

JAG accreditation scheme JAG guidance: use of endoscopy as an inpatient area

Audience: UK NHS endoscopy services

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Standards relevant: 2.1, 7.1, 7.7, 9.1, 9.3, 10.5 and 11.1

Introduction

JAG appreciates the pressures that trusts are under with increasing emergency demand. JAG is aware that some services have used the endoscopy area as an inpatient facility, for example for patients medically fit for discharge and awaiting transfer home, awaiting a bed to become available on a ward or awaiting discharge from the emergency department.

The privacy, dignity and experience of endoscopy patients is a key area of focus in JAG accreditation. The use of an endoscopy unit to care for inpatients, even temporarily, is likely to have a negative impact on patient experience and privacy and is strongly not recommended.

This document clarifies JAG's position on the use of endoscopy as an inpatient area and describes how this may affect a service's accreditation status.

Extent of use of endoscopy as an inpatient area

In determining whether the accreditation status of an endoscopy service managing patients in this way needs to be reviewed, JAG will consider the following:

- The frequency of use as an inpatient area, including the number(s) of patients temporarily placed in endoscopy and the number of occasions this has occurred
- The protocols relating to the types of patients placed in endoscopy
- The availability of a risk assessment to determine the suitability of the endoscopy unit to provide such care for inpatients, including washing facilities, toilet facilities and resources such as monitoring equipment
- The reason this action was taken, and whether this action was taken as a result of a major internal/external incident

- The workforce looking after the patients, specifically whether additional trained staff were rostered to look after the patients
- The impact on endoscopy patients, specifically patients who had their appointments cancelled or delayed, and any other actual or potential adverse impact on their experience
- The impact on gender segregation, including whether breaches occurred
- The management of endoscopy staff experience, for example whether there was appropriate communications and briefings from the senior management team
- The organisational plans to reduce the risk of this practice reoccurring.

Impact on accreditation

The potential outcomes of the above assessment include:

Accreditation status moved to 'not awarded'

For example, in cases where there are repeated instances of this practice occurring outside of the major incident plan and/or where there is evidence of persistent breaching of standards

Accreditation status moved to 'assessed: improvements required'

For example, in cases where this practice occurs outside of the major incident plan and where there is some evidence of breaching standards

Accreditation maintained

For example, in 'one-off' instances in response to a declared major incident, provided that the above considerations have been met.

JAG asks services to declare if they have used their endoscopy department as an inpatient escalation area in the annual renewal review. JAG advises services to inform us as soon as possible if there are ongoing and repeated breaches of accommodation standards in their service, so that we can seek to understand how the service will be working to resolve the issues and maintain accreditation.

For the avoidance of doubt, accreditation will not be automatically withdrawn as a result of using endoscopy as an inpatient area, however JAG must be satisfied that this is not routine practice and that reasonable measures are in place to avoid this.

Further information and raising concerns

If you are a staff member and are concerned about this practice and its impact on patient care within your own department, JAG advises that you raise this in your organisation in the first instance before further escalation to JAG.

If you wish to discuss this matter in more detail, please do not hesitate to contact JAG by going to www.thejag.org.uk/support.

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