Endoscopy Assessment Report

Ayr Hospital

NHS Ayrshire & Arran

24 November 2010
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First published February 2011

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1 Setting the scene

In July 2008, NHS QIS was given responsibility to take forward quality improvement of endoscopy services and to implement and roll out a programme of pre-assessment of endoscopy units in NHSScotland with effect from February 2010. There are two elements of the work involved in undertaking these assessments: the Global Rating Scale (GRS) and Pre-Joint Advisory Group (JAG) Accreditation System visits.

Global Rating Scale
The overall performance of endoscopy units is rated using the GRS scoring system. GRS is a web-based self-assessment tool used by endoscopy units to assess how well they provide a patient-centred service for endoscopy procedures. Its principle purpose is to help improve the quality of patient care across a range of measures. In England, the use of GRS has been linked to the successful achievement of formal accreditation of a unit by the JAG.

Joint Advisory Group Accreditation System
The aim of the pre-JAG assessment visit programme is to assess the state of readiness across NHSScotland endoscopy units for formal accreditation through the JAG Accreditation System. On completion of the visit programme, NHS QIS will recommend for accreditation those units that can demonstrate they are delivering safe, effective and patient centred care within endoscopy services to a high standard. Further information on GRS and JAG is provided in Appendix 2.

Pre-JAG assessment visit
This report presents the findings from the pre-JAG assessment visit to NHS Ayrshire & Arran, Ayr Hospital, Irvine, on 24 November 2010. The visiting team consisted of the following:

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Project Officer, NHS Quality Improvement Scotland

Observed by:

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Senior Endoscopy Nurse, NHS Forth Valley
2 Validation of the Global Rating Scale score

Each endoscopy unit submits its GRS scores every 6 months. The GRS assessment tool makes a series of statements requiring a yes or no answer. From the answers, it automatically calculates the GRS scores, providing a summary of service provision (levels D–A). Level D is a minimum acceptable level and Level A is excellent. Units scoring levels B or A are said to deliver commendable quality of care.

A JAG checklist is used to validate the GRS scores on the assessment visits. There are occasional variations between the checklist and the GRS self-assessment tool, particularly within the ‘consent’, ‘communicating results to referrer’, ‘timeliness’ and ‘ability to provide feedback to the service’ items. This can result in differences in the unit’s self-assessed GRS scores and the validated scores.

Where applicable, validation of GRS takes account of standards and targets which apply in NHSScotland, for example Scottish Health Technical Memorandum (SHTM) 2030 in relation to washer disinfectors.

The validated results for Ayr Hospital are illustrated in Table 1.

Table 1: Validated GRS level: Ayr Hospital, NHS Ayrshire & Arran

<table>
<thead>
<tr>
<th>Domain</th>
<th>Item</th>
<th>Validated level</th>
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<tr>
<td>Clinical quality</td>
<td>Consent process including patient information</td>
<td>A</td>
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<td></td>
<td>Safety</td>
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<td>Comfort</td>
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<td></td>
<td>Quality of procedure</td>
<td>D</td>
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<td></td>
<td>Appropriateness</td>
<td>D</td>
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<tr>
<td></td>
<td>Communicating results to referrer</td>
<td>A</td>
</tr>
<tr>
<td>Quality of patient</td>
<td>Equality of access and equity of provision</td>
<td>B</td>
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<tr>
<td>experience</td>
<td>Timeliness</td>
<td>D</td>
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<td></td>
<td>Booking and choice</td>
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<td></td>
<td>Privacy and dignity</td>
<td>C</td>
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<td></td>
<td>Aftercare</td>
<td>D</td>
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<td></td>
<td>Ability to provide feedback to the service</td>
<td>D</td>
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<tr>
<td>Workforce</td>
<td>Skill mix review and recruitment</td>
<td>B</td>
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<td></td>
<td>Orientation and training</td>
<td>D</td>
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<td>Assessment and appraisal</td>
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<td>Staff are cared for</td>
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<td>Staff are listened to</td>
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<td>Training</td>
<td>Environment and training opportunities</td>
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<td></td>
<td>Endoscopy trainers</td>
<td>C</td>
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<td></td>
<td>Assessment and appraisal</td>
<td>D</td>
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<td></td>
<td>Equipment and education material</td>
<td>D</td>
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</tbody>
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Further information about the assessment process can be found in Appendix 3.
3 Overview of local service provision

Ayrshire & Arran is situated in south-west Scotland. The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region. A significant proportion live in rural areas.

At the time of the assessment visit, NHS Ayrshire & Arran had three endoscopy units.

The endoscopy unit at Ayr Hospital serves a local population of 150,000. It undertakes 22 endoscopy sessions each week and performed 5,243 endoscopies last year. The unit has three procedure rooms. Endoscopic procedures performed include colonoscopy, oesophago-gastro-duodenoscopy (OGD), flexible sigmoidoscopy, endoscopic retrograde cholangiopancreatography (ERCP), percutaneous endoscopic gastrostomy (PEG), therapeutic endoscopy and bronchoscopy.

Major strengths

The assessment team considers Ayr Hospital endoscopy service to have the following major strengths:

- superb new, purpose-built endoscopy unit
- well equipped with latest the technology and equipment
- unit design is focused on the patient and GRS
- centralised and modern decontamination facilities
- facilities and opportunities to provide endoscopy training
- expertise in bowel cancer screening
- engaged with GRS, JAG and quality improvement processes
- passionate and motivated endoscopy staff
- key roles for senior nurse practitioners and other staff in the running of the unit
- close-knit, friendly team, and
- good relationships among clinicians, management and interdisciplinary staff.

Leadership structure

The management lead has a very busy role, with responsibility for both endoscopy and orthopaedics across two hospital sites. As a result, there is insufficient time to manage endoscopy services effectively. Much of the responsibility for waiting list management or service delivery falls to the endoscopy charge nurse. The assessment team recommends that clear boundaries are defined for respective staff responsibilities, and protected time and support are allocated to take the service forward.

The unit is further encouraged to consider future vacancies and to review the staff skill mix to introduce Agenda for Change (AfC) Band 3 posts to support the trained nursing staff. This would also enable the service to focus on the training needs of newly appointed staff.

Endoscopy unit layout and design

The assessment team commends the superb new, purpose-built endoscopy unit designed to support patient needs and meet GRS requirements.
The endoscopy unit has an adequate reception and patient waiting area. Processes are in place for patient admission and consent, and separate rooms are available for private patient discussion or discharge. There are sufficient toilet facilities to maintain patient privacy and dignity. The assessment team commends the unit for its dedicated spacious ensuite room for bowel preparation patients.

The service is well equipped with the latest technology and equipment and there are sufficient storage facilities within the unit. Oxygen, suction and monitoring equipment are provided at each patient bay. The resuscitation equipment in the unit is checked on a daily basis to ensure it is fit for purpose.

Data were provided on the sustainability of waiting times in the event of ad hoc increases in patient referrals. However, the assessment team recommends the unit undertakes an exercise to assess demand for endoscopy services and put in place resources on an ongoing basis to meet demand.

The number of staff is considered to be appropriate for the size and layout of the unit. The assessment team encourages the unit to update the review dates on some of the Control of Substances Hazardous to Health (COSHH) risk assessments to further support safety across the service.

**Decontamination**

The decontamination area layout enables clear separation of dirty and clean equipment. Sinks are provided to manually clean endoscopes and disinfectants are stored and used safely. Endoscopes are manually checked for leaks and cleaned according to national decontamination guidelines. The endoscopes are transported and stored appropriately.

The unit reported that the endoscopy washer disinfectors are in good working order. Evidence was provided for rinse water results for the past 3 months. The assessment team encourages the unit to introduce a process to obtain rinse water results more promptly.

At the time of the assessment visit, the drying cabinets were not in use. A protocol is in place to support adherence to the 3-hour rule regarding appropriate use of endoscopes removed from the drying cabinet. There is also a procedure for keeping valves with endoscopes as a unique set. At the time of the visit, the unit did not have a set of valves for each endoscope. The assessment team acknowledged that the service was working towards acquiring a sufficient number of valves.

The unit has undertaken an audit of the efficacy of tracking endoscopes.

The endoscopy service has a local decontamination policy. The assessment team recommends the implementation of a standard operating procedure for the cleaning, traceability and maintenance of endoscopes.

There was evidence of staff training and validation, and staff were observed using appropriate personal protective equipment. Ventilation and extraction facilities are in place to ensure staff are not exposed to hazardous chemicals.

A record is maintained of adverse events and action taken. A procedure is in place to deal with out-of-hours decontamination. However, the assessment team recommends a more robust system for managing out-of-hours decontamination rather than relying on one member of staff to provide this service.
4 Detailed findings against the Global Rating Scale

Domain 1: Clinical quality

Consent process including patient information
Validated level: A

The endoscopy service has patient information leaflets for all procedures. The assessment team encourages the service to ensure that up-to-date review dates are included on all patient leaflets.

NHS Ayrshire & Arran has a patient consent policy. The endoscopy service also has a local consent policy and a withdrawal of consent protocol.

There is a procedure for obtaining patient consent outside of the endoscopy treatment rooms and all staff appreciate the importance of obtaining consent outside the room.

The unit undertakes a patient survey which includes questions on consent, and action is taken in response to survey results. The patient survey presented as evidence was based on a small number of patients. The assessment team would encourage the endoscopy service to obtain a larger sample size for future surveys.

Safety
Validated level: B

The endoscopy unit records adverse incidents through a centralised Datix system and incidents are reviewed and actioned as appropriate. Any identified resource constraints are included on a risk register.

At the time of the visit, the British Society of Gastroenterology (BSG) guidelines were available in hard copy and electronic formats. Local policies are in place, including guidelines and flow charts for the management of patients diagnosed with diabetes and those requiring anticoagulation therapy. The assessment team commends the endoscopy service for providing clear and up-to-date local guidelines within each procedure room.

The local decontamination policy is clear and informative. However, the assessment team encourages the unit to introduce an accompanying standard operating procedure for the cleaning, traceability and maintenance of endoscopes.

An initial decontamination standards audit has been undertaken. The unit is encouraged to demonstrate an ongoing programme of audit, review and action of the audit results.

The assessment team commends the innovative approach adopted for the 30-day mortality audit. The team would encourage the unit to strengthen the audit results by also capturing mortuary data from Crosshouse Hospital.

Comfort
Validated level: C

Processes are in place to monitor and record patient comfort scores during endoscopy procedures.

Individual patient comfort scores are provided to all endoscopists. However, evidence is required of any review or actions resulting from audits of comfort scores. On the assessment visit, unit staff raised concerns about the accuracy of recent Unisoft audit
data, possibly related to the recent merger of Ayr and Crosshouse hospitals databases. This needs to be rectified to enable accurate and reliable data to be regularly fed back to endoscopists.

The endoscopy service has undertaken a survey of patient comfort. The assessment team encourages the unit to undertake a larger patient survey regarding comfort.

**Quality of procedure**

**Validated level: D**

The endoscopy service has BSG quality indicator documentation available within the unit and a supporting IT system (Unisoft) to facilitate audit. Individual audits of quality indicators have been undertaken. These include audits of:

- flumazenil usage
- colonoscopy completion rate
- adenoma detection rate
- sedation or analgesia colonoscopy
- quality of bowel preparation
- satisfactory PEG placements
- repeat endoscopy for gastric ulcers within 12 weeks
- colonic polyp recovery
- completion of intended therapeutic ERCP
- decompression of obstructed ducts
- 30-day mortality in hospital deaths
- comfort levels for colonoscopy
- haemostasis after therapy
- satisfactory position of stents for oesophageal obstruction, and
- number of procedures undertaken by each endoscopist.

On the assessment visit, unit staff raised concerns about the accuracy of recent Unisoft audit data, possibly related to the recent merger of Ayr and Crosshouse hospitals databases. This needs to be rectified to enable accurate and reliable data to be regularly fed back to endoscopists. The assessment team recommends a manual audit of each colonoscopist’s work. The team noted the bookings co-ordinator keeps an individual folder for each endoscopist, which could be used to support the manual audit.

The assessment team recommends the development of a rolling audit programme focusing on BSG quality indicators with timescales and nominated staff to take forward actions.

The unit is commended for undertaking a PEG audit and repeating the audit in light of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) 2004 report. The audit results demonstrate significant improvement which is a good example of continuous improvement through audit.

Although there is an NHS Ayrshire & Arran policy for the management of staff poor performance, the assessment team would encourage the unit to introduce a local policy.
describing the process for how to deal with poor performance within the endoscopy service.

**Appropriateness**

**Validated level: D**

The unit has referral guidelines which have been agreed with users and representatives from the primary care sector. Pathways are in place for three common gastrointestinal (GI) symptoms.

All referrals for endoscopy are vetted according to a local policy. However, evidence is required to demonstrate completeness and timeliness of vetting.

The assessment team recommends the implementation of a formal protocol for the administrative validation of surveillance procedures.

Timely clinical validation of surveillance procedures takes place within the service. However, the assessment team would encourage the unit to incorporate clinical validation practice into a written procedure.

**Communicating results to the referrer**

**Validated level: A**

Endoscopy reports are completed on the day of the procedure and reports are dispatched within 1 working day of the procedure. The reports, which contain follow-up details, are placed within patient notes.

Pathology reports for patients diagnosed with cancer are dispatched to referrers within 1 day of receipt of the endoscopy report. There is also a process to action pathology results within 5 days of receipt of the report.

**Recommendations – the unit must:**

- Provide evidence of review and actions arising from audits of comfort scores.
- Implement a rolling audit programme focusing on BSG quality indicators with timescales and nominated staff to take forward actions.
- Document evidence of the completeness and timeliness of vetting.
- Instigate a formal procedure for administrative validation of surveillance procedures.
Domain 2: Clinical quality of patient experience

Equality of access and equity of provision
Validated level: B
NHS Ayrshire & Arran has an equality and diversity policy, and staff are provided with an induction on both the policy and the race equality scheme. An interpreting service is available and all patients with communication needs are offered a full range of appropriate services.

A demographic and language profile has been undertaken and information is available in other languages or media according to the needs of the service.

The assessment team encourages the unit to demonstrate pooling of endoscopy lists within and across specialties (gastroenterology and surgery) to enable equality of access for all patients.

Timeliness
Validated level: D
The endoscopy service has a waiting list management system. The unit manages patient waiting time by booking patients beyond the target date, then bringing forward the appointment when a cancellation is received. The assessment team notes that the unit could avoid this practice by investing some time in implementing a demand, capacity and activity analysis. The team appreciates the difficulties in undertaking such an analysis due to the lack of information on patient referral numbers. The endoscopy service would benefit from being provided with this information to support data analysis.

The unit demonstrated the capability to provide a snapshot of the waiting list position. However, evidence is needed to show list utilisation for the past 3 months.

When there is an increase in referrals, the charge nurse works very diligently to create additional capacity, by speaking to individual endoscopists to maximise list utilisation. The assessment team recommends the unit implements a local policy for list pooling and works towards establishing a single system for waiting list management.

There is effective management of surveillance patient lists. Timely administrative and clinical validation of waiting lists takes place. However, this needs to be incorporated into a written procedure.

Booking and choice
Validated level: D
Processes are in place to monitor the number of patients who are partially or fully booked.

The incidence of patients not attending or cancelling their appointments is monitored and reported. The assessment team recommends the unit develops an action plan to address the current rate of patients not attending or cancelling their appointments.

The unit needs to demonstrate evidence of a patient-focused booking process. The assessment team advises the unit to review the booking process and to include agreed procedures within the operational policy. By contacting patients first rather than relying
on patients changing their appointment, the unit could reduce administration time and reduce the rate of patients not attending for their procedure.

**Privacy and dignity**

*Validated level: C*

The patient survey undertaken by the endoscopy service includes questions on privacy and dignity. The unit has facilities for private patient discussions and patients are offered the choice of discussing their clinical care in private.

Although essence of care standards are not used within Scotland, the assessment team recommends the unit introduces a similar privacy and dignity benchmarking tool.

The assessment team encourages NHS Ayrshire & Arran to install frosting or a curtain to the open window over looking the discharge area, to further support privacy for those patients waiting on trolleys for their procedure.

**Aftercare**

*Validated level: D*

General post procedure sheets are available within the unit for all endoscopy procedures. However, the sheets are too generic and the unit is encouraged to introduce specific post procedure sheets for all procedures. The assessment team also recommends the unit develops aftercare sheets for common GI disorders.

The unit has an agreed process with NHS 24 to enable patients to contact them for advice out-of-hours. However, the unit needs to implement a robust pathway for patients to gain access to 24-hour expert advice concerning their endoscopy procedure. When this system is devised, a robust training package needs to be implemented.

Patients’ views on aftercare are obtained through the patient survey.

Protocols are in place for informing patients diagnosed with malignancy of disease. There is also a procedure within the generic discharge instructions to inform all patients on the outcomes of their procedure on discharge from the unit. However, the assessment team encourages the unit to implement a robust procedure detailing the process.

**Ability to provide feedback on the service**

*Validated level: D*

Patients provide feedback on the endoscopy service through the patient survey and patient comments box. Patient feedback is monitored and regularly reviewed and changes are made in response to feedback where appropriate. Patients have also been involved in the planning and evaluation of endoscopy services.

NHS Ayrshire & Arran has a complaints policy. The assessment team acknowledges that staff are aware of how to deal with complaints. However, there needs to be evidence of a formal local policy for handling complaints within the endoscopy service. A statement should also be included within the operational policy to support staff to handle complaints.

The assessment team recommends that discussion of complaints is a standing agenda item on the endoscopy user group, supported by meeting minutes.
Recommendations – the unit must:

- Implement a local policy for pooling of endoscopy lists and work towards establishing a single system for waiting list management.
- Incorporate administrative and clinical validation of waiting lists within a written procedure.
- Provide evidence of list utilisation for the past 3 months.
- Review the booking process and include agreed procedures within the operational policy.
- Demonstrate evidence of a patient focused booking process.
- Develop an action plan to address current rates of patients not attending or cancelling their appointment.
- Introduce a privacy and dignity benchmarking tool.
- Devise aftercare sheets for common GI disorders.
- Instigate a robust pathway for patient to gain access to 24-hour expert advice supported by a robust training package for staff.
- Develop a formal local complaints policy and include guidance within the operational policy to support staff to handle complaints.
- Introduce complaints as a standing agenda item on the endoscopy user group and document complaint discussion and outcomes in meeting minutes.
Domain 3: Workforce

Skills mix review and recruitment
Validated level: B

NHS Ayrshire & Arran has a policy for the recruitment and selection of staff underpinned by allocated funding. There is sufficient support from senior staff to recruit into vacant posts and the service lead is involved throughout the recruitment process.

The unit reviews staff sickness and absence levels and flexible staff rostering is undertaken to provide adequate cover across the endoscopy service.

There is adequate staffing establishment within the unit in line with JAG recommendations. The staff establishment and skill mix is reviewed when vacancies arise. The assessment team encourages the unit to consider future vacancies and to review the staff skill mix to introduce AfC Band 3 posts to support the trained nursing staff within recovery.

Orientation and training
Validated level: D

New staff are allocated trained mentors and all staff have access to training.

An induction and training programme is in place for all staff and evidence was provided of induction timetables for nursing staff. However, evidence is required of a formal NHS board policy for induction, training and development.

Training programmes are based on the endoscopy competency framework.

The unit needs to undertake a staff survey on the training provision at least annually and to demonstrate evidence that staff feedback is acted upon within 6 months.

There was insufficient evidence to demonstrate that patient feedback is used in training to develop staff awareness.

Assessment and appraisal
Validated level: D

Evidence was provided of NHS Ayrshire & Arran policies for the Knowledge and Skills Framework (KSF). However, at the time of the assessment visit, some staff did not have an up-to-date performance development plan.

There is a policy for managing poor performance. However, the assessment team recommends that evidence is provided to show that poor performance is addressed as required, with support from management.

National workforce competencies are available within the unit. Staff attain competencies to encourage succession planning and career progression.

The assessment team recommends that all staff receive regular appraisal. Feedback should be sought annually on staff experience of appraisal and feedback should be acted upon within 6 months.

Although staff have commenced the gastrointestinal endoscopy for nurses (GIN) programme, evidence is required of the programme being used and sustained on an ongoing basis.
New staff are well supported and have a good infrastructure during the initial stages of their employment. However, the assessment team encourages the service to provide evidence of ongoing training and education. The team acknowledges the unit’s intention to implement a training and development programme for registered staff. This will be valuable once implemented.

**Staff are cared for**

*Validated level: D*

All staff complete full mandatory training within 3 months of appointment.

Health and safety risk assessments are undertaken. An electronic version of the NHS Ayrshire & Arran health and safety policy is available to staff on the intranet. The assessment team encourages the unit to include a statement within the operational policy to guide staff to the location of the health and safety policy.

NHS Ayrshire & Arran has policies for flexible working, dignity at work and equal opportunities. However, the assessment team advises the unit to include guidance within the operational policy detailing the process for staff to raise concerns about discriminatory and/or unacceptable behaviour.

Staff feedback needs to be documented.

The assessment team noted that a major service review was undertaken prior to the opening of the new endoscopy unit.

**Staff are listened to**

*Validated level: D*

The endoscopy unit provided evidence of service team meetings where staff can contribute views and ideas.

The assessment team recommends the unit obtains annual feedback from staff on the quality of their work environment through a staff survey. All members of staff should be encouraged to participate in appraisal of policies and strategies.

There is formal recognition of staff through reward systems. It was evident that staff are positively encouraged to attend study leave opportunities and this is commended by the assessment team.

The unit staff have a healthy and transparent approach to the use of Datix to report adverse events and to act upon them.

There was no evidence of exit interviews being recorded and fed back to clinical and general managers.

Support for attendance at GIN courses is good, enabling staff to share good practice. This would be strengthened by the implementation of the planned formal staff training and education programme.
**Recommendations – the unit must:**

- Provide evidence of a formal NHS Ayrshire & Arran policy for induction, training and development.
- Undertake an annual staff survey on the training provision and act upon staff feedback within 6 months.
- Document evidence that patient feedback is used in training to develop awareness.
- Demonstrate evidence of up-to-date performance development plans for all staff.
- Ensure all staff receive regular appraisal.
- Demonstrate evidence that the GIN programme is used and sustained on an ongoing basis.
- Document evidence of poor performance being addressed, with support from management.
- Obtain annual feedback from staff on their experience of appraisal and act upon feedback within 6 months.
- Include guidance within the operational policy detailing the processes for staff to raise concerns about discriminatory and/or unacceptable behaviour.
- Document evidence of staff feedback.
- Record staff exit interviews and feedback back results to clinical and general managers.
- Seek annual feedback from staff on the quality of their work environment.
Domain 4: Training

Environment and training opportunities
Validated level: C

Trainees undergo endoscopy training on site and evidence was provided of training course content and outcomes. A clear and concise induction programme is in place for trainees.

There are 2–3 formal, protected endoscopy procedure training lists each week, providing an excellent training opportunity for trainees. Processes are in place to identify and plan training lists 6 weeks in advance. The training lists are also adjusted, where appropriate, to meet the needs of trainees.

The service has an excellent system for ensuring urgent and emergency procedures are prioritised. However, trainees find it difficult to participate because of other demands on their time. The assessment team recommends the unit maximises trainee exposure to emergency procedures whenever possible.

Trainees are using the JAG Endoscopy Training System (JETS) system to give feedback during training, which is commended by the assessment team.

There is an identified training lead for the planning and co-ordination of training lists. The training lead is co-ordinating training but has taken up the role relatively recently. The assessment team encourages NHS Ayrshire & Arran to recognise the work involved with this role and to provide protected time in the job plan.

Endoscopy trainers
Validated level: C

The endoscopy unit has a single nominated training lead and each trainee has a nominated trainer. Information is compiled each week on the lists performed by each trainer.

One of the senior nurse practitioners plays a major role in the training of endoscopists, and the trainees embrace this and benefit from it.

There is a small number of trainers within the unit and although not documented, the training lead has a clear understanding of trainers’ details and courses attended. The assessment team encourages the unit to formally document these details for the future, for example through the JETS website. Not all trainers have undergone a JAG approved train the trainers course. Attendance on the course is encouraged.

The assessment team recommends that trainers’ expertise is evaluated and documented annually. Evidence is also required of annual evaluation of staff input into endoscopist training.

Assessment and appraisal
Validated level: D

Guidelines on trainee assessment are available within the endoscopy unit and evidence was provided of a trainee portfolio. There is excellent supervision of trainees at all times.
Trainees meet with the training lead and/or educational supervisor on arrival at the unit to determine their experience and future training needs. The assessment team suggests that the implementation of a formal direct observation of practical skills (DOPS) assessment of skills on arrival would be valuable.

A register is available in each procedure room documenting which endoscopy procedures each trainee can undertake independently. There is a unit policy for defining and monitoring independent practice of trainees. The assessment team recommends the use of summative DOPS to define competency for independent practice of senior trainees.

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**Equipment and education materials**

**Validated level: D**

All trainees in the endoscopy unit have access to written and electronic JAG documentation. Electronic and laminated hard copy clinical guidelines are easily accessible within each procedure room. A reporting system is available to trainees including relevant audit reports.

Still and video photographic equipment is accessible during routine lists. Equipment is provided to support therapeutic endoscopy and advanced endoscopic techniques.

The assessment team recommends that trainees have access to some basic equipment and materials to support endoscopy training, such as mannequins or anatomy models. The unit is further encouraged to provide endoscopic training DVDs and playback facilities for trainees.

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**Recommendations – the unit must:**

- Maximise trainee exposure to emergency procedures whenever possible.
- Evaluate trainers’ expertise annually.
- Provide evidence of annual evaluation of staff input into endoscopist training.
- Use summative DOPS to define competency for independent practice of senior trainees.
- Enable trainees to access basic equipment and materials to support training.
- Provide trainees with access to endoscopic training DVDs and playback facilities.
## Appendix 1: Glossary of abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AfC</td>
<td>Agenda for Change</td>
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<td>BSG</td>
<td>British Society of Gastroenterology</td>
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<td>COSHH</td>
<td>Control of Substances Hazardous to Health</td>
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<tr>
<td>DCP</td>
<td>diagnostic collaborative programme</td>
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<tr>
<td>DOPS</td>
<td>direct observation of practical skills</td>
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<tr>
<td>ERCP</td>
<td>endoscopic retrograde cholangiopancreatography</td>
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<td>GI</td>
<td>gastrointestinal</td>
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<td>GIN</td>
<td>gastrointestinal endoscopy for nurses</td>
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<td>GRS</td>
<td>Global Rating Scale</td>
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<tr>
<td>JAG</td>
<td>Joint Advisory Group</td>
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<tr>
<td>JETS</td>
<td>JAG Endoscopy Training System</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>NCEPOD</td>
<td>National Confidential Enquiry into Patient Outcome and Death</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>OGD</td>
<td>oesopho-gastro-duodenoscopy</td>
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<tr>
<td>PEG</td>
<td>percutaneous endoscopic gastrostomy</td>
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<tr>
<td>SHTM</td>
<td>Scottish Health Technical Memorandum</td>
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Appendix 2: Overview of Global Rating Scale and Joint Advisory Group Accreditation System

Global Rating Scale
In March 2006, a Diagnostic Collaborative Programme (DCP) was established to support NHS boards to redesign and improve their endoscopy services. The DCP introduced the Global Rating Scale (GRS) as a web-based self-assessment tool to be used by endoscopy units to assess how well they provide a patient-centred service for endoscopy procedures. Its principle purpose is to help improve the quality of patient care across a range of measures. This unique tool was developed and implemented in England by the English National Endoscopy Team and has now been widely adopted throughout Scotland.

GRS is used by clinical staff and management to self assess an endoscopy unit’s ability to deliver a quality service. The following key areas are considered:

- clinical quality
- quality of patient experience
- workforce, and
- training.

Endoscopy units work through the GRS tool which applies various levels from D–A. Level D is the minimum acceptable level and Level A is excellent. Units scoring levels B or A are said to deliver commendable quality of care.

Completion of GRS is an essential element of the NHS QIS Clinical Standards for the Bowel Screening Programme (February 2007) (Standard 6: Colonoscopy and histopathology).

Endoscopy units participate in the twice yearly national census in April and October. Further information on GRS can be downloaded from the website. (www.grs.scot.nhs.uk).

Joint Advisory Group Accreditation System
In England, the use of GRS has also been linked to the successful achievement of formal accreditation of a unit by the Joint Advisory Group (JAG).

There has been discussion among Scotland’s clinical community for some time about JAG visits across Scotland’s endoscopy units. JAG has defined the criteria necessary for successful accreditation (and re-accreditation), for example safety issues, plant, equipment, decontamination requirements and the training environment. Achievement of Level A for timeliness and Level B for all other aspects of the GRS is required to become an accredited unit.

The aim of the pre-JAG visit programme is to assess the state of readiness across NHSScotland endoscopy units for formal accreditation. Following completion of the programme, NHS QIS will recommend for accreditation those units that can demonstrate they are delivering safe, effective and patient-centred care within endoscopy services to a high standard.
Appendix 3: Assessment process

The assessment process has three key phases:

- preparation prior to the assessment review which involves NHS boards and endoscopy units completing a twice yearly GRS census return and submitting a local self-assessment (JAG online checklist)
- an external assessment review by NHS QIS, and
- publication of a report following the visit.

Preparation

Firstly, each NHS board assesses its own performance using GRS (a web-based service improvement tool) to determine how well it provides a patient-centred service. The GRS assessment tool makes a series of statements requiring a yes or no answer. From the answers it automatically calculates the GRS scores, which provide a summary view of service provision. In addition, in advance of the visit, the NHS board endoscopy unit completes the JAG online checklist which includes guidance about the type of evidence (for example, protocols and audit reports) required to allow an external assessment of performance to be undertaken. An external assessment team validates the GRS scores, both by considering the self-assessment data and by visiting the NHS board to discuss related issues.

Pre-JAG visit

Each assessment team is led by an experienced assessor, who is responsible for guiding the team in its work and ensuring that the team members are in agreement about the assessment level reached. The team also has a member of the public to bring a patient’s perspective to the review of services. Members of the assessment team have no connection with the NHS board they are assessing. This factor helps to facilitate the sharing of good practice across NHSScotland.

During the visit, each multidisciplinary team assesses performance using the GRS rating scores D–A.

Where applicable, validation of GRS has taken account of standards and targets which apply in NHSScotland. For the purposes of pre-JAG accreditation, we are assessing and verifying that processes are in place to meet the requirements of SHTM 2030 in relation to washer disinfectors. Health Facilities Scotland is charged with ensuring that all decontamination standards are met by NHS boards in accordance with SHTM 2030.

Reporting

The final step in the assessment process is to publish the local reports on our website (www.nhshealthquality.org).
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

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Elliott House
8-10 Hillside Crescent
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Textphone: 0131 623 4383

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP
Phone: 0141 225 6999
Textphone: 0141 241 6316

www.nhshealthquality.org

The Scottish Health Council, the Scottish Intercollegiate Guidelines Network (SIGN) and the Healthcare Environment Inspectorate are also key components of our organisation.