

Meeting Title	Board of Directors		
Date	12.9.19	Agenda item	Bo.9.19.16

## EMBEDDING THE GIRFT PROGRAMME - UPDATE SEPTEMBER 2019

Presented by	Dr Bryan Gill, Chief Medical Officer		
Author	Su Coultas, General Manager Chief Medical Officer's Team		
Lead Director	Dr Bryan Gill, Chief Medical Officer		
Purpose of the paper	Provide an update of the progress of the GIRFT programme within the Trust to date.		
Key control	Key Control for Objectives 1, 2 and 4		
Action required	To note		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	

### Key Options, Issues and Risks

The paper provides an update on the GIRFT programme to date within the Trust, and reviews the current arrangements to support the programme.

With ever growing demands on acute services it is recognised that the Get It Right First Time [GIRFT] programme could be a tool that could ensure that the quality of service delivery is clinically robust and being delivered effectively and efficiently.

Currently there are 4 main drivers to ensure that the GIRFT programme is implemented successfully within the Trust.

- 1 Recommendation 14 from the Carter Report-Operational Productivity and Performance in English NHS acute hospitals" (February 2016).
- 2 Links with Training and Health Education England (HEE) mandate.
- 3 CQC Use of Resources Assessment Framework (August 2017).
- 4 GIRFT Implementation Team update and support.

### Analysis

Summary to date is:

- 19 completed visits within the last three years.
- 6 speciality visits in the process of taking place.
- Data requests in train.

Arranging the visit and ensuring that there is good clinical engagement is currently organised through the Chief Medical Officer's Team and this has meant there is a central point for communication and information for GIRFT. Having that point of contact internally has also helped to cascade any learning from the visits to other clinical specialties. The level of engagement of staff in each speciality has been very high.

The increasing requirements from GIRFT and other National organisations to complete specialty online questionnaires, submit activity and workforce data as well review benchmarking data has led to the Trust establishing an Analytics and Model Hospital Improvement Board [AMHIB], its purpose to enable CBUs to understand its outcome and performance data as well as identify improvement opportunities and develop appropriate improvement programmes.

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AMHIB will provide support to CBUs to look at GIRFT recommendations alongside other requirements or improvement initiatives to ensure that the appropriate prioritisation of actions or use of resources is allocated and included in the overall programme of work for the Trust.

By taking account of GIRFT recommendations into a Care Group or CBU's performance this will ensure that a valuable source of benchmarking data is included in their overall assessment and will allow a single work plan or prioritisation of improvement.

Every speciality visit has resulted in the identification of notable good practices and areas of possible improvement.

#### Recommendation

The Board of Directors is asked to:

- Note the Trust is actively engaged in the National GIRFT programme.
- Be assured that GIRFT reports are being used to help drive continuous improvement as part of our Bradford Improvement Programme.

#### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 1 PURPOSE/ AIM

The paper provides an update on the GIRFT programme to date within the Trust, and reviews the current arrangements to support the programme and the challenges and issues associated with ensuring that this is a clinically led programme with a framework in place to collect, review and approve data as well as prioritising recommendations alongside existing operational and improvement programmes of work so that it forms part of the Trust's overall comprehensive improvement plan.

## 2 BACKGROUND/CONTEXT

With ever growing demands on acute services it is recognised that the Get It Right First Time [GIRFT] programme could be a tool that could ensure that the quality of service delivery is clinically robust and being delivered effectively and efficiently.

Currently there are 4 main drivers to ensure that the GIRFT programme is implemented successfully within the Trust.

### 1. Recommendation 14 from the Carter Report-Operational Productivity and Performance in English NHS acute hospitals” (February 2016).

Medical Directors will ensure that the recommendations of the GIRFT report for hospitals are implemented. With the ever growing demands on acute services as a national trend, it was recognised that GIRFT is a tool that could seek to ensure that the quality of service delivery is clinically robust, and furthermore is being delivered effectively and efficiently. It would also underpin STP system led focus with optimisation of services.

### 2. Links with Training and Health Education England (HEE) mandate

By using GIRFT evidence and dashboards alongside its Quality Framework and Commissioning for Quality Strategy, HEE will improve its evaluation of the quality of training placements and their associated outcomes, i.e. Trusts that can evidence the clinical quality and efficiencies well, will be best supported going forward with trainees, there can be no more important reason from a workforce perspective to therefore ensure the Trust is achieving good clinical outcomes within the scope of GIRFT.

### 3. CQC Use of Resources Assessment Framework (August 17).

There are 5 themes within Use of Resources, and GIRFT features within the Clinical Services theme. There is a qualitative assessment undertaken which includes how the Trust has engaged with the GIRFT programme, and what improvements have been made as a direct result. This will form an element of the rating a Trust will receive for this new Use of Resources rating, alongside existing quality ratings for Safe, Caring, Effective, Response and Well Led.

### 4. GIRFT Implementation Team

GIRFT enables a Trust to become data rich quickly, most importantly the Trust needs to use this from an improvement perspective, intelligently, the North East, North Cumbria and Yorkshire Hub implementation team will be supporting us in implementing GIRFT recommendations, the team will be attending all visits, reviewing responses and actions.

## 3 Analysis

The Chief Medical Officer's Team have coordinated all GIRFT visits over the past 3 years. This has driven strong clinical engagement. Having that point of contact internally has also helped to cascade any learning from the visits to other clinical specialties. The visits have been well attended

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and have provided a peer to peer approach that has been well received as well as access to ideas and contacts to support any improvements initiated following the visit.

It has been stated that “GIRFT enables a Trust to become data rich quickly, and that most importantly the Trust needs to use this from an improvement perspective, using the data intelligently and not using the GIRFT data in isolation to other sources of information relating to clinical specialities is one of the biggest challenges to successfully embedding the GIRFT programme within the Trust.”.

The increasing requirements from GIRFT and other National organisations to complete specialty online questionnaires, submit activity and workforce data as well review benchmarking data has contributed to the establishment of an Analytics and Model Hospital Improvement Board [AMHIB] in the Trust, its purpose to enable CBUs to understand it's outcome and performance data as well as identify improvement opportunities and develop appropriate improvement programmes.

The AMHIB will concentrate on information collated from:

- Model Hospital.
- GIRFT.
- PLICS.
- Benchmarking National Data.
- National Audit Benchmarking.

AMHIB will provide support to CBUs to look at GIRFT recommendations alongside other requirements or improvement initiatives to ensure that the appropriate prioritisation of actions or use of resources is allocated and included in the overall programme of work for the Trust. The AMHIB reports directly to the Bradford Improvement Programme Board.

By taking account of GIRFT recommendations into a Care Group or CBUs performance this will ensure that a valuable source of benchmarking data is included in their overall assessment and will allow a single work plan or prioritisation of improvement.

#### **Currently there are:**

- 6 Visits being organised.
- 1 Data request prior to arranging a visit.
- 19 Completed visits.
- 3 Data requests completed to feed into a national audit.

#### **WYAAT Collaboration**

As well as work within the Trust there are a number of initiatives being explored as part of a WYAAT collaborative. The Orthopaedic Service has been involved in a West Yorkshire initiative to drive a comprehensive improvement programme of orthopaedic care. The programme is overseen by the WYAAT PMO and reports regularly [6 monthly] to the Medical Directors' WYAAT group.

The BTHFT clinical team is actively engaged in the whole programme including leading on specific work streams.

Work is now taking place across WYAAT for Ophthalmology, Gastroenterology and Dermatology to look at the learning from the GIRFT reports in order to agree improvements; again clinical teams from the respective specialities are actively engaged in the programmes of work.

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<b>6</b>	<b>RECOMMENDATIONS</b>
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The Board of Directors is asked to:

- Note the Trust is actively engaged in the National GIRFT programme.
- Be assured that GIRFT reports are being used to help drive continuous improvement as part of our Bradford Improvement Programme.