

## Endoscopy Services Quality Assurance Group

### Record of meeting

Actions and outcomes of a meeting of the Endoscopy Services Quality Assurance Group held on 12 July 2018 from 10am to 1.30pm in Sloane Room, House 11, Royal College of Physicians, London, NW1 4LE.

In attendance: John Green (chair), Beverley Raven, Faiz Ali, Debbie Johnston, Eva Lynch, Tim Shaw, Chelsea Plowman.

Apologies: William Dickey, Billie Moores, Helen Griffiths, Raphael Broughton

#### Actions arising

No	Action	Owner
1.	(From meeting 26/07/17) Draft a decontamination guidance to assist assessors during visits.	Beverley Raven
2.	(From meeting 14/03/2018) Share the BCSP CQC QA report with group (outcome 3).	Billie Moores
3.	(From meeting 14/03/2018) Discuss current and new training strategies.	Tim Shaw Debbie Johnston
4.	(From meeting 14/03/2018) Arrange an introductory call to new Paediatric Chair. Extend invitation to an ESQAG meeting.	John Green
5.	(From meeting 14/03/2018) Share BCSP Operational Management Document with group.	Billie Moores
6.	(From meeting 14/03/2018) Call with Siwan Thomas regarding ISREE.	Billie Moores
7.	(From meeting 14/03/2018) Review GRS, evidence guide, and increased requirements for services that offer insourcing.	Debbie Johnston
8.	(From meeting 14/03/2018) Contact creator of CGC Dashboard to agree on details for JAG using CGC Dashboard.	Debbie Johnston
9.	(From meeting 14/03/2018) Correct evidence requirements on Decontamination Standards.	Helen Griffiths Beverley Raven
10.	(From meeting 14/03/2018) All new visit bookings to be required to complete Infection Control Audit.	JAG ESQAG
11.	(From meeting 14/03/2018) Agree timescale for changes to JAG Standards.	ESQAG
12.	(From meeting 14/03/2018) On hold: Contact assessors regarding forums for communication that are available.	Debbie Johnston
13.	(From meeting 14/03/2018) Revise working of 'Roles and Duties' section of the current terms of reference for assessors.	Tim Shaw
14.	Remove NED briefing from the website. Review communications about NED so everything is aligned before the letter to services is circulated.	Tim Shaw ESQAG
15.	Circulate ISREE paper and remove all ESQAG actions. ESQAG to provide response about what actions we are going to take to address these.	Tim Shaw
16.	Look into issuing plaques for to accredited services.	Tim Shaw
17.	Finalise non-acute sector assessor's guide and send to assessors.	Beverley Raven
18.	Review the requirement to undertake an annual IHEEM audit and agree a plan for the decontamination changes. Change the question in the annual review immediately.	Beverley Raven
19.	Send out communication to lay assessors about a lay assessor review day.	Tim Shaw
20.	Create a spreadsheet to clarify leadership roles within services, including their responsibilities, time commitment, and what makes a good clinical/nurse lead.	Debbie Johnston John Green Beverley Raven

21.	Arrange a fortnightly telephone call with Phedra Dodds and recommend to ESQAG what changes need to be made to the guidance on training plans.	Beverley Raven
22.	Take forward recruitment for a new ESQAG chair.	Tim Shaw
23.	Put together guidance about environment and decontamination for transnasal endoscopy to be turned into an FAQ.	John Green Debbie Johnston
24.	Go through the feedback from pathology follow-ups and the guidance about timeframes and urgency.	John Green
25.	Write to Northern Ireland services and propose a follow-up call.	Tim Shaw

## Decisions/outcomes

1. There were no declarations of interest.
2. The record of meeting for 14 March 2018 was accepted. All actions were completed apart from those carried across as above.
3. John Green highlighted that JAG needs to guide services better during the annual review process, as minutes provided are not always to a high enough standard and assessors often need to clarify points. Tim Shaw suggested that providing examples may be one way to support services during the process.
4. Debbie Johnston expressed concern that there is a risk to accreditation for services that are not yet compliant with the National Endoscopy Database (NED). Many services are not progressing as quickly as anticipated due to problems with suppliers, financing, and independent IT system providers. John Green had reservations about the timeline that has been given to services as it doesn't align with communications to assessors about NED. The group agreed that services should have a timeline to get a commitment from suppliers that NED will be implemented (rather than a timeline for NED to be fully implemented). The group agreed that Tim Shaw will take down the NED briefing, which is now out of date, and the group will pull together communications about NED so everything is aligned before the letter to services is circulated (action 14).
5. The group discussed the possibility of using NED to set up alerts for under-performing services but agreed that, while NED is a great development, JAG does not have a role in constant data monitoring as it is not a performance management body.
6. John Green discussed the ISREE strategy and commented that it is an excellent initiative which the group is keen to take forward. He highlighted that there are a lot of actions for ESQAG in the ISREE paper (paper 9), and that the group will need to prioritise their implementation. Tim Shaw and Raphael Broughton have fed back some points to Siwan Thomas-Gibson about this. Tim Shaw agreed to circulate the paper with ESQAG's actions. The group agreed to provide a response about what actions we are going to take to address these (action 15).
7. Faiz Ali raised a point about patients not knowing what JAG accreditation means for them when services display their certificates on site. The group discussed the possibility of issuing plaques as well as certificates and including a description of JAG accreditation and what it means for patients (action 16).
8. Beverley Raven confirmed that paper 13 (*Endoscopy services in the Non Acute Sector: Assessors Guide for the UK and Republic of Ireland*) is nearly ready to be finalised. Debbie Johnston will provide feedback to Beverley, who will send the final version to Tim Shaw to send to the assessors (action 17).

9. Debbie Johnston noted that the changes to the decontamination pathway are not quite complete. The group agreed that Beverley Raven will take control of this action.
10. The group discussed whether services need to complete the IHEEM audit report every year or only if there have been any changes. There is an action to implement an annual IHEEM audit in the decontamination actions paper (paper 15). The group agreed that this requirement should be explored further, and clear communications and guidance will need to go to services if this requirement is put in place. Beverley Raven will check with Helen Griffiths about the action and take this work forward, and Tim Shaw will change the question in the annual review immediately (action 18).
11. The group discussed JAG accreditation work in Northern Ireland and agreed that the focus should be on the GRS rather than assessments at this stage so JAG can provide adequate support and guidance.
12. Beverley Raven highlighted that lay assessors have requested a day to meet with other assessors as some do not understand the format for assessments. The group agreed that lay assessors are adding value to assessments and have been an excellent addition to the assessment team, and they now require further support to take forward the role. The group agreed that Tim Shaw and Eva Lynch will discuss a day with Beverley Raven and Helen Griffiths (action 19).
13. The group discussed Beverley Raven's work on the template for team leadership roles. Delegates at the Preparing for your JAG Accreditation training day on 11 July 2018 requested clarification of the minimum standard that JAG expects from people in leadership roles. The group agreed that Debbie Johnston, John Green, and Beverley Raven would create a spreadsheet to clarify leadership roles within services, including their responsibilities, time commitment, and what makes a good clinical/nurse lead (action 20).
14. The group agreed that guidance on training plans needs to align with the JETS workforce, and that the GRS standards need to be updated with Phedra Dodds' work. Beverley Raven volunteered to pilot the new DOPS form at her site. Beverley Raven agreed to have a fortnightly telephone call with Phedra Dodds and to recommend to ESQAG what changes need to be made (action 21).
15. Tim Shaw noted the services that withdrew from JAG following the annual invoicing in April because the sites were too far away from accreditation. The group agreed that JAG must continue working to engage these services and support them in moving towards accreditation. It was also noted that this represents a risk to the scheme as it is a loss of income.
16. Tim Shaw advised that the management monthly update has been circulated to all assessors and the ESQAG committee. Debbie Johnston suggested that the actions and minutes from the ESQAG meetings be sent out to assessors so they are kept up-to-date with new developments.
17. The group agreed to leave the risk register as a standing item in the agenda and review it annually.
18. The group discussed advertising John Green's role as chair of ESQAG, as his term will finish soon. The group discussed the possibility of a non-medical clinical lead taking on the role, and agreed to consider this further. (action 22)
19. The group discussed a recent query about transnasal endoscopy in an outpatient setting. John Green and Debbie Johnston agreed to put together guidance about environment and decontamination for transnasal endoscopy to be turned into an FAQ (action 23).

20. John Green agreed to go through the feedback from pathology follow-ups and the guidance about timeframes and urgency (action 24).
21. The group discussed current accreditation pathways for services in Wales and Ireland, and how long services should remain at level 1 before gaining level 2 accreditation. John Green noted that Irish services have requested a separate agreement. The group agreed that further clarity was needed.
22. The group discussed the large burden that individual calls with services from devolved nations are having on those making the calls. The group agreed that more of these services could be grouped together to manage this burden.
23. Debbie Johnston advised that the group needs to revisit Northern Ireland services and the outcomes from the meeting. The group agreed that Tim Shaw will write to them and propose a follow-up call (action 25).