Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

JAG accreditation
Biennial census questions 2021

Service profile

Which region are you in?	
Organisation/Trust	
Number of endoscopy sites in the organisation/Trust	
Service name(s)	
Catchment population served by service	
Are you a linked service?	- Yes - No

If yes, please list names of linked endoscopy sites	
Do you run a common waiting list across all sites in the linked service?	- Yes - No

Do you have the same core staff across all sites? Are the clinical lead, nurse lead and management lead for the sites the same person?	- Yes - No
Are all policies, procedures, and audits common across all sites within the GI endoscopy service?	- Yes - No

Section 1: Activity

How many dedicated endoscopy rooms do you have?	
How many dedicated recovery spaces do you have?	
How many screening rooms do you have? (eg radiology equipped fluoroscopic rooms)	
Do you do elective endoscopy outside the dedicated rooms?	- Yes - No
If yes, please tell us the nature and how many sessions are conducted outside the dedicated rooms?	
Do you have any other ad-hoc room capacity? If so, please specify:	

In a typical week (pre-COVID), what procedure(s) are performed in each room/ session? (Please select one from dropdown list) Note: One session can be defined as half a day or one list. Please do not include any additional WLI work or insourcing sessions in this chart.	

Rooms	AM	PM	Evening	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

In the month of March 2021, how many endoscopy lists were delivered at your service? Please include ERCP, BCSP and activity undertaken outside of endoscopy eg transnasal endoscopy clinics/theatre endoscopy.	

Please include additional rooms opened as a result of COVID on or off site staffed by your own team. Please exclude insourced or outsourced activity to another provider, and any waiting list initiatives (WLI).	
In the month of March 2021, how many additional endoscopy lists were delivered at your service? - Insourced (weekday or weekend) - Standard activity during weekend by own team - WLI paid activity by own team - Please only include insourced activity or waiting lists initiatives (WLI)	
From 1 January to 31 December 2020, did your service 'outsource' any activity to an external provider?	- Yes - No
If yes, is this: - An ongoing contract for regular activity? - A contract to reduce long waits? - An ad-hoc arrangement? - Other	Choose one option for each category: - Yes - No
If yes, on average how many lists per month were outsourced?	
From 1 January to 31 December 2020, did your service commission an external provider to provide additional procedures in your own facility or in an independent facility on site ('insourcing')?	- Yes - No
If yes, is this: - An ongoing contract for regular activity? - A contract to reduce long waits? - An ad-hoc arrangement?	Choose one option for each category: - Yes - No

If yes, on average how many lists per month were insourced?	

Please provide numbers to record your endoscopy activity for the calendar year of 2020. Include all activity completed including in theatres and out of hours, except outsourced procedures. Please include any core activity completed by the team 'off site' in additional or temporary hired rooms from other hospitals to deliver activity.	
Upper GI – Diagnostic and therapeutic	
Colonoscopy - Diagnostic and therapeutic	
Flexible sigmoidoscopy - Diagnostic and therapeutic	
Colonoscopy - bowel cancer screening	
Trans nasal endoscopy (TNE)	
Capsule endoscopy	
Enteroscopy - including single or double balloon	
ERCP	
EUS	
Total number of GI procedures	
Number of GI endoscopies for patients <16yo	
Other non-GI procedures performed within the endoscopy service facilities - eg bronchoscopy, colposcopy or cystoscopy	

Considering the use of endoscopy to support patient flow:	
During 2020, was any area at any site within your service used to support flow in the emergency department or other purpose not part of your core endoscopy activity? For example, as a temporary escalation area for patients pending discharge home or awaiting a bed	Choose one option: - Yes - No - We do not have an emergency department
If yes, on approximately how many occasions has this happened?	
If yes, how many of these occasions were in response to a major internal or external trust incident?	

Section 2: Workforce

Endoscopists

Please provide the number of endoscopists per grade. Please include medical and clinical endoscopists. Note: previously known as non-medical endoscopists (NMEs)		
Grade	Total number of individuals	Total annual planned sessions in endoscopy in 2020 Definition: a session is typically one endoscopy list, half a day/four hours
Consultant gastroenterologists		
Consultant colorectal surgeons		
Consultant upper GI or HPB surgeon		

Other consultants (e.g. radiologist)		
Clinical endoscopists		
Primary care endoscopists		
Non-consultant grade medical endoscopists		

Does your service undertake training?	- Yes - No

If yes, Training	Service lists (per week)	Training lists (per week)
Gastroenterology specialist trainees (ST/SPRs)		
Surgical specialist trainees (ST/SPRs)		
Other medical trainees (eg radiology, research fellows, non-consultant trainees)		
Trainee clinical endoscopists		

Training endoscopy workforce

Did staff have access to training between 1 January to 31 December 2020?	- Yes - No

Note: this applies to all your workforce	
Has training been affected due to: - COVID - Funding - Staffing levels - Other	Choose one option for each category: - Yes - No
What percentage of staff attended mandatory training? (sg skills updates, JETS workforce)	

Nursing and decontamination workforce

Please provide the whole time equivalent (WTE) for each band of nursing staff and allied health care professionals working at your service. Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service

Each band is defined as:

- Band 8 – nurse lead over large service/ multiple sites
- Band 7 – nurse lead/senior sister/charge nurse
- Band 6 – senior nurse/odp/ nurse lead/ sister
- Band 5 – registered nurses, operating department practitioners
- Band 4 – assistant practitioners, senior health care assistants with expanded roles
- Band 2-3 – decontamination staff, health care assistants

Please do not include clinical endoscopists or clinical nurse specialists unless they have a dual role.

Band	Total WTE currently employed	WTE vacancies
8 a-d		
7		
6		
5		
4		

3		
2		

Please provide percentages of absence through sickness for each band of nursing staff and allied health care professionals working at your service for the month from 1 to 31 March 2021. This might be based on days lost as a percentage.

Each band is defined as:

- Band 8 – nurse lead over large service/ multiple sites.
- Band 7 – nurse lead/sister
- Band 6 – senior nurse/odp/ nurse lead/ sister
- Band 5 – registered nurses, operating department practitioners.
- Band 4 – assistant practitioners, senior health care assistants with expanded roles.
- Band 2-3 – decontamination staff, health care assistants

Please do not include clinical endoscopists or clinical nurse specialists unless they have a dual role.

Band	Percentage absence through sickness
8 a-d	
7	
6	
5	
4	
3	
2	

Admin/scheduling workforce

What is your administration and booking model for endoscopy	Choose one option: - Dedicated / own admin team - Shared with other service - Centralised - Off site/another provider - other

Please provide the whole time equivalent (WTE) for the management and administration of the service. Each band of who support core endoscopy work for the service ie operational management, waiting list management, booking and scheduling, backfilling and capacity planning, notes preparation etc. It is appreciated that there are different admin operation models and we are trying to establish the amount of funded time allocated for the service; Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service.

Each band is defined as:

- Band 8
- Band 6/7 – senior administrator/manager
- Band 5 – administrator/supervisor
- Band 4 – admin team leader
- Band 3 – admin booker scheduler
- Band 2 – admin support/ receptionist

Band	Total WTE currently employed	WTE vacancies
8 a-d		
7		
6		
5		
4		
3		
2		

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Section 3: Waiting times

From January – March 2021, has your service met the relevant national waiting times and JAG criteria targets for the following categories? - Urgent cancer waits - Routine waits - Surveillance waits	Choose one option each category: - Yes - have met target - No - have not met target - Not applicable
Where your service has had problems with meeting waiting times, which of the following have been the reason:	Please rank this list from most likely reason to least likely: - Workforce capacity - Workforce shielding - Workforce redeployment - Workforce skill mix - Infection control - Patient reluctance - Environmental capacity - Infection control (incl, pathway, air changes etc..) - Recruitment - Unplanned demand - Lack of approved business plan or capacity plan - Decontamination issues - Availability of General Anaesthetics lists Other (free text option):
Does your service have an agreed business/capacity plan to meet demand?	Choose one option: - No - Yes – plan for 1yr - Yes – plan for 3yrs - Yes – plan for 5yrs or more
Does your service routinely collect data and reports for: - Demand and capacity	Choose one option for each category: - Yes – per service - Yes – per individual endoscopist (only

- Utilisation of lists - Utilisation of inlist points	applies to utilisation of lists and points) - No
In March 2021 what was your DNA rate for GI endoscopy procedures? - Standard lists - Bowel cancer screening lists In the UK, DNA is an abbreviation for a patient who "did not attend" on the day of their appointment and did not notify the service.	You can determine your DNA rate by looking at the number of DNAs over the month as a percentage of total appointments for that month.
In March 2021 what number of GI endoscopy procedures were cancelled? - Standard lists - Bowel cancer screening lists In the UK NHS data dictionary, cancellations are defined as the procedure or operation being cancelled at short notice for non-clinical reasons.	

In a typical session, how many patients have you booked for the following procedures on a diagnostic list: - OGD - Colonoscopies	
In a typical session, how many patients have you booked for the following procedures on a training list: - OGD - Colonoscopies	

Please complete table below with latest position of your waiting list for following services:
(eg position as at 31st March 2021)

Procedure	Total number of patients on the waiting list	Total number of patients waiting for 6 weeks +	Average number of patients added to the waiting list per month
Endoscopy Service			

As part of routine service, do you do weekend lists (include WLI)?	- Yes - No

How many sessions per month is assigned to non-GI procedures performed within the endoscopy service? (eg bronchoscopy, colposcopy or cystoscopy)	
Does your service perform ERCP scope?	- Yes - No
If yes, Do you perform in X-Ray or endoscopy service?	

Section 4: Safety

Questions are designed to gather a broad range of information which will allow us to gauge the current status of safety in endoscopy and help generate further improvements in patient care.

None of the information provided in this census will have any effect on a service's accreditation status.

DATIX is the incident/adverse event reporting system used in the UK. Some organisations, particularly Independent Sector organisations may use an alternative system to DATIX.

Number of incidents reported in March 2021	
Please tick the categories that these incidents fell under:	Choose multiple options: - Infection control (COVID related) - Drug incident - Sedation, IV access and monitoring incident - Technical skills - Equipment incident - Workforce/skill mix - Training incident - Documentation or reporting incident - Consent incident - Histology and sampling incident - Other
Number of serious incidents between October 2020 - March 2021?	
Is there a nominated patient safety lead in your service?	- Yes - No

Section 5: COVID-19

From the period of October 2020 – March 2021, was endoscopy activity outsourced to the private sector using the service's own staff?	- Yes - No
Were staff redeployed?	- Yes - No
If yes, what percentage of staff were redeployed?	
What staff member types were redeployed? Tick all that applies:	Multiple choice - Band 1 - Band 2 - Band 3 - Band 4

	- Band 5 - Band 6 - Band 7 - Band 8
What was the sickness rate during COVID (October 2020 - March 2021) for retained staff?	
What level of activity would you estimate the service is currently at compared to March 2019?	

Section 6: Other

Considering your services out of hours service…	
Is there a 24/7 GI bleed service?	Choose one option: - Yes – in theatre - Yes – within the unit - Yes – at another site within the service (hot site) - Yes – at another site outside of the organisation (regional service or other) - No
Is it consultant-only, clinical endoscopist or consultant and trainee?	Choose one option: - Consultant only - Consultant and clinical endoscopist - Consultant and trainee
Is it staffed by endoscopy nurses?	- Yes - No

Regarding planned anaesthetics supported lists…	
Does your service have access to regular or ad-hoc anaesthetics supported lists?	Choose one option: - Regular - Ad hoc - No
If yes, how many lists are supported by anaesthetics per month?	Choose one option: - 1-3 - 4-10 - 11+
Ideally how many planned lists would your service utilise per month?	Choose one option: - 1-3 - 4-10 - 11+

Equipment

Scope	Total number of scopes	Does equipment shortage ever interfere with operation or service delivery? (Yes/No)	Percentage of scopes greater than 10 years old?	How many new scopes have you purchased/ been provided with in the past 3 years?	Is there a service & maintenance contract? (Yes/No)	Is there a lease agreement ? (Yes/No)
OGD						
Flexible sigmoidoscopy						
Colonoscopy						
ERCP						
EUS						
Endoscopy stack						

system						
3D imaging systems/scope guide						
Other						

Decontamination

Where is decontamination provided in your service?	Choose one option: - In endoscopy unit - Managed by sterile services - Off site (outsourced) - Regional model - Mixed (offsite and in house)
Is there capacity to decontaminate more scopes?	- Yes - No
Would additional building works be required to increase decontamination capacity by >20%?	- Yes - No
Would additional reprocessors/drying cabinets/other be required to increase capacity by >20%?	- Yes - No Other: (Please specify)

Glossary of terms

Consent incident - Any incident during consent process e.g. incorrect patient or procedure

Documentation or reporting incident - Any incidents in documentation of procedures or correct patient details

Drug incident - Any incident in drug prescription or administration, including oxygen delivery

Endoscopy session - Definition: a session is typically one endoscopy list, half a day/four hours

Equipment incident - any equipment incidents including failure of equipment

Histology and sampling incident - Any incident regarding histology samples e.g. incorrect specimen site, specimen pot labelling, number of specimens

Insourcing - commissioned full/partial service from an independent provider/group to operate contracted endoscopy lists on site

Outsourcing - commissioned service from an independent provider or group to operate contracted endoscopy lists off or on the hospital site (. Some portable/temporary units are established on the hospital site.

Sedation, IV access and monitoring incident - any incident in relation to sedation e.g. checking, administration, monitoring methods

Standard activity -7 day working, ie. Normal team at the weekend as part of the working week. This may be planned outpatient work and/or inpatient emergencies.

Technical skills incident - any technical incident including endoscopist error

Training incident - Any incidents involving training or trainees, including supervision

Training list - Definition: A dedicated training list is defined as a list where a trainee in an aspect of endoscopy is accompanied in the room by a more experienced endoscopist who provides guidance and feedback. Typically the number of procedures is reduced on the list.

WLI - waiting list initiatives are additional sessions worked in evenings and weekends in addition to existing capacity.