**IR GETTING IT RIGHT FIRST TIME Site Visit FAQS**

Thank you for committing to this process. We are looking forward to meeting with your Interventional Radiology team and other key staff in the trust as part of this project. The peer review visit is an opportunity for us to have an in-depth conversation with your team about IR services in the trust in order to support the work that you do and to promote best practice in IR across the country.

**YOUR IR GIRFT TEAM**

IR Clinical lead: [Alex.Barnacle@gosh.nhs.uk](mailto:Alex.Barnacle@gosh.nhs.uk)

IR Clinical advisor: [Gillian.Kitching@mft.nhs.uk](mailto:Gillian.Kitching@mft.nhs.uk)

IR GIRFT review manager: [Rebecca.dooley2@nhs.net](mailto:Rebecca.dooley2@nhs.net)

IR GIRFT data analyst: [lukasz.cieply@nhs.net](mailto:lukasz.cieply@nhs.net)

Provider site comms and governance: [england.girft.central@nhs.net](mailto:england.girft.central@nhs.net)

Each trust has a nominated GIRFT lead who will be the point of liaison between your department and GIRFT central office.

Please reach out to any of us with any questions in advance.

**SITE VISITS**

Every trust in England delivering interventional radiology services will be visited by the GIRFT team over the next 12-18 months. The team will plan these visits by region, so that clinical networks and other key regional factors can be taken into consideration when visiting your site. The GIRFT office will be in touch a couple of months before your visit to confirm the date with you.

**SITE VISIT FORMAT**

The visit is usually a 2.5 hour meeting, the format of which will be either face-to-face with the IR GIRFT team at your site, hybrid (with either Alex Barnacle or Gill Kitching attending your site in person), or virtual. You will be informed of the planned format well in advance as part of the invitation process. Formal liaison between the IR GIRFT team and your organisation will be through the nominated GIRFT lead in your trust.

We encourage you to include as many frontline staff as possible from the organisation in the meeting. This will broaden the conversation and ensure all staff groups are heard. Importantly, engaging senior trust management at the meeting is likely to increase their insight into the breadth and quality of the service you are delivering and the inevitable challenges the department faces, which may be invaluable in implementing any subsequent recommendations we make on your behalf. The suggested attendee list is below.

We recommend considering minimising IR activity for the duration of the visit to allow as many staff as possible to attend. Consider cancellation of some lists.

The IR clinical lead and/or clinical advisor will be in touch with key IR staff ahead of the visit to ensure your team understand the process and to answer any questions. Please contact Alex Barnacle or Gill Kitching on the emails above if you have not heard from us as it is not always clear to us who the best point of contact in each trust should be.

Your trust’s GIRFT lead will guide you in arranging the logistics of the visit. Please **book the venue** for the meeting well in advance, ensuring it is large enough to accommodate all those invited but intimate enough to foster a meaningful conversation (lecture theatres tend to work less well than round table forums). There must be the facility to share a presentation on a screen large enough for everyone to see. Even for face-to-face visits, please provide a way for some attendees to join the meeting remotely if they are unable to attend in person, such as those working at different sites or some senior management who understandably are unable to commit to a 2.5 hour face to face attendance. We recognise that clinicians from other key services may not be able to join the meeting and that attendees from too many outside specialities may dilute or hamper the conversation. But to ensure their input is still heard, we ask that you **obtain feedback from 2-6 key specialties within the trust** in advance (using the accompanying feedback form or any version of this that you may prefer). This could be shared as part of the clinical lead’s presentation at the start of the meeting.

Please note that the meeting will be recorded unless anyone objects. This recording will be available on the FutureNHS Collaboration Platform in your trust folder.

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| **Recommended site visit attendees:** |
| * IR clinical lead |
| * Radiology clinical lead * All consultants with an interest in IR |
| * Radiology manager * IR service manager/lead superintendent and other radiographers * IR trainees |
| * Lead nurse for IR/Radiology and other IR nurses * IR advanced practitioners, physician associates and HCAs where applicable * IR admin staff * Anaesthetics clinical lead * Representatives from key services supported by IR such as trauma, vascular surgery, oncology, HPB service (see note above regarding use of feedback forms instead) * Trust Medical Director * Trust Chief Executive Officer * Divisional clinical lead and/or manager where applicable |
| * Radiation protection supervisor(s) * Representation from Procurement team * Representation from Finance team * Representation from clinical coding team * Trust GIRFT lead |
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Please **share your list of attendees with us** ahead of the meeting, including their email addresses and their roles in the organisation

**PRESENTATION**

The IR Clinical Lead (or a nominated IR consultant if there is no formal lead for IR) is asked to provide a brief snapshot of the IR service at the start of the meeting (maximum of 15 mins). This could cover the current successes and challenges of the department and feedback from other clinical services who use IR (see above). A suggested presentation slide deck is attached here and will also be available on the BSIR website’s GIRFT page.

The GIRFT IR clinical lead and clinical advisor will then lead the discussion, highlighting data from the data pack relevant to your service (see below) and then exploring your perspectives on the data and the wider service challenges and successes.

**DATA**

The backbone of the conversation on the day will be key data on your IR service that the GIRFT team have sourced for you in advance. Data is gathered from both various nationally available sources (such as HES, DID and the RCR Census) and from the questionnaire your department completes ahead of the visit (see questionnaire guidance below). Data is collated from every centre before the visits begin so that we have an overview of the breadth and variation in IR practice across England in advance and have a reasonable understanding of the context of your service. The benchmarked data from your trust will be collated into a data pack which will be available to download from the GIRFT FutureNHS Collaboration Platform ahead of the visit. Your trust’s GIRFT lead will be able to access it and circulate it to your team in advance.

**QUESTIONNAIRE**

It is imperative that the questionnaire is filled in by every IR department, as these metrics can’t be sourced in any other way; without them, your site visit will be far less meaningful and is likely to be delayed. The Radiology Manager or a suitable delegate must coordinate the completion of the IR GIRFT questionnaire and ensure it is submitted by **FRIDAY 17 JANUARY 2025**. Only one person can submit this questionnaire online, though they can save their progress and come back to the questionnaire via a unique link that is generated each time progress is saved. However, different parts of the questionnaire will require input from two or three staff groups. The suggested staff members required for this are detailed at the top of each section within the questionnaire. Note that you can preview each section of the questionnaire without having to complete that page by using the dropdown menu at the top of the webpage. To allow all the information to be gathered in a timely manner, we recommend that the relevant members of the IR team complete their sections via the PDF version that accompanies this email and the answers are then collated and entered online by the manager coordinating this task. Note that there are two questions about **SAME DAY CANCELLATIONS** in IR. We have asked you to provide data for these over the previous two weeks. To improve the accuracy of this, we ask that your team runs a **PROSPECTIVE AUDIT** **OVER AT LEAST TWO WEEKS** to capture the numbers/cancellation reasons in advance, which will inform your answers to these questions.

**DEPARTMENT FLOOR PLAN**

Please **submit an up-to-date floor plan of your department**, such as a fire plan, to GIRFT central office (see email address at the top of this form) ahead of your visit. This provides the team with an overview of the department and some insight into patient flows. It is especially important if your visit is virtual.

**WALK AROUND**

At all in-person or hybrid visits, the IR GIRFT team would like to do a 15min informal walk around the IR department to better understand the patient flow and facilities. The team will schedule this with you in advance. We are mindful that yours is a busy department with work to do and staff with numerous clinical commitments and we are keen to minimise disruption to your workflow. Consider nominating an allied health professional to show the team around; the team would welcome the opportunity to meet more junior members of the team this way.

**POST VISIT SUMMARY REPORT**

After the visit, the GIRFT team will generate a short, written summary of the discussion which will include recommendations for your trust. The intention is for this report to support your IR service by providing a national context for your service, highlighting areas of excellence, flagging any areas of unwarranted variation in practice and providing strong advocacy for local service improvements.

**POST VISIT ACTIVITY**

At the end of the GIRFT project, the GIRFT IR clinical lead and advisor will author a national Interventional Radiology report which will include recommendations on service improvement and best practice. Example reports for other workstreams can be found at https://gettingitrightfirsttime.co.uk/girft-reports

The work does not stop here. Responsibility for following up on both local and national GIRFT recommendations lies with local GIRFT leads and the wider Radiology workstream within GIRFT (led by Giles Maskell and Elaine Quick). The aim is for this to be a meaningful service improvement process that drives excellence in IR across the country.

**The key documents accompanying these FAQs, which can also be found on the BSIR website GIRFT page**

* Questionnaire PDF
* Suggested site visit presentation slide deck
* Clinical services feedback form

Please do contact us on the emails above if you have any queries. We look forward to working with you.