Ashford and St. Peter's Hospitals
NHS Foundation Trust

GETTING IT RIGHT FIRST TIME

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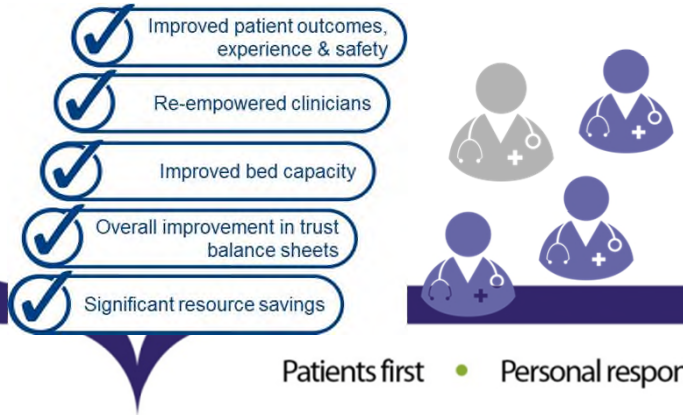
GIRFT Inception

- First report published 2012
- Orthopaedic pilot lead by Professor Tim Briggs – RNOH
- Found significant variations in practice, clinical costs, infection rates, readmission rates
- 15 recommendations suggested hospitals could save £5bn by 2020/21, and help trusts improve patient care and performance
- £88m funding to support implementation and roll out of GIRFT across 35 clinical specialties

Introducing GIRFT

- Led by **frontline clinicians** who are expert in the areas they are reviewing
- **Innovative use of data sets** to identify unwarranted variations in the way services are delivered
- **Peer to peer engagement** helping clinicians and managers to identify and deliver changes that will improve care and deliver efficiencies.
- Support across trusts, CCGs and STPs to drive **locally designed improvements** and to share best practice across the country

A clinically led programme implementing recommendations locally and nationally across 35 clinical specialties to reduce unwarranted variation, improve the quality of **patient outcomes** and deliver **operational productivity improvements** that translate into **resource savings** of £240-420m in 17-18 and c.£1.4bn p.a. by 20-21 (c.£3-4bn cumulative 17-21).



- Reduction in average length of stay and increased same day admission for elective surgery
- Reduction in post-op infection/complications and readmission
- Clear policy guidelines for a basket of major treatments & improved selection of surgical implants
- Standardisation of what is meant by best practice & discussion on appropriate levels of clinical autonomy
- Improved surgical success rates by consolidating complex cases among high-volume surgeons
- Improved patient pathways for mental health patients
- Improved provision of out of hours imaging for emergency cases
- Reduction in surgery that has poor proof of efficacy
- Strengthened ‘front door’ with senior surgical input to reduce unnecessary emergency admissions.

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

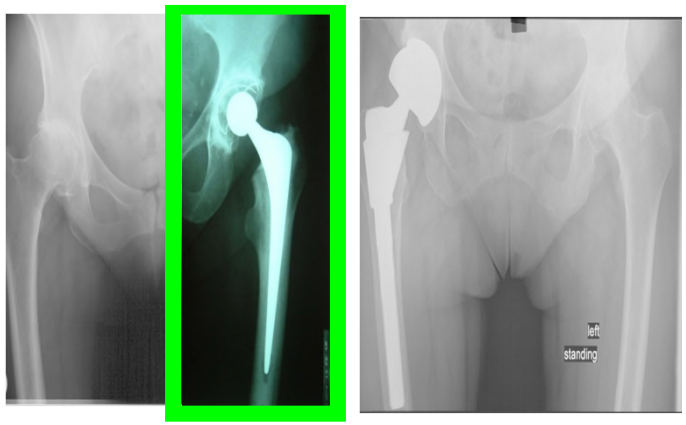
British Orthopaedic Association
Caring for Patients; Supporting Surgeons

BOA used GIRFT principles in best practice guidance

A pricing letter provides transparency of procurement costs to all trusts

Unwarranted Variations Identified

Significant unwarranted variations seen in practice and outcomes, but scope identified to tackle many of these variations, and great appetite found among clinicians and managers to do so.



0.19% - 4.49%

Variation in hip & knee deep infection rate within one city. If all trusts got to 0.19% this would save the NHS £2-300m p.a, enough for 60,000 replacements

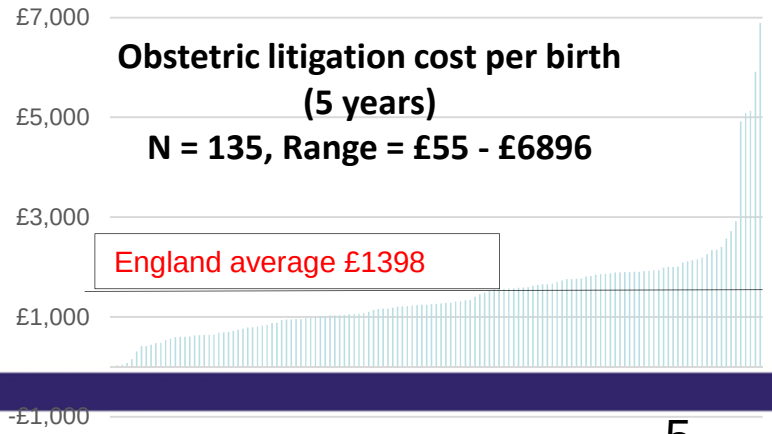
Lower back pain surgery costs >£100m per annum with little evidence of efficacy

Cemented: £650 Uncemented: £5,300

No evidence that hip on right provides better outcome for over 70s

Litigation: huge variation between trusts in averages:

- General surgery: £17 - £477
- Urology: £4 - £117
- Vascular: £1 - £6,353
- Obs & Gynae: £55 - £6,896



The GIRFT Process

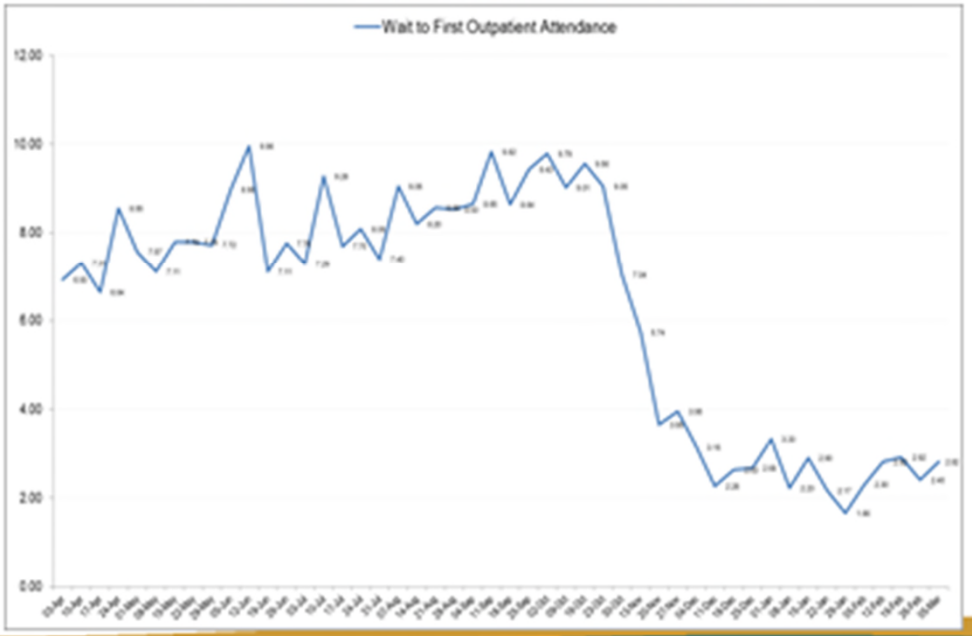
Data Visit Reports	• Reinforce the dashboard • Mandate data collection • Use data to change practice
Return Visits	• Re-run GIRFT dataset • Re-visit units within specialty • Meet SMT and clinicians to track delivery
Objective Setting	• Agreeing action • Failure to act on data is not an option
Providing Support	• Supporting trusts to drive change • Measuring implementation and productivity

ASPH Reviews

- Orthopedics and Spinal Surgery
- Obstetrics and Gynaecology
- Vascular Surgery
- Urology
- Oral and Maxillofacial Surgery
- Ophthalmology
- ENT – 5th December

iMSK Improvements

Waits to first Fracture Clinic since commencing CoW rota

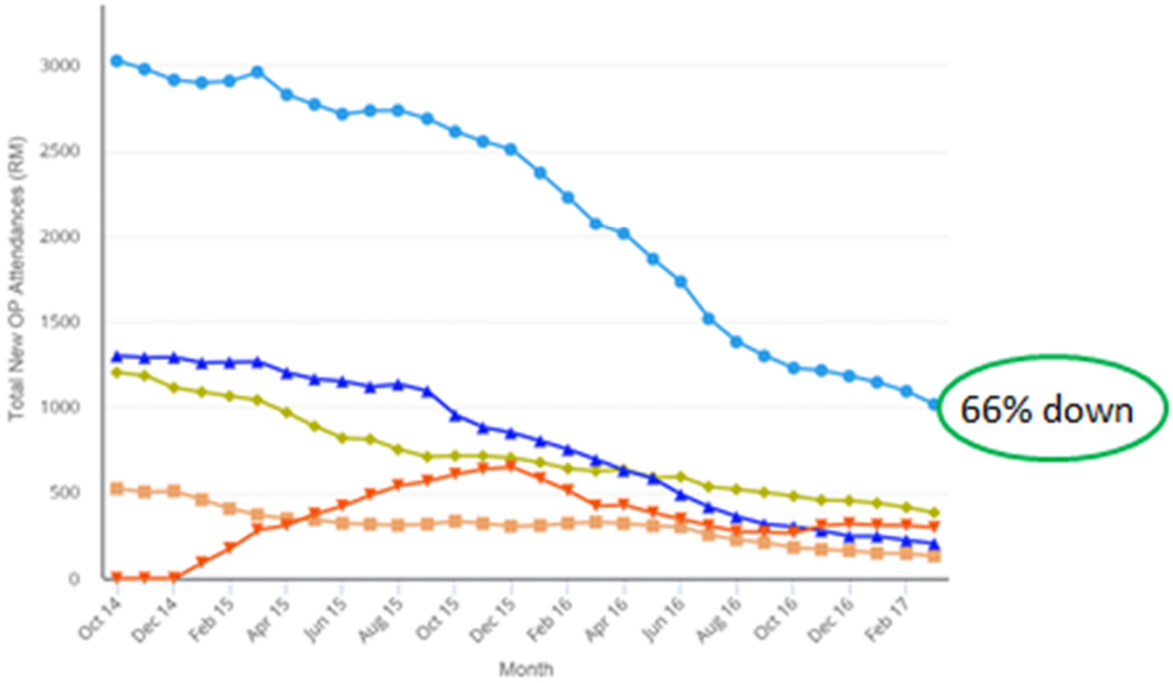


Together we care

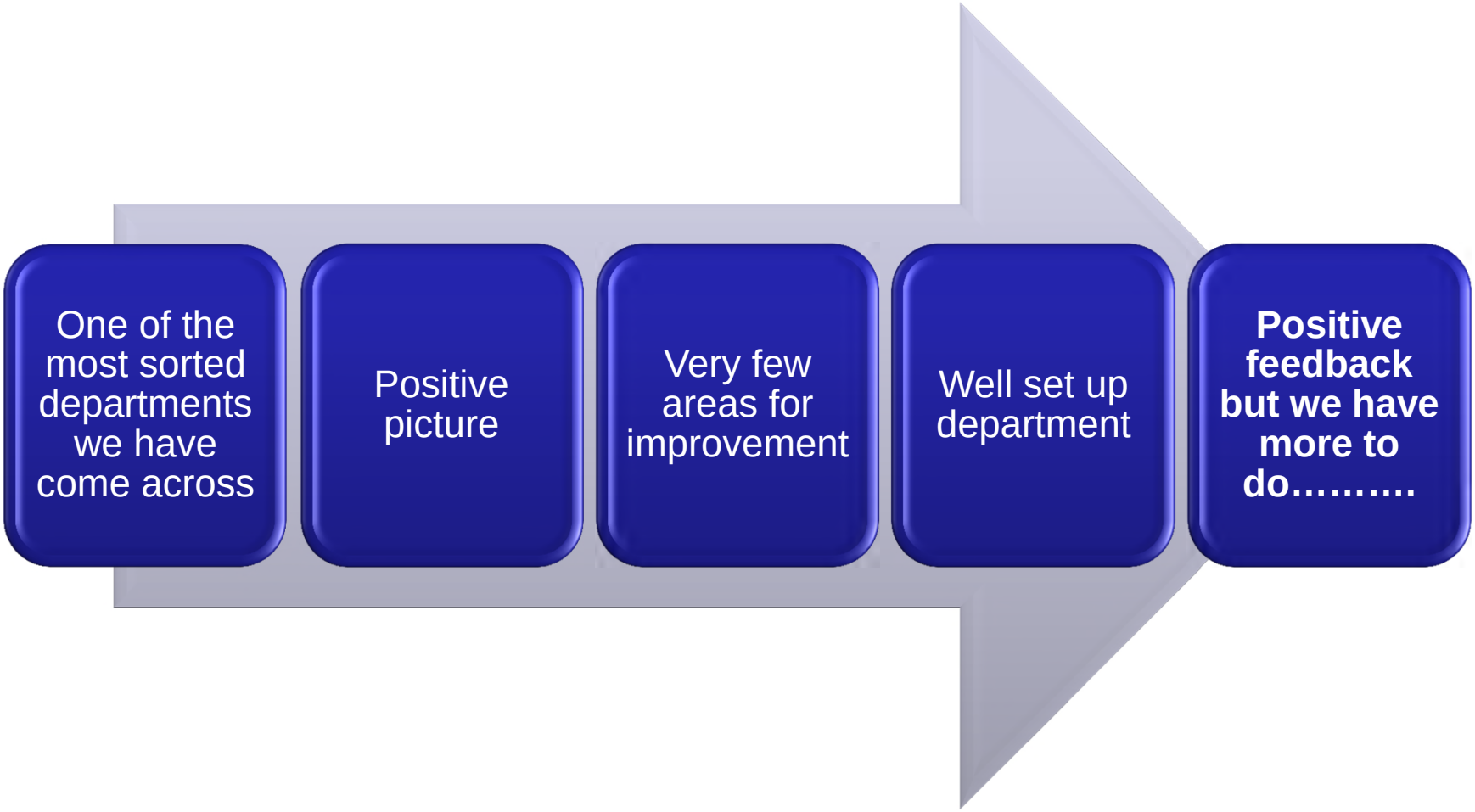
Upper Limb Outpatients

Outpatient Activity

New appointments with Upper Limb Consultant



Urology Feedback



Improvement Opportunities

- Patient experience
- Length of stay reductions
- Conversion of daycase procedures to outpatients
- Pathway reviews – Urogynaecology TVT, one stop clinics, virtual clinics
- Review clinical intervention rates – C sections, stents, shoulder surgery
- Surgical site infection rates

Improvement Opportunities

- Theatre efficiency – national general surgery report
- Workforce reviews linked to models of care
- Improve understanding of litigation & take action to reduce common errors
- Review service viability – e.g. nephrectomy
- Procurement – prosthesis for spinal surgery
- Coding
- Reference Costs

Next Steps

- Set up small implementation Team with Clinical Lead
- Embed GIRFT within the organisation
- Agree GIRFT priorities and link to business plans and improvement programmes
- Identify crosscutting opportunities between divisions and across the STP
- Prepare and support clinicians to manage change
- Track delivery and measure improvements – benefits realisation
- Share good practice – exemplar site

Last
1000
Days
Making patients' time the most important currency
in healthcare
#EndPJparalysis
NHS
Ashford and St. Peter's Hospitals
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THE LAST 1,000 DAYS

The ‘Last 1,000 Days’ campaign is about the most valuable currency in healthcare – patients’ time.

It is based on the principle that a significant proportion of people who become ‘stuck’ in the health care system are in the last 1000 days of their life.

These are the very people who do not have time to waste.

By focussing on the last 1000 days, the aim of the campaign is to draw attention to where time is wasted, what could be done differently and to share some examples of successes.

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Although the campaign is based on a philosophy, is primarily about taking action and creating a sense of urgency.

By putting patients’ time at the centre of everything, we create a new value system that enables us to pay attention to different things – the things that may get in the way of the care we want to give.

#Red2Green

& SAFER - Caring for ALL our patients

THE LAST 1,000 DAYS - #ENDPJPARALYSIS

#EndPJparalysis (originated by Professor Brian Dolan) is a simple concept that encourages patient to get up, dressed and moving while in hospital.

The campaign focuses on encouraging patients in hospitals to stop wearing their pyjamas or hospital gown when they don't need to. Why? Because wearing pyjamas for many patients reinforces the 'sick role' and can prevent a speedier recovery.

- For every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old
- Building this muscle strength back up takes twice as long as it does to deteriorate
- One week of bedrest equates to 10% loss in strength, which can mean the difference between dependence and independence

THE LAST 1,000 DAYS - #ENDPJPARALYSIS AT ASPH

The #EndPJparalysis campaign at ASPH started in July 2017 and led to a week-long awareness raising week of activities in September 2017.

A week of putting staff in PJs and encouraging patients to wear their own clothes rather than a hospital gown had an important message and improving patient mobility and dignity.

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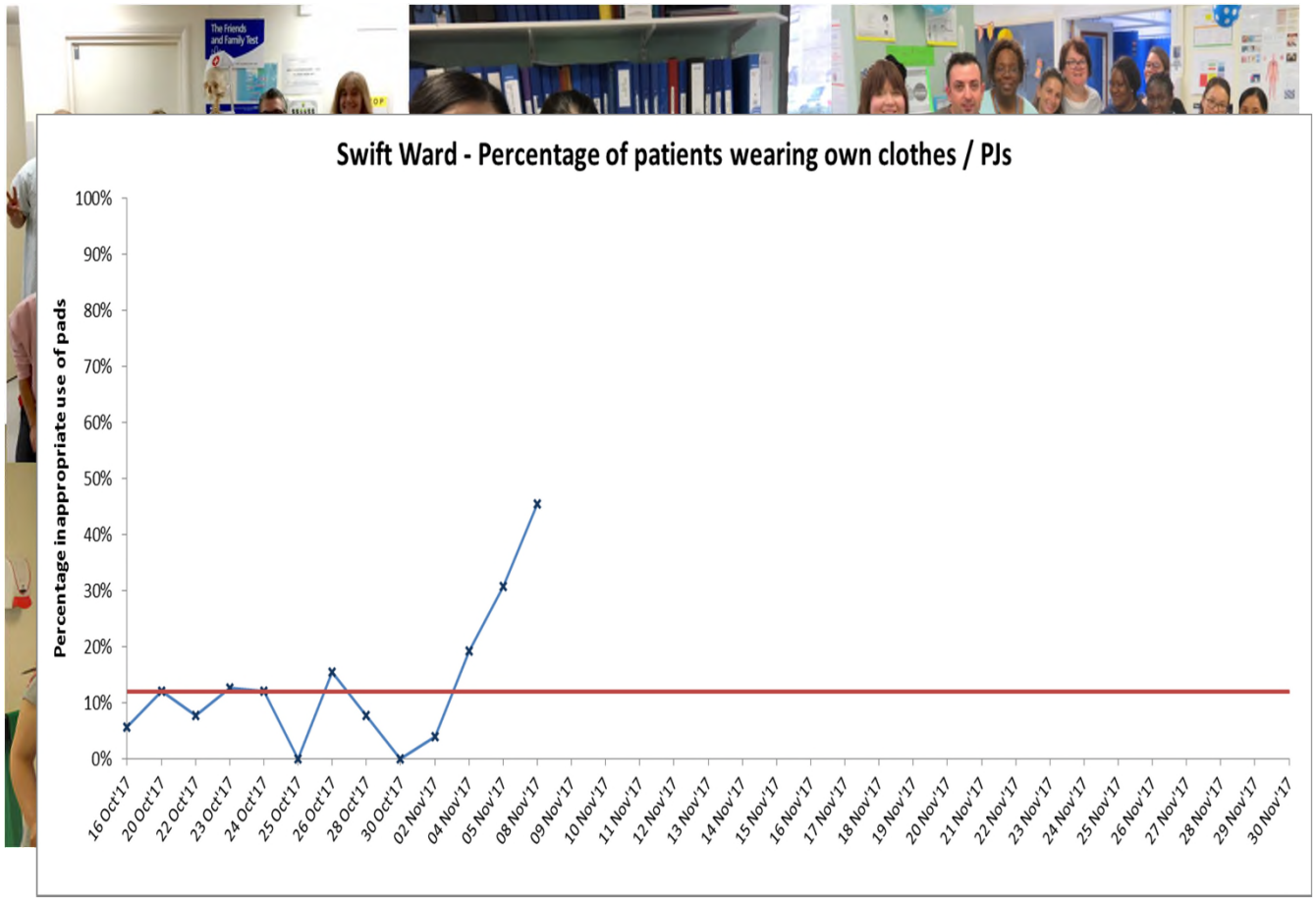
Since October, some wards have started to audit, measure and share the number of patients wearing their own clothes on a regular basis (*right*).



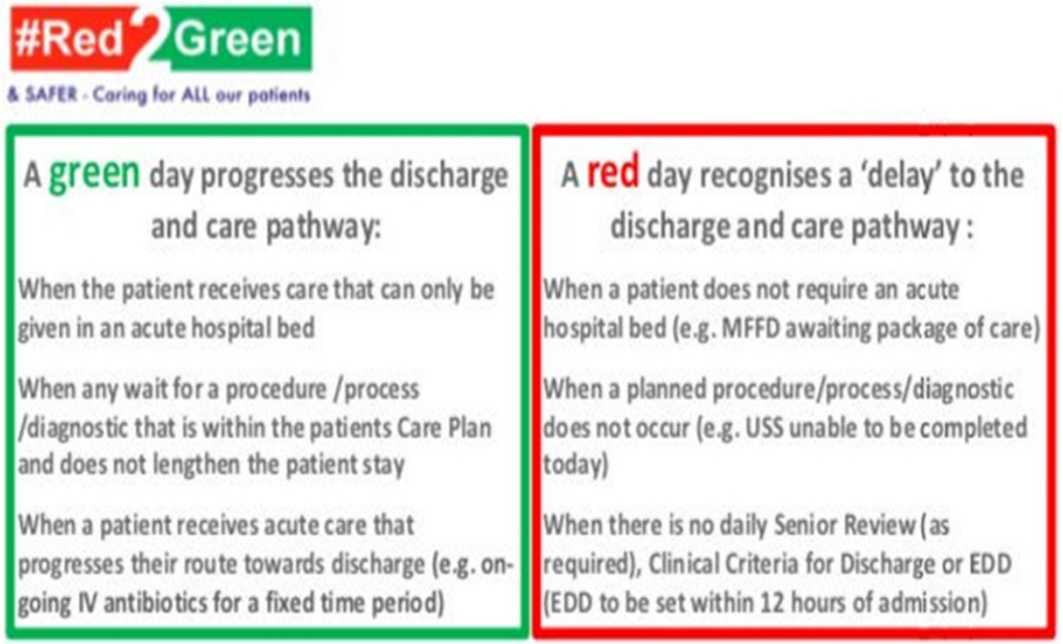
THE LAST 1,000 DAYS - #RED2GREEN

#Red2Green (originated by Dr Ian Sturgess) is a campaign to make visible any delays in the patient's journey through the system and to identify fixes.

We know that sometimes patients can spend days in hospital that do not directly contribute towards their discharge, Red2Green is about teams working better together to reduce the number of these 'red days' in favour of value-adding 'green days'

A Red Day is when a patient receives little or no value-adding acute care or a patient is receiving care that does not require them to be in an acute hospital bed.

A Green Day is when a patient gets acute care that can only be provided in hospital that actively progresses them towards discharge.



Red2Green is about putting the 'Last 1,000 Days' philosophy into action, respecting patients' time as sacred and the days they spend at home as both an outcome and a goal.

THE LAST 1,000 DAYS - #RED2GREEN AT ASPH

The #Red2Green project at ASPH has been led by Dr Peter Wilkinson and was initially adopted by two Care of the Elderly ward (Cherry and Swift wards) and has since been has been extended to Holly Ward

The teams use the approach to challenge progress of every patient's pathway at every board round and during MDT meetings with the aim of reducing unnecessary delays to discharge and identifying areas for further improvements.

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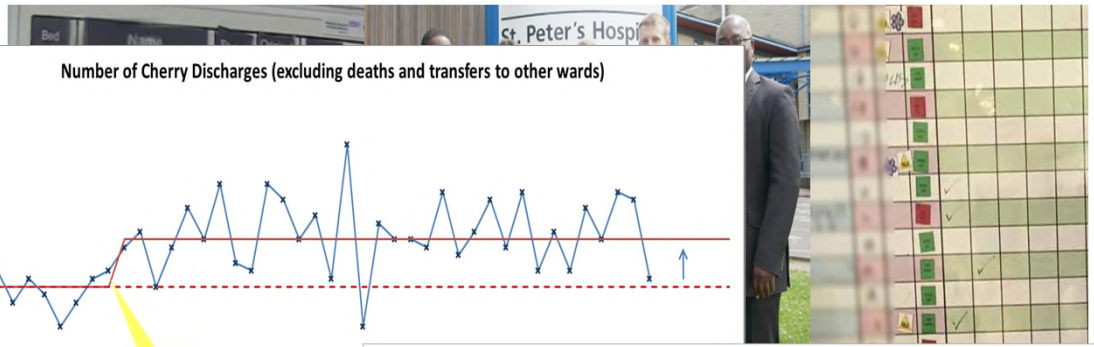

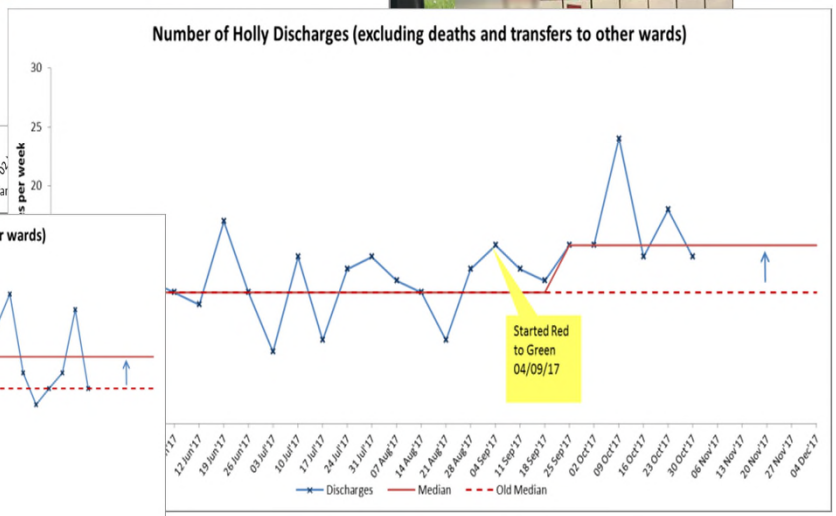

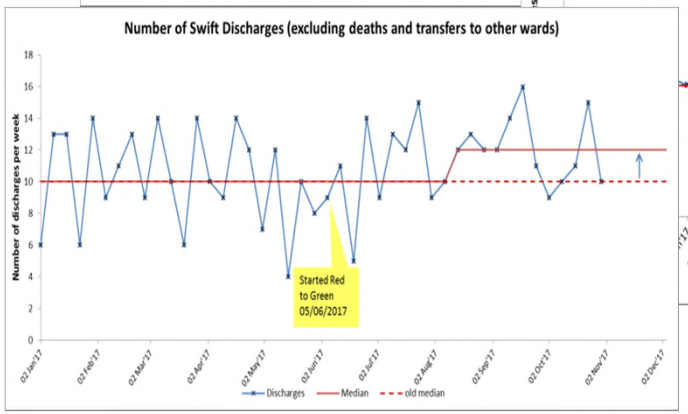

All three wards have shown increases in the number of patients discharged from their wards each week since adopting the Red2Green approach.