

Ysbyty Ystrad Fawr – our Approach to JAG Accreditation

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The Endoscopy team at Ysbyty Ystrad Fawr (YYF) in South Wales were delighted to be put forward for our first JAG Assessment in August of this year. YYF is one of 4 component Endoscopy Services within Aneurin Bevan University Health Board (ABUHB) and we serve a population of over 650,00 in SE Wales including Gwent and South Powys. Services are delivered within the Gwent Clinical Futures model, which means that there is a campus approach to service delivery. Emergency endoscopy and in-patient Gastroenterology / Hepatology is focussed on one site (the Grange University Hospital) and 3 elective centres delivering elective out-patient services, with some in-patient activity for any in-patients on site.



Grange University Hospital



Nevill Hall Hospital



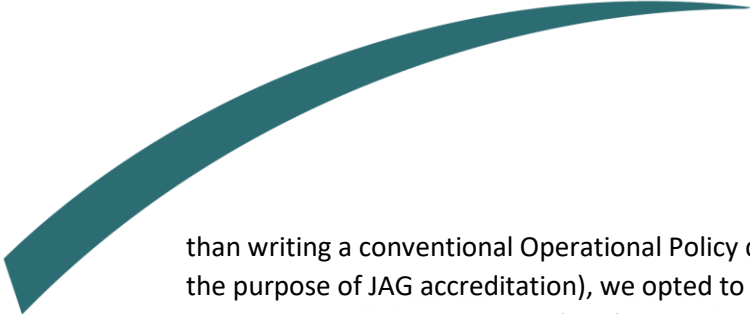
Royal Gwent Hospital



Ysbyty Ystrad Fawr

Ysbyty Ystrad Fawr opened in 2011 and has a 2-theatre endoscopy suite, supported by 4 interview / preparation rooms and self-contained endoscope decontamination facility. It is the centre for bowel screening in ABUHB and has undertaken most of the Bowel Screening Wales (BSW) procedures for the Health Board (HB) since the introduction of population screening in Wales. Screening activity accounts for almost half of the elective activity at YYF.

Our approach to JAG accreditation differed from other services and we focussed on developing our digital resources. Some members of our team benefitted from training with the Lean Management Centre, run by Toyota in Deeside, North Wales and some of the methodology used in the Toyota Production System was adopted by the Service. Rather



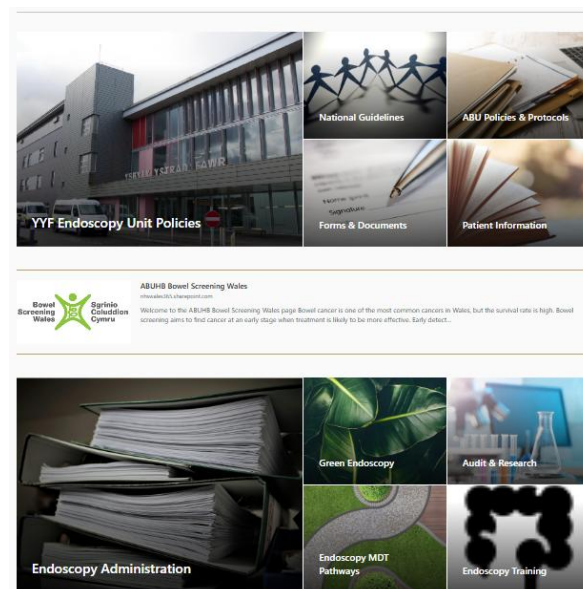
than writing a conventional Operational Policy document (which are often solely written for the purpose of JAG accreditation), we opted to standardise work of the service and have Standard Operating Procedure (SOP) documents for all aspects of the service organised on our HB Intranet site. This meant that all SOPs were easily visible to HB teams, they were regularly updated at Endoscopy User Group meetings and we had a ready-made document management system, with ownership, approving body, date of approval, and review. Our Policies were organised into the relevant domains and most were applicable to all 4 Units in the HB. These included our clinical and medicines policies, scheduling and administration, MDT pathways etc. Some were specific to the Unit at YYF, such as our Governance Policy, in-patient policy and specimen transport as these covered issues relevant to the local Unit. The majority, however, were shared and signed off at HB Gastroenterology Directorate or Clinical Policy Group meetings.

Our Intranet site has all the conventional content of a Standard Endoscopy Operational Policy but has much more in the way of available resources. The weekly scheduled list timetable is regularly updated and we have a competency matrix for endoscopists, trainees, and nurses which is readily visible and accessible. This is an alternative to using white boards on the Unit. All contact details for gastroenterology teams are provided and there is a feedback link for users to leave comments or suggestions for content. There is also a live 'Endoscopy News' feed celebrating endoscopy related achievements and advertising meetings and conferences etc. We have links for endoscopy related websites including: National Endoscopy Programme, Welsh Association of Gastroenterology and Endoscopy, British Society of Gastroenterology, surgical specialist societies, and JAG. All national and international guidelines have electronic links and there are 'quick-links' for frequently accessed figures such as polyp surveillance guidelines, anticoagulation / antiplatelets, Prague for Barrett's and Kudo / JNET classifications. There are also links for patient information resources, which are easily accessible for all HB staff. We also have links for all endoscopy-related forms and documents, from a PEG pathway for in-patient teams to WLI payment claim forms for endoscopists.

One of the immediate projects to arise from Lean Management training was the MDT Pathway work. This looked at every step from a cancer diagnosis at endoscopy to discussion at MDTs. This used a 'point-of-occurrence' methodology, used in car manufacture by Toyota, to identify constraints. We are now able to undertake staging CTs (and rectal MRI) on the same day as an endoscopic cancer diagnosis and fast-track USC pathology and all inappropriately labelled non-USC requests have been removed. We have also introduced a programme of early referral to prehabilitation and health optimization resources, furthermore, our endoscopy nurses have done training in health optimization referral so as not to delay these interventions ahead of cancer treatment.

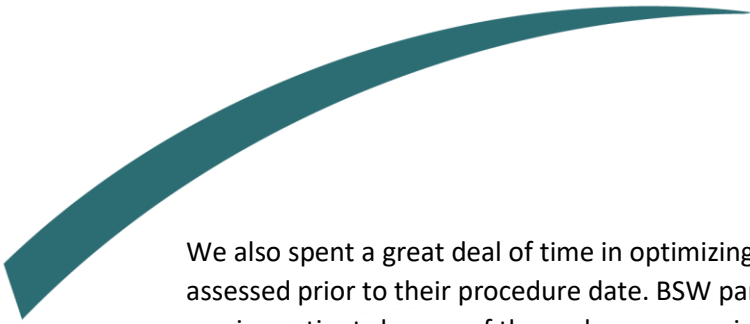
Our Bowel Screening Wales team have their own link on the Intranet with all personnel and contact details as well as all guidelines on screener accreditation and complex polyp MDT referral. We have also included patient survey feedback on here, which is visible to all. Links are provided to our National Bowel Screening Wales website resources.

We also have a Training page with trainee matrix and Endoscopy Training Guidelines. There are links to a variety of training resources, including JETS and copies of formative and summative DOPS / DOPyS forms are available. We also have a link for Audit & Research, which includes details of research projects undertaken by the service and abstracts presented at meetings. We also include the core audits for the service on an annual basis. There is also a page for Decontamination, which includes decontamination policies, our annual IHEEM, links to WHTMs, and decontamination audits.



Our Intranet pages therefore represent a comprehensive evolution of our obsolete Operational Policy document. It is contemporaneous, accessible to all HB staff and forms a legacy resource that can be easily adopted by other services. There are no printed policy documents as everything is digital, the only drawback was that it couldn't easily be shared with our JAG Assessors who didn't have Aneurin Bevan UHB Intranet access.

In addition, we have developed our Internet resources for patients. Our Clinical Psychology team have developed easy-read and psychologically supportive patient information for endoscopic procedures. We have also produced a short video walk-through for each Unit in the HB with narrative from the psychology team. All this content is produced in both English and Welsh to comply with Welsh language legislation. We have also produced easy read and supportive information on taking bowel preparation prior to colonoscopy. Our patient representative has been involved with this work and she was able to attend on our JAG assessment day to feedback to the assessors. We also evolved the Patient Survey and included the information required by the Welsh Patient Experience Framework 2025 document. This has evolved into an all-Wales Patient Endoscopy Survey that will shortly be used across Wales and enable us to benchmark feedback from all Units. The development of our digital platforms has been submitted to the Bevan Exemplar Programme in Wales with the aim of encouraging other Units to adopt this approach and apply for JAG accreditation.




We also spent a great deal of time in optimizing list efficiency. All of our patients are pre-assessed prior to their procedure date. BSW participants are pre-assessed by SSPs and service patients by one of the endoscopy nursing team. Our nurses have one week set aside to undertake pre-assessment and this has significantly improved list usage and reduced wasted slots. Processes are in place for vetting incoming referrals and validating existing waiting lists, particularly for polyp surveillance, IBD surveillance, family history / genetic conditions, and Barrett's oesophagus. Points for lists were allotted according to predicted time. For example, 1 point was equivalent to 15 minutes so we would schedule 1.5 points for diagnostic OGDs / flexible sigmoidoscopy and 3 points for colonoscopy. Complex procedures are allocated more time and more points are allocated for dedicated training. This has reduced the number of situations when we had under-booked lists or over-booked lists. Over-booking has detrimental effects on waiting times with high repeat rates, risk of missing lesions (PCCRC / PEUGIC) and has a negative impact on staff physical and mental wellbeing. Indeed, wellbeing has been a focus of the Unit's philosophy and consequently we can demonstrate high levels of staff retention and low sickness rates. The Team have been nominated for an All-Wales NHS award for the work on staff wellbeing.

Sustainability has also been an important aspect of our service and we developed a Green Endoscopy Group in ABUHB in 2024. We meet quarterly with Unit Managers and Green Champions from each of our four services. Green initiatives are promoted through the Group and posted on our Intranet and escalated through the HB Decarbonization Group. This has included our Entonox project, waste segregation initiatives, reduction in glove use, paperless reporting and limiting unnecessary biopsies.

During the Lean Management training period we spent time on the shop floor watching car engines being produced on the production line. It was striking that all employees were referred to as 'Members' of the Toyota Organization and all were invested in improving standards in their specific work area. All were encouraged to undertake quality improvement projects (termed Kaizen) and there was a hierarchy of rewards for the most valuable projects. We translated this to members of the YYF Endoscopy Team and to support our JAG application by establishing a Task & Finish Group, where individuals would pick up specific projects, such as completing SOPs or undertaking outstanding audits. This team approach meant that everyone was engaged with the JAG application process and it wasn't left to specific individuals to do all the work. However, we did have a nominated nurse who was allocated some time to upload all of our evidence onto the JAG folder.

As a service, we are committed to training and were able to demonstrate our Induction Programme for new trainees and all talks that were provided are available to watch on the HB Intranet. There is a calendar of available dedicated training lists by site, and we are hoping to introduce a training list booking app that is currently under development with Health Education & Improvement Wales (HEIW). We scheduled one of our trainees to be on site for the morning of our JAG assessment so that he was available for interview with our assessors.

The philosophy of the service was team involvement with engagement of all stakeholders. Enthusiastic and supportive management were pivotal and our Clinical Endoscopists were



also integral to supporting our Accreditation. Clearly, some aspects of our application were less conventional as we were not able to provide our Assessment Team with a written Operational Policy document! However, we were able to present a viable alternative, which was enthusiastically endorsed by our Assessment Team. The following comments were taken from our Assessment Report:

Throughout the assessment there were numerous examples of innovative service developments and the use of 'lean methodology' to streamline processes.

The team are congratulated on their implementation of a gold standard intranet site developed by the leadership team, where protocols, processes, guidelines and quality data are uploaded in a contemporaneous manner and shared with all team members.

Congratulations on the excellent sharing of innovations nationally, in particular, the development of digital platforms to support endoscopy being selected as a Bevan Commission Exemplar.

We were asked to undertake minor amendments within 2 weeks, but were subsequently awarded JAG Accreditation in September 2025 and we are one of only 4 public services currently accredited Units in Wales. We believe that our approach can be applied more widely across Endoscopy Services to support JAG accreditation, and we are working closely with our National Endoscopy Programme team to develop shared resources (as we have done with the Patient Endoscopy Experience Survey). Our approach was endorsed by our JAG Assessors and we would commend this approach to other Endoscopy Units.



