 2018.
- GIRFT team **co-located** with NHSI regional team where at all possible.
- Hub directors in day to day contact with **NHSI Op Prod RPDs** as the bridge between GIRFT and the NHSI regional SMTs. RPD teams work with NHSI regions, Op Prod teams and GIRFT Hubs to form one overall 'Carter programme' plan for each NHSI region.
- **GIRFT hub team visits** coordinated with NHSI regional teams with joint visits where this ads value, reducing the burden on trusts.
- GIRFT Hubs will input GIRFT evidence to inform operation of the **SOF** or **Use of Resources**
- GIRFT Hub Directors to join key **NHSI regional meetings**
- **NHSI Regional Medical Director** to work with GIRFT Hub Clinical Ambassadors and have a role in signing off each trust's strategic level GIRFT implementation plan
- Trusts will submit their **GIRFT implementation plans** alongside other productivity plans through the existing, regular channels to the relevant NHSI regional executive.

GIRFT-RightCare-ECTP Collaboration

GIRFT, RightCare and the Elective Care Transformation Programme will collaborate on agendas across our respective programmes that could affect demand for, or capacity within, secondary care. The result would be a shared view of the optimal position across full patient pathways, starting from point of first contact. This will enable RightCare, ECTP and GIRFT to bring together providers and commissioners for joined up conversations about delivering improvements.

Areas for Collaboration

- **Work to ensure that GIRFT, ECTP and Right Care recommendations are informed by a good knowledge of each other's data and experience.**
- **Work to agree a shared view of optimal pathway design.** GIRFT, ECTP and RightCare will each identify changes to referrals. RightCare's optimal pathway designs may provide an opportunity to embed GIRFT changes. GIRFT Clinical Lead's may be able to provide insight to support RightCare. ECTP high impact interventions and specialty based transformations would provide specific improvements which could be added to a shared view of what optimal looked like.
- **Work that achieves shared GIRFT-RightCare-ECTP ownership of the transformation of care by networking acute activity at specialty level, releasing and, where possible, reallocating capacity** e.g. GIRFT hub and spoke model recommendations, Right Care enabled changes that would reduce the need for secondary care treatment. ECTP would add value here through, for example, its work on the diversion of referrals and capacity alerts, to encourage referrals to provider's where capacity is greatest.
- **Work to strengthen national guidance or affect policy change.**
- **Work to jointly encourage a 'data agenda'** aimed at improving the quality of clinical audit and other health data, to support continual quality improvement.

Conclusion & questions

North GIRFT Hub Directors

Liz Lingard
North East, North Cumbria & Yorkshire
E Liz.Lingard@nhs.net
M 07730374650

Ruth Tyrrell
North West
E ruth.tyrell@nhs.net
M 07740515924

W improvement.nhs.uk

Through all our efforts, local or national, we will strive to embody the 'shoulder to shoulder' ethos which has become GIRFT's hallmark as we support clinicians nationwide to deliver continuous quality improvement for the benefit of their patients.