



<b>Report to:</b>	Health and Community Services Advisory Board		
<b>Report title:</b>	<b>Getting It Right First Time (GIRFT) Report and Action Plan</b>		
<b>Date of Meeting:</b>	26 September 2024	<b>Agenda Item:</b>	<b>15</b>

<b>Executive Lead:</b>	<b>Mr Patrick Armstrong MBE: Medical Director.</b>
<b>Report Author:</b>	<b>Mr Simon West: Deputy Medical Director.</b>

<b>Purpose of Report:</b>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>
	This paper provides the Board with the on-going and planned response to the recent GIRFT report in relation to Orthopaedics and Theatres.			
<b>Summary of Key Messages:</b>	<p>The key messages arising from this report are:</p> <ul style="list-style-type: none"> <li>The recent GIRFT report made 36 recommendations to improve the productivity and efficiency of the Orthopaedic Department and Theatres Department.</li> <li>The recommendations will be delivered by the Surgical Care Group as part of business as usual (BAU).</li> </ul>			
<b>Recommendations:</b>	The Board is asked to note the report and action plan.			

<b>Link to JCC Domain:</b>		<b>Link to BAF:</b>	
Safe		SR 1 – Quality and Safety	√
Effective		SR 2 – Patient Experience	√
Caring		SR 3 – Operational Performance (Access)	√
Responsive		SR 4 – People and Culture	√
Well Led	√	SR 5 – Finance	√

<b>Boards / Committees / Groups where this report has been discussed previously:</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
Executive Leadership Team	16 Sept 2024	Board reporting

<b>List of Appendices:</b>
<b>Appendix1: Action Plan</b>



## **MAIN REPORT**

In April 2024, the Getting it Right First Time (GIRFT) program visited HCS as part of an invited assessment of the productivity and efficiency of Orthopaedic and Theatre services.

GIRFT is a nationally recognised program from the UK that looks to reduce unwarranted variation to improve productivity and efficiencies. It was incepted and applied initially to Orthopaedics and Theatres in the UK over 20 years ago. Since that time, it has extended into all medical and surgical specialities and is now part of a rolling program of improvement for NHS England.

The report received and published in August highlighted notable practice and commented that Jersey had the potential to become an exemplar organisation if the recommendations are implemented.

There are 36 separate recommendations. Within the UK, GIRFT reports and recommendations are seen as business-as-usual improvement work. They are owned by care groups and carried forward through the quality and safety meetings for assurance to the Board.

The Surgical Care group will own this work and prioritise the recommendations for maximum improvements in quality and improvements to service delivery. This will be fed back to the Quality, Safety and Improvement Board Committee at intervals determined by the chair, for assurance of embedding and progress. The surgical care group have obtained resource to support this work and the recommendations. The workstream has produced one report that is attached.

There was misunderstanding in the report on radiological capability with respect to prostate screening and MRI capability in Jersey. HCS has MRI capability that can determine the presence of prostate cancer. There is not in Jersey or in the UK a Prostate cancer screening process. In the UK there are early trials utilising MRI scanners with specialist MRI software, to determine if this would aid prostate cancer screening in the future (rapid scan software). Jersey does not have scanners equipped with this specialist software.

The report also made comment regarding sickness absence within the Sterile Service Department (CSSD) team and confuses performance management with sickness management in its recommendations. Apologies have been made to the staff in CSSD for this error.

The original GIRFT report and recommendations are attached for reference.

## **Finance / workforce implications**

The surgical care group has resource to cover the workstream.

The actions link to improved efficiencies and productivity and will be balanced against service planning for the coming years.

## **Risk and issues**

There are no immediate risks.

## **Recommendation**

The Board is asked to note the GIRFT report, its recommendations and the action plan produced in response.

## **END OF REPORT**