

# Units News

Issue 7, October 2011

A Quarterly Publication

This newsletter is designed with you in mind and will provide you with quarterly updates of JAG activities. If there is information not included that you feel should be or would like to know about, please [click here](#) to email us at the JAG.

Matt Duffell, JAG Office

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## From the JAG Chair

Mr. John Stebbing

I am delighted to introduce the current round of JAG newsletters which highlight the vibrant level of activity taking place in the JAG Office. The new planning and productivity tool (PPAT) was recently launched to support Units in ensuring that efficient capacity is available to meet increasing demand on services; Trust CEOs have been made aware of it through the recent Gateway letter about the NAEDI initiative. Units have recently been informed about the changes to JAG Accreditation from 2012 and asked to sign up to the annual accreditation process and fee structure. Development for the new accreditation system is well underway and will be available early next year. The JAG received a large volume of paper-based applications for procedure certification prior to the September deadline. The JETS e-Portfolio system is now the only method for Trainee Certification and applications are progressing well. I very much hope that the endoscopy community as a whole feel that the JAG is proving effective in supporting the development and maintenance of high quality endoscopy services and training. Please take time to read and digest the contents of the latest newsletters and please feel free to feedback comments via the JAG Office or directly to me by e-mail: [j.stebbing@nhs.net](mailto:j.stebbing@nhs.net).

## From the Units Working Group Chair

Dr. John O'Donohue

The October GRS census date is fast approaching. Those who log on to the GRS to complete their census will notice the new productivity and planning tool, designed to help units improve their service. It has five domains to assess efficiency and productivity. By using the tool, units will be able to benchmark themselves against national levels. This is of particular importance given the rising number of units, including JAG-accredited units, reporting difficulty in maintaining GRS level A in timeliness in the last census, and the anticipated rise in demand next year due to the NAEDI (early detection) initiative.

All but 22 acute sites in England have gone forward for accreditation. Accreditation status is now recorded on the NHS Choices website, together with a few key indicators from the GRS. JAG is writing to the remaining units explaining this, and is pointing out also that the Care Quality Commission in England and the Specialist Advisory Committee are taking an active interest in JAG accreditation status. The Bowel Cancer Screening Programme has received an update from JAG about units whose timeliness had dropped in the last GRS, and will be enforcing the requirement for Grade A in this measure before units become eligible for age extension of the program. The BCSP will invite bids from this summer for screening centres to be pilots to carry out flexible sigmoidoscopy; only existing screening centres will be eligible to apply, and accreditation will be necessary for any unit performing flexible sigmoidoscopy screening.

## FAQs for GRS

### Privacy and Dignity

#### 10.16 What is the definition of "comprehensive separation" between pre and post procedure patients?

- A. Comprehensive means from the time the patients get undressed for the procedure to the time they exit the recovery area there is separation between male and female patients.

#### 13.12 What is the definition of "sufficient protected time" for managerial duties?

- A. This is dependent on the service you are working in and depends on the support available. In a larger service, the unit manager may be supernumerary in terms of the unit staffing, but as a minimum, the unit manager or the person leading the service should have enough protected time to appraise, train and manage the unit effectively.

The proposed annual re-accreditation process has now been refined and simplified in response to user acceptance testing. For units that already have accreditation and have Grade B (A for timeliness) in their most recent GRS submission, an annual 'Report Card' will take the place of the second annual GRS submission. This will ask a unit to inform JAG of any important (e.g. structural) changes since their visit, and to certify that they are continuing to meet key standards from the four domains of the GRS. Three months' waiting times, including surveillance waits, will be required, and the unit will be asked to have these signed off with their organisation's clinical governance lead, together with a statement that key audits on patient safety (mortality and re-admissions), a staff survey and a patient survey have been completed, and appropriate actions taken where necessary as a result.

For a unit's environment, JAG will soon be publishing guidance (A Users' Guide to Achieving a JAG-Compliant Environment) which summarises current recommendations on the physical aspects of a unit's design, including patient flow, privacy and dignity. New decontamination guidance is due to be issued by the DH (DH HTM 01-06 Guidance Decontamination of Flexible Endoscopes) and JAG is drafting an Assessor's Guide for use during the accreditation process.

Across the UK, in Wales, four units now have JAG visits booked and a further four units will go forward for accreditation next year. In Northern Ireland, there are three accredited sites already performing bowel cancer screening, and JAG has been in contact with the Health and Social Care Board who have given a commitment to supporting all Trusts to reach accreditation. In Scotland, 39 units have been visited as part of the pre-JAG visits which Healthcare Improvement Scotland (HIS) has undertaken, and a decision will be taken by December on supporting units to go forward for JAG Accreditation. Most units in Scotland have had issues with waiting times. Internationally, GRS is being increasingly adopted. The New Zealand Government is sponsoring the GRS in a pilot across six sites with the intention to roll out across the country. In Ireland, the first JAG Accreditation training is due to take place next month with the first units to go forward for JAG Accreditation in December. The GRS is being used by some units in Australia and Canada.

## GRS CENSUS UPDATE

The October GRS Census is currently underway having opened on Friday 30 September 2011. Please note that the closing date is Friday 28 October 2011. Please ensure you complete the census by this date.

All acute and community NHS endoscopy units are required to submit a return. Unit participation in the Global Rating Scale census is something that both the Care Quality Commission and NHS Choices are interested in as part of their profiling process.

We would also ask that units complete the updated Planning and Productivity Tool as part of this census. This can be accessed via the GRS homepage (left hand menu) under Productivity.

Please also remember, when completing the census to ensure you

We welcome Rachael Follows, who is taking on the role of Nurse Lead to the accreditation process; Dr Andrew Summers, who has agreed to take the lead role for the Community sector; Dr Rex Polson, who will co-ordinate the KMS; and Dr Neil Haslam, who will focus on extending accreditation across the independent sector.

A gentle reminder the next Assessor Training event will be on December 12<sup>th</sup> at the RCP, and will be formatted as a Refresher Training Day for existing assessors – all assessors are reminded of the requirement to attend one such event per year.

## Are you on the Accreditation Pathway?

Christine Samson

### Important changes

From 2012 there will be changes to the JAG Accreditation process and fees structure. There will be a new requirement for annual accreditation, and in preparation for this, information has been distributed to all endoscopy units and Trust representatives, and information packs are available from the download centre on the JAG

sign off on the last page of each domain with the names of the Clinical Lead, Nurse Lead and Service Lead, together with their email addresses. This is very important. If you fail to do this, your return will be classed as started but incomplete.

website at [www.thejag.org.uk](http://www.thejag.org.uk).

## THE GIN PROGRAMME

The GIN Programme supports the education and training of endoscopy nurses to improve patient care by sharing best practice.

The GIN Programme is a programme of courses developed to support the endoscopy workforce. It is accredited by the RCN and the JAG. GIN courses are available to every endoscopy provider in the acute, community and independent sectors.

The GIN Programme provides training and development that is sustainable at a local level. This is achieved by the nomination of a Local Facilitator, an experienced endoscopy nurse with teaching and/or mentorship experience, to be responsible for training the team. The programme consists of three interlinked training courses:

**GIN for Facilitators course** (£50 per delegate). This course is aimed at providing intensive support to Local Facilitators in the use of the GIN educational tools and supporting them to carry out their roles and responsibilities. Local Facilitators are required to attend this half day course on an annual basis.

**Train the Nurse Trainers course** (£150 per delegate). Attendance to this course is mandatory for Local Facilitators and is also available to senior nurses working in endoscopy who are or plan to be involved in training. The aim of this course is to equip Local Facilitators with the knowledge and skills to lead and promote a training culture within their local team, including adoption of the endoscopy competence framework and completion of the GRS workforce domain.

**GIN day** (£100 per delegate). The aim of this course is to review practice

There are clear benefits to engage in the accreditation process. JAG accreditation is professionally-led, and aims to improve services, care and safety for all endoscopy patients. The Care Quality Commission in England use the accreditation returns in their Quality Risk Profiling, and details are readily available on the accreditation status for all endoscopy sites on the NHS Choices and JAG websites. Accreditation is also a requirement for the NHS Bowel Cancer Screening Programme in England, including the age-extension programme and the introduction of flexi-sigmoidoscopy screening. The process can also provide information for commissioners, which can be built into a business case for local leverage, and can also provide evidence to support revalidation.

### What the service has told us

Real benefits have been fed back to the JAG by units who have participated in the accreditation process, including enhancing the unit's profile within the Trust:

“The single most important result is that the visit has raised the profile of endoscopy within the Trust. Managers now recognise the need for substantial long-term investment in time and resources.” (endoscopy unit)

Although engaging with the accreditation process is not without considerable effort, it has demonstrated a positive effect on staff engagement and morale:

“Overall much more positive experience than we were expecting. Found the team to be helpful, approachable and friendly. Feedback and outcome were great morale boost for staff in the Unit and will influence further service improvements. “

“The visit provided the opportunity for all staff to be involved in redesigning the Endoscopy Service. The opportunity for all staff groups to be involved in interviews on the day of the visit demonstrated that every role in the department is important. “ (endoscopy units)

In addition to being professionally-led, the accreditation process leads to service improvements and is an excellent vehicle for sharing best practice. Units that have already experienced the accreditation process are able to share key advice to those that follow, ensuring that they are in the best possible position of readiness and with key support across all areas:

“It was constructive in many ways and allowed us to pick up ideas for better practice. It was very valuable to increase our profile within the trust.

“For the visit, it is essential to have a complete buy- in from all the staff and clinicians as well as the administrative team. “

“The process within Endoscopy has undoubtedly spilled over in a positive way to other specialties. “ (endoscopy units)

developments in endoscopy and to apply the endoscopy competence framework to assist in delivering evidence based patient care.

Scheduled courses can be found on the GIN website at [www.ginprogramme.com](http://www.ginprogramme.com). To book on a course you can book via the GIN website or contact Fiona Turner, GIN Programme Manager at [Fiona@ginprogramme.com](mailto:Fiona@ginprogramme.com).

Now in its third year, the GIN Programme has been revised and improved. The courses now include updates on current endoscopy policies and 'hot topics' such as Consent, Privacy & Dignity, and Decontamination. Delegate feedback from Year 1 and Year 2 of the Programme was used to improve the structure of the courses and how they are delivered, a good example of this being the introduction of a skills workshop to the GIN day.

For more information on the GIN Programme please visit [www.ginprogramme.com](http://www.ginprogramme.com)

## JAG NEWSLETTER FEEDBACK

The JAG Assessor newsletter is aimed at all those involved in this area. We publish the newsletter quarterly and would welcome any feedback you could provide on the content of the newsletter. If you have any comments or would like to suggest a topic for the next newsletter please contact the JAG Office by emailing Matt Duffell on [matt.duffell@rcplondon.ac.uk](mailto:matt.duffell@rcplondon.ac.uk)

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## New Planning & Productivity Tool for Endoscopy Services

Christine Samson

In September the Joint Advisory Group on GI Endoscopy launched a new Planning & Productivity Assessment Tool to enable endoscopy services to achieve control of endoscopy waits through better planning and improved productivity. Critically reviewing each objective of the tool will identify areas for improvement. Experience has shown that endoscopy services achieving the objectives of the PPAT will sustain a low wait service without the need for waiting list initiatives and other resource intensive methods for reducing waits.

With ever increasing demands on services it is important to ensure services are operating more productively to manage demand by delivery of efficient booking and monitoring overall efficiency. This is especially relevant to endoscopy services that are seeing higher rates of lower GI referrals following the age extension for the UK National Bowel Cancer Screening Programme, and raised awareness due to public campaigns.

The intention is not to duplicate what is already being done but to pull together the most relevant items of the GRS and other key areas not included in it. This new tool is available now on the GRS website [www.grs.nhs.uk](http://www.grs.nhs.uk) and will assist endoscopy services in being able to assess demand and capacity, waiting list management, booking and choice, and performance and productivity.

The aim is to encourage all acute units to use the PPAT this October to establish a baseline and feedback from the PPAT results will be fed back to the endoscopy services.

Further information and advice is available at [askgrs@rcplondon.ac.uk](mailto:askgrs@rcplondon.ac.uk)

## Achieving a JAG Compliant Endoscopy Environment

Rachael Follows

Most endoscopy services still find themselves adapting to changes in UK policy and GRS changes. A systematic, practical, proactive document on how to meet these challenges has not been available. With this mind, JAG has responded by developing guidance for all services in the UK on how to provide an environment which meets GRS and JAG requirements. The guide reflects best practice for all units, stand alone or within day case facilities, purpose built or adapted, existing or proposed new builds. Page 12 summarises the key essential and desirable criteria to achieve a JAG complaint endoscopy service. Follow this advice to audit your current environment, or to plan your new service. It is more about the way to do things, rather than just how to build a unit.

The guidance will soon be published on the "Download Centre" on the JAG website [www.thejag.org.uk](http://www.thejag.org.uk). JAG would like your feedback on how useful this guidance is, in day to day practice. We welcome your comments on how to amend or improve the guidance.

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## Call for New Nurse Assessors

Rachael Follows

JAG Assessors have a critical role applying the JAG standards through accreditation visits and reviews. Nurse assessors are part of a dedicated, impartial team and specialise in workforce, unit design and layout and decontamination. The JAG is now looking to expand its pool of nurse assessors.

Successful applicants will undergo a detailed training programme that will equip them with the necessary skills and knowledge to represent the JAG for Endoscopy services in the public and private sector, and in the four home nations. Assessors are expected to promote and champion the new JAG Endoscopy Accreditation Pathway.

All prospective assessors must have worked for at least three years in endoscopy, within an organisation which has full JAG Accreditation or is expecting accreditation within one year, **and** be recorded on the Nursing Midwifery Council (NMC) register as a registered nurse. Nurses who have retired can only be accepted for a year post retirement. Experienced nurses will participate as a member of the assessment team, lead skilled assessments in their particular field of expertise, and support other aspects of the assessment process as required. Assessors require –

- a high level of knowledge of all aspects of endoscopy
- good verbal and written communication skills,
- a positive attitude
- practicality
- active listening skills
- objectivity and professionalism
- observation skills

All applicants should have support from their Head of Department

To support you with these roles and responsibilities, through a cycle of review and development, JAG will provide a new assessor training day, on line training and refresher sessions, at least one assessor review day, 360 degree peer review and at least three JAG assessments annually.

If you are interested, contact [olive.collier@rcplondon.ac.uk](mailto:olive.collier@rcplondon.ac.uk) for an application pack.

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