

Endoscopy Services Quality Assurance Group

Record of meeting

Actions and outcomes of a meeting of the Endoscopy Services Quality Assurance Group held on 14 November 2018 from 10:00am to 1.30pm in the Donald Hunter Room, Jerwood Centre, Royal College of Physicians, London, NW1 4LE.

In attendance: John Green (chair), Tim Shaw, Eva Lynch, Cynthia Yim, Raphael Broughton, Debbie Johnston, Carla Flanagan (by audioconference), Beverley Raven, William Dickey (by audioconference), Chelsea Plowman.

Apologies: Billie Moores, Helen Griffiths, Faiz Ali.

Actions arising

No	Action	Owner
1.	(From meeting 26/07/17) Complete decontamination guidance to assist assessors during visits, and adapt this guidance for services.	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) Share BCSP Operational Management Document with group.	Billie Moores
5.	(From meeting 14/03/2018) Call with Siwan Thomas regarding ISREE.	Billie Moores
6.	(From meeting 14/03/2018) Review GRS, evidence guide, and increased requirements for services that offer insourcing.	Debbie Johnston
7.	(From meeting 14/03/2018) Contact creator of CCG dashboard to discuss whether this could be used by JAG.	Debbie Johnston
8.	(From meeting 14/03/2018) Create proposed transition plan for JAG to adopt the PAS, and map current standards to PAS standards.	Debbie Johnston Tim Shaw
9.	(From meeting 14/03/2018) Revise wording of the 'Roles and Duties' section of the current terms of reference for assessors.	Tim Shaw
10.	(From meeting 12/07/2018) Finalise non-acute sector assessor's guide and send to assessors.	Beverley Raven
11.	(From meeting 12/07/2018) 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
12.	(From meeting 12/07/2018) Review feedback from pathology follow-ups and the guidance about timeframes and urgency.	John Green
13.	Implement an automated extract from JETS to configure audit outputs, and develop a briefing to clarify these points.	John Green Raphael Broughton
14.	Share CCG dashboard (or Irish equivalent) with Tim Shaw, and look into a memorandum of understanding that would allow these data to be shared with JAG annually.	Carla Flanagan
15.	Look into the possibility of circulating collated 360 feedback to assessors annually to coincide with their contract reviews.	Debbie Johnston Tim Shaw
16.	Update the action plan for JAG's engagement with the devolved nations.	Tim Shaw
17.	Develop FAQs for services about decontamination guidance, and check with Carla Flanagan whether the UK process is acceptable for Irish.	Beverley Raven
18.	Develop a proposal for JAG to provide training days to independent sector services, paid	Tim Shaw

	for and aimed at individual organisations.	
19.	Review how JETS workforce fits with JAG's standards and how JAG can use this as evidence during assessments.	Beverley Raven
20.	Contact Clare Rogers to discuss involving a representative from Northern Ireland in the development of JETS workforce.	Raphael Broughton
21.	Write an update about JETS workforce for assessors and review the relevant slides in the training day presentation to ensure they are up-to-date.	Raphael Broughton
22.	Organise a call with Beverley Oates to discuss the Getting it Right First Time programme, how they would use NED data, and how it might affect both JAG and the IQILS accreditation scheme. Invite Bev to the next ESQAG meeting.	Tim Shaw
23.	Implement a system to ensure new briefings and guidance documents are distributed to assessors when published.	Emma Robinson
24.	Remove the option to add a lay assessor to a site reassessment on the JAG website.	Eva Lynch
25.	Review the areas of endoscopy practice that JAG assesses, such as out-of-hours bleeding, main theatres, radiology, and transnasal endoscopy in clinics.	John Green Debbie Johnston
26.	Liaise with other scheme managers and Accreditation Unit manager about the possibility of setting up a focus group for lay assessors.	Tim Shaw
27.	Convert ISREE action points into potential GRS statements and circulate these to the group to review.	John Green
28.	Write to all JAG assessors and remind them to urgently contact the administrator for their assessment if they discover a data breach or patient-identifiable information on an assessment.	Tim Shaw
29.	Liaise with Siwan Thomas-Gibson about the group's concerns about data uploaded by services as evidence for JAG assessments being made available to external services for auditing and research purposes. Update JAG's terms and conditions to make it clear that JAG shares data with CQC and that anonymised data may be shared with external providers for research purposes.	Tim Shaw
30.	Review JAG's bespoke policy and report back to the group at the next meeting.	Eva Lynch Debbie Johnston
31.	Collate customer service feedback collected via Survey Monkey to feed back to the group at the next meeting.	Eva Lynch
32.	Update the assessor role description to mandate that applicants must have five years' experience before becoming a JAG assessor.	Margaret Stansfield
33.	Write an FAQ covering what should be considered or avoided in situations of nurses changing over in the middle of lists or procedures.	Beverley Raven
34.	Write a FAQ for endoscopy trainers about what does or does not count as a training episode.	John Green

Decisions/outcomes

1. There were no declarations of interest.
2. The record of meeting for 12 July 2018 was accepted. All actions were completed apart from those carried across as above.
3. The annual review process has been reviewed to make it more streamlined for services and assessors. One service has fed back that they were unprepared as they felt they didn't have enough communication from JAG, although they did acknowledge that the changes were appropriate. The group agreed to continue to develop the annual review process and communicate this to assessors and services.
4. The group discussed updating the Global Rating Scale (GRS) measures to include the Improving Safety and Reducing Error in Endoscopy (ISREE) strategy and Publicly Available Specification (PAS). Debbie Johnston noted that JAG would need to provide adequate notice of changes to ensure

- services have time to implement them. Debbie Johnston and Tim Shaw agreed to write a proposed transition plan and map the current standards to the PAS, to be presented at the next group (action 8).
5. Raphael Broughton noted that 307 services across the UK are currently uploading to NED. JAG has written to all registered services that are not uploading to NED but, to date, only 17 have replied. The group agreed that JAG needs to communicate effectively with these services and support them with any issues that are delaying their compliance with NED standards. Raphael Broughton noted that JAG assessors should provide any feedback they receive from services about NED to the JAG office. John Green and Raphael Broughton agreed to implement an automated extract from JETS to configure audit outputs, and develop a briefing to clarify these points (action 13).
 6. The group discussed the CCG dashboard (a national data dashboard developed by NHS England) and agreed that it would be useful for Ireland to share an equivalent dashboard. Carla Flanagan agreed to share this dashboard annually and noted that a memorandum of understanding would be needed (action 14).
 7. Debbie Johnston advised that assessors have requested a summary of their 360 feedback to use for their professional development. Tim Shaw agreed to circulate collated feedback to assessors annually to coincide with assessors' contract reviews (action 15).
 8. Carla Flanagan noted that there has been a lot of interest in JAG from Irish services following the Irish GRS launch and training days in July 2018, as the new standards for Ireland have made accreditation more achievable for services. Two more GRS training days will be held in Dublin on 29 and 30 November 2018 for both public and private services. Debbie Johnston suggested that Carla Flanagan shadow a site assessment in Ireland to better understand the assessment process.
 9. The group discussed JAG's ongoing work with the devolved nations. Tim Shaw agreed to update the action plan for JAG's engagement with the devolved nations and take forward communication with Scottish leads (action 16).
 10. Beverley Raven highlighted that clarification is needed around the decontamination guidance, as some assessors have been considering the guidance in different ways. Beverley Raven agreed to develop FAQs for services about decontamination guidance, and check with Carla Flanagan whether the UK process is acceptable for Irish services (action 17).
 11. The group agreed that Beverley Raven would attend future Decontamination Professional Expert Communication Forum (DPECF) meetings as the JAG lead nurse assessor.
 12. The group discussed the need for JAG to run training days tailored to independent services. Debbie Johnston is updating the content and guidance notes for training days to ensure training is consistent and streamlined. Beverley Raven offered to put together a resource pack for independent services. Tim Shaw asked the group whether JAG could offer independent sector organisations the opportunity for JAG to run a training day solely for their services, funded by the head office. The group felt that this idea should be taken forward (action 18).
 13. Cynthia Yim advised that 150 users from 16 services are expected to sign up for the JETS workforce pilot site which launched on 12 November 2018 and is expected to run until the end of January 2019. If the pilot is successful, the JETS workforce site is expected to go live by the end of March 2019. The group discussed whether JETS workforce will need to be linked to JAG standards. Beverley Raven agreed to look into how the tool would fit into the standards and how assessors could use outputs from JETS Workforce as evidence during assessment (action 19).

14. At William Dickey's suggestion, Raphael Broughton agreed to discuss with Phedra Dodds whether Clare Rogers, a former senior nurse endoscopist in Northern Ireland, could represent in the development of JETS workforce (action 20).
15. Raphael Broughton agreed to put together an update about JETS workforce for assessors and review the relevant slides in the training day presentation to ensure they are up-to-date (action 21).
16. The group agreed that Carla Flanagan would attend future ESQAG meetings to represent the Republic of Ireland.
17. William Dickey highlighted issues the Northern Ireland health service is facing without a health minister to progress or approve initiatives and funding. Three out of five JAG-accredited endoscopy services in Northern Ireland have lost accreditation due to waiting demands; these services are at full capacity and the Public Health Agency is considering allowing them to participate in the Bowel Cancer Screening Programme (BCSP). The group agreed that it would be very punitive for JAG to remove accreditation from services not able to move from level 1 to level 2 within the one-year timescale, and to consider how waiting times and other standards should be monitored to ensure they do not decline further.
18. Raphael Broughton highlighted positive talks between JAG and the Getting it Right First Time (GIRFT) team. GIRFT is an NHS-funded improvement programme that will involve site visits to services in England NHS trusts to discuss data packs and create action plans addressing areas of concern. The GIRFT team has agreed with JAG that there must be consistency in the advice given by both programme, and to ensure that visits from JAG and GIRFT don't overly burden services. The group discussed the possibility of GIRFT using NED data in their data packs and agreed that Tim Shaw would organise a preliminary call with Beverley Oates, GIRFT lead, to discuss the programme, how GIRFT would use NED data, and how it might affect both JAG and the Improving Quality in Liver Services (IQILS) accreditation scheme. Tim Shaw also agreed to invite Bev to the next ESQAG meeting (action 22).
19. John Green noted the transnasal endoscopy briefing published in October 2018 (paper 6) and suggested JAG sends new briefings and guidance to all assessors when they are published (action 23). John Green and Debbie Johnston agreed to review the areas of endoscopy practice that JAG assesses, such as out-of-hours bleeding, main theatres, radiology, and transnasal endoscopy in clinics (action 24).
20. The group discussed lay assessors' input on reassessments and agreed that it is not necessary for them to attend site reassessments. Eva Lynch agreed to remove the option to add a lay assessor to a site reassessment on the JAG website (action 25).
21. The group discussed the responses received from the lay assessors' feedback survey (paper 14). The feedback was positive, and two main themes identified were feedback for lay assessors after assessments and a bigger focus on patient interviews during the site assessment. Debbie Johnston noted that some lay assessors have verbally requested some sort of meeting to discuss the role. The group agreed that now would be a good opportunity for the RCP Accreditation Unit to consider how the work of lay assessors could be further developed. Tim Shaw agreed to discuss this possibility with other scheme managers and the Accreditation Unit manager, Dimple Keen (action 26).
22. The group discussed the proposal to award JAG-accredited services with a plaque, which was discussed at the ESQAG meeting in July 2018 (paper 15). After considering the cost and issues raised around services that are deferred or lose accreditation, the group agreed that the initiative would not be possible. Tim Shaw noted that a 'JAG accredited' mark has been developed for services to use on their websites, emails and stationery.

23. Tim Shaw noted the October GRS summary and queried whether JAG could offer site assessments to services achieving Cs in only a few areas. The group agreed that services would need to provide a clear summary of why they are not meeting the measures and an action plan to address the measures.
24. The group discussed the ISREE action points, most of which are aligned to a GRS update, and agreed that John Green would convert these actions into potential GRS statements and circulate these to the group to review (action 27).
25. Tim Shaw highlighted the proposed changes to JAG's accreditation statuses used for registered services (paper 18). The group agreed the new accreditation statuses and their alignment to the Best Practice Tariff as per the paper, with the 'not assessed' and 'undergoing assessment' categories merging into one category.
26. The group discussed a recent increase in the number of reported incidents where services have provided patient-identifiable data to the JAG office as part of their assessment (paper 19). Tim Shaw agreed to write to all JAG assessors and remind them to urgently contact the administrator for their assessment if they discover a data breach on one of their assessments (action 28).
27. The group discussed whether data uploaded by services as evidence for JAG assessments should be made available to external services for auditing and research purposes. Tim Shaw agreed to liaise with Siwan Thomas-Gibson about the group's concerns regarding any use of service evidence for research. The group agreed that JAG's terms and conditions need to be updated to make it clearer how JAG shares data, the organisations it shares it with and how it may be used (action 29).
28. The group discussed proposed changes to JAG's bespoke policy (paper 20) and whether bespoke site assessments should be offered to services following annual review deferrals. Eva Lynch and Debbie Johnston agreed to review the bespoke policy and report back to the group at the next meeting (action 30).
29. The group noted the complaints, issues and appeals log and agreed that 'near misses' (such as verbal phone complaints) should be included in future registers. Eva Lynch agreed to collate the customer service feedback collected via Survey Monkey to feed back to the group at the next meeting (action 31).
30. Tim Shaw noted that the current lack of assessors remains a risk to JAG's ability to undertake assessments. The group agreed that technical assessors should have five years' experience before becoming a JAG assessor, rather than the three years that is currently mandated (action 32).
31. Debbie Johnston raised the issue of services not informing JAG they are linked to other sites until after assessments have been created, or expecting accreditation to be transferrable to services not registered with JAG. The group agreed that JAG needs to make it clear to services which sites will be assessed when they complete their GRS, annual review, or site assessment request form. Tim Shaw noted that services would be asked about linked sites when they complete the April GRS census, which will give the JAG office the opportunity to update the data on the website.
32. Debbie Johnston raised a query about nurses changing over in the middle of lists or procedures at site assessments. Beverley Raven agreed to write an FAQ covering what should be considered or avoided in this situation (action 33).

33. The group discussed a query received from a trainer about what does or does not count as a training episode and agreed that a training episode is any time a trainer is supervising a trainee in the same room. John Green agreed to write an FAQ covering this (action 34).
34. The group acknowledged the end of John Green's term as ESQAG chair and congratulated him on his leadership of the group. The group agreed that the date for the next meeting would be set by the incoming chair.