



Royal College  
of Physicians

Setting higher standards

# GRS Report: England

April 2013

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## 1. Introduction

This report provides the Global Rating Scale (GRS) results for England. The results are drawn from the April 2013 GRS census returns.

The GRS is an important web-based self-assessment quality improvement tool that underpins the accreditation process for endoscopy services. The outputs of the GRS provide the JAG with a summary of progress against the standards.

The JAG requires endoscopy services to submit six monthly self-assessment returns online. Completing the census is a key requirement for services planning to apply for accreditation. A brief description of the GRS levels is described in Appendix A.

In April 2013, all endoscopy units who are signed up to JAG were asked to complete the GRS. The number of units who completed the census is shown in the table below.

Number of units completing the April 2013 census			
Sector	Units completing census	Units not completing census	Total units
Acute	212	4	216
Community	26	23	49
Independent Sector (IS)	84	11	95
<b>Total</b>	<b>322</b>	<b>38</b>	<b>360</b>

To exhibit and examine the responses from these units, this report is broken down by sector (acute, community and IS). The data is then further segmented by domain.

Each section is then broken down as follows;

- A graph to show the percentage of units achieving As and Bs by item at the last five census points.
- A table comparing the percentage of units achieving As and Bs in April 2012 and April 2013.
- Key findings are extracted from the above
- To further examine the results, the responses at measure level for the standard identified as being the area of most concern are given. These measures are sorted by highest percentage of 'no' answers. For most standards only the measures with the highest percentage of 'no' answers are given.

Please note the results from the October 2012 census should be treated with caution as all accredited units were asked to submit an Annual Report Card and not the GRS census.

As a result of this, in order to provide a useful assessment of GRS results, when directly comparing two census points this report compares the results from the April 2013 census with those from April 2012.

A final separate section of the report looks at the results from the Planning and Productivity Assessment Tool (PPAT).

Acute sector

a. Clinical quality

Graph 1. Acute – Clinical Quality. Percentage of units achieving A or B over the last five census points

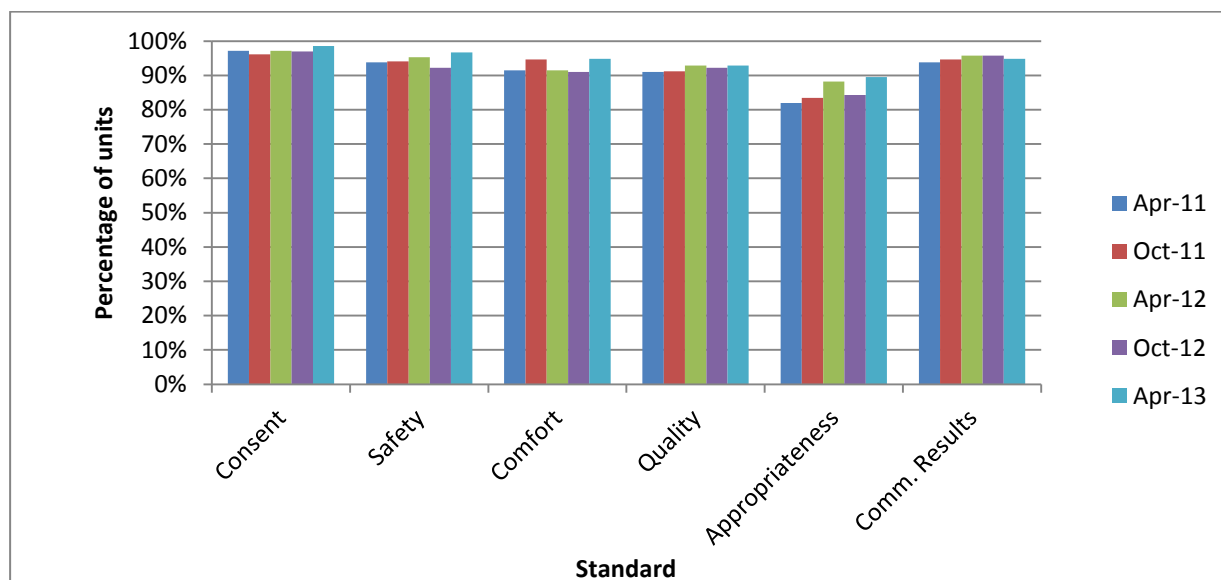


Table 1. Acute – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Consent	97%	99%	1%
Safety	95%	97%	1%
Comfort	92%	95%	3%
Quality	93%	93%	0%
Appropriateness	88%	90%	1%
Comm. Results	96%	95%	-1%

Key findings

- The scores are improving in all but one standard (*quality*) in this domain.
- Units are scoring consistently well in this domain with 90% or more achieving As and Bs in all standards
- *Communication results* is the only area that has worsened since 2012.
- Despite a 1% improvement between the census points, the *appropriateness* standard still has the lowest percentage of As and Bs in this domain.

Table 2. Acute – Clinical Quality. Percentage of units answering ‘yes’ and ‘no’ by measure for Appropriateness

Measure	No	Yes
5.13 The vetting policy and the results of annual audits of vetting are presented to local commissioners each year	69%	31%
5.12 There is evidence that action plans for the vetting audit are successfully acted upon	41%	59%

<b>5.14 Clinical pathways for at least three common GI symptoms, and processes to monitor them, are agreed with local commissioners</b>	34%	66%
<b>5.11 An audit of the vetting process (see 5.6) is undertaken once a year and action plans created if problems are identified</b>	31%	69%
<b>5.15 Reviews of 30 day mortality include an assessment of the appropriateness of the procedure</b>	11%	89%

**b. Quality of patient experience**

Graph 2. Acute – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

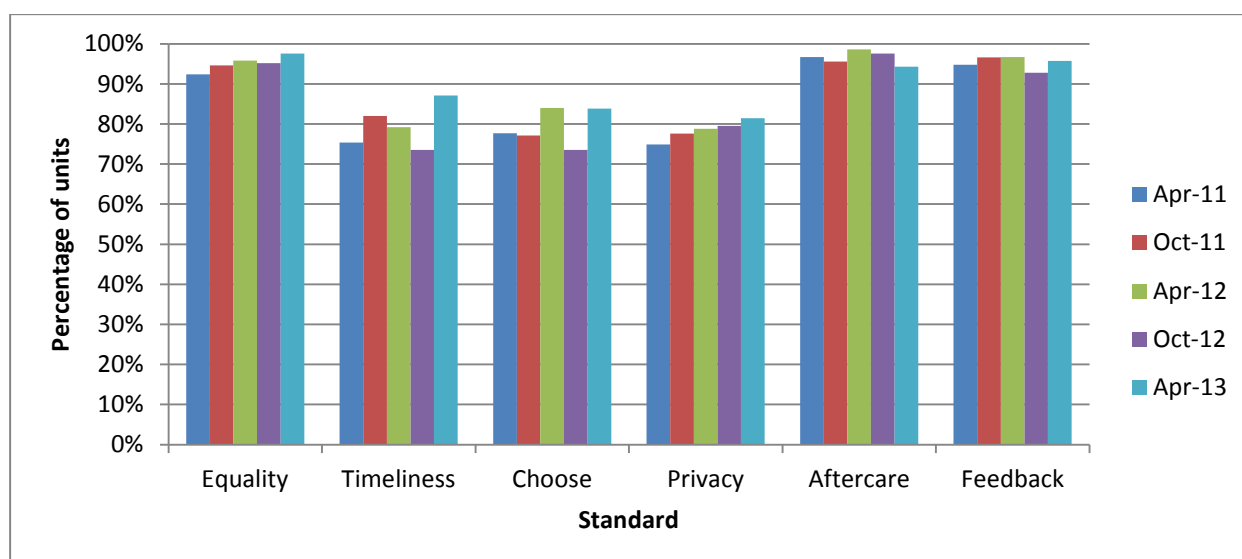


Table 3. Acute – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
<b>Equality</b>	96%	98%	2%
<b>Timeliness</b>	79%	87%	8%
<b>Choose</b>	84%	84%	0%
<b>Privacy</b>	78%	81%	3%
<b>Aftercare</b>	99%	94%	-4%
<b>Feedback</b>	97%	96%	-1%

Key findings;

- *Timeliness* is the area that has shown the largest increase in the % of units scoring As and Bs between these census points (8% rise)
- *Equality* has reached 98% of units achieving level A or B. This is the highest score over the last five census points
- Although 94% of units are achieving As and Bs in *aftercare*, there was a 4% drop between census points
- *Privacy* is still the lowest scoring measure in this domain despite improving by 3%.

Table 4. Acute – Quality of patient experience. Percentage of units answering ‘yes’ and ‘no’ by measure for Privacy

Measure	No	Yes
10.16 There is comprehensive separation between pre and post procedure patients, including in-patients	38%	62%
10.18 Changes suggested by the privacy and dignity review are implemented within three months	18%	82%
10.14 Gender separation is provided routinely from the admissions stage onwards in the patient journey, including the recovery area	16%	84%
10.15 Patients participate in the reviews of privacy and dignity standards	16%	84%
10.17 Privacy and dignity standards are reviewed (in response to patient feedback) at least annually	10%	90%

c. Workforce domain

Graph 3. Acute – Workforce. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

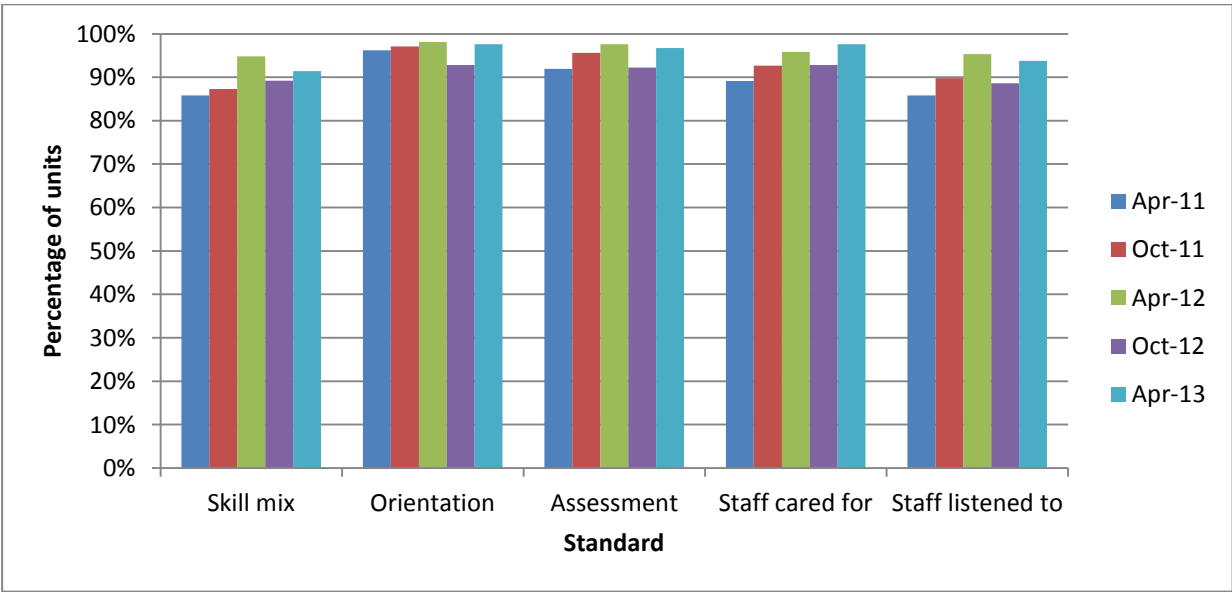


Table 5. Acute – Workforce. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Skill mix	95%	91%	-3%
Orientation	98%	98%	-1%
Assessment	98%	97%	-1%
Staff cared for	96%	98%	2%
Staff listened to	95%	94%	-2%

Key findings;

- Although all standards across this domain are scoring over 90% As and Bs; the percentage of units reaching the accreditation level has decreased in all standards except *staffed cared for*

- *Staff cared for* has improved by 2%, with 98% of units now achieving As and Bs.
- *Skills mix* is the largest area of concern, with 3% less units scoring As and Bs in April 2013 than in April 2012.

Table 6. Acute – Workforce. Percentage of units answering ‘yes’ and ‘no’ by measure for Skills mix

Measures	No	Yes
<b>13.19 The teams workforce requirements are fed back into the Trust workforce planning strategy</b>	6%	94%
<b>13.16 The establishment level and skill mix are adequate to ensure patient safety</b>	5%	95%
<b>13.12 The unit manager is allocated sufficient protected time for managerial duties</b>	4%	96%
<b>13.20 If a workforce need remains unresolved because of resource constraints the need is placed on the Trust risk register</b>	4%	96%
<b>13.13 There is an information pack about the service for potential applicants</b>	3%	97%
<b>13.18 The establishment and its skill mix is reviewed in anticipation of service changes and future vacancies</b>	3%	97%
<b>13.14 The establishment and its skill mix is reviewed in response to service changes and, if appropriate, modified</b>	2%	98%
<b>13.15 Opportunities for promoting recruitment into the service are identified and taken up</b>	1%	99%

#### d. Training domain

Graph 4. Acute – Training. Percentage of units achieving A or B over the last five census points

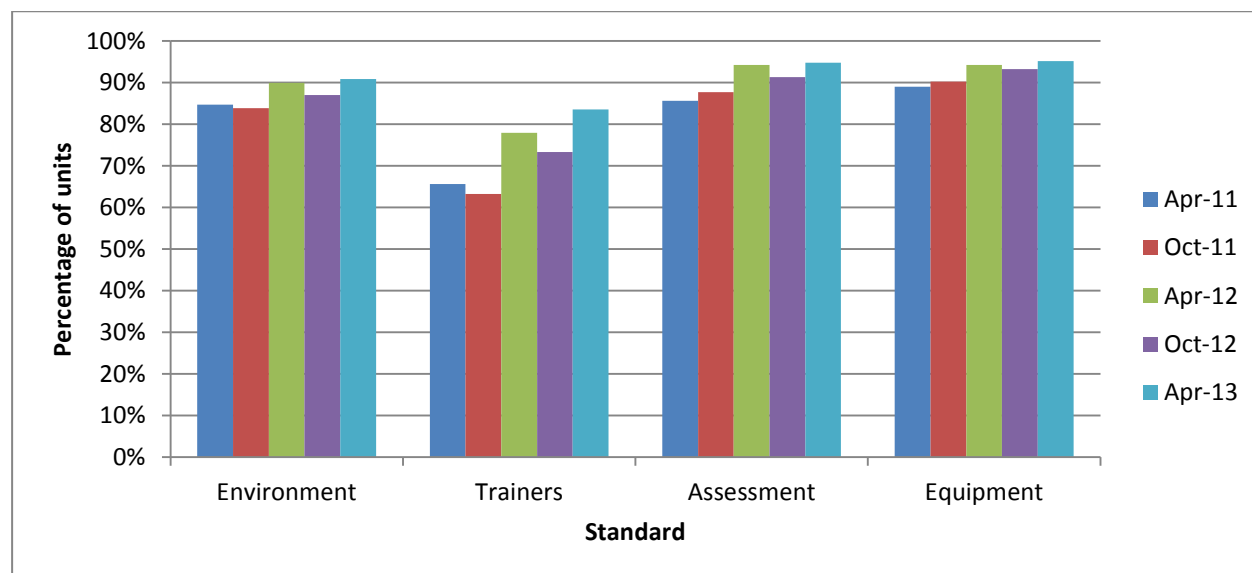


Table 7. Acute – Training. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
<b>Environment</b>	90%	91%	1%
<b>Trainers</b>	78%	84%	6%
<b>Assessment</b>	94%	95%	1%
<b>Equipment</b>	94%	95%	1%



Key findings;

- All standards across this domain improved between the census points.
- Despite a 6% improvement in the *trainers* standard, it is still the lowest scoring area in the domain with 84% of units achieving As and Bs.

Table 8. Acute – Training. Percentage of units answering ‘yes’ and ‘no’ by measure for trainers

Measures	No	Yes
<b>19.15 All trainers in the department have undergone a JAG approved TTT course</b>	56%	44%
<b>19.16 There is a process in place for ensuring the actions taken following revue of trainer evaluations are acted upon and effective</b>	36%	64%
<b>19.17 There is a process in place that ensures that actions arising from evaluation of endoscopy staff input into endoscopist training are implemented and monitored</b>	35%	65%
<b>19.14 The nominated training lead participates as a trainer in at least one JAG approved training course a year</b>	35%	65%
<b>19.11 All trainers undergo an evaluation of their training expertise at least once/year</b>	12%	88%
<b>19.13 The input of endoscopy staff into endoscopist training is evaluated at least once a year</b>	12%	88%
<b>19.12 There are recommendations for trainer development in response to evaluations of their training expertise</b>	10%	90%

## 2. Independent sector (IS)

### a. Clinical quality

Graph 5. IS - Clinical Quality. Percentage of units achieving A or B over the last five census points

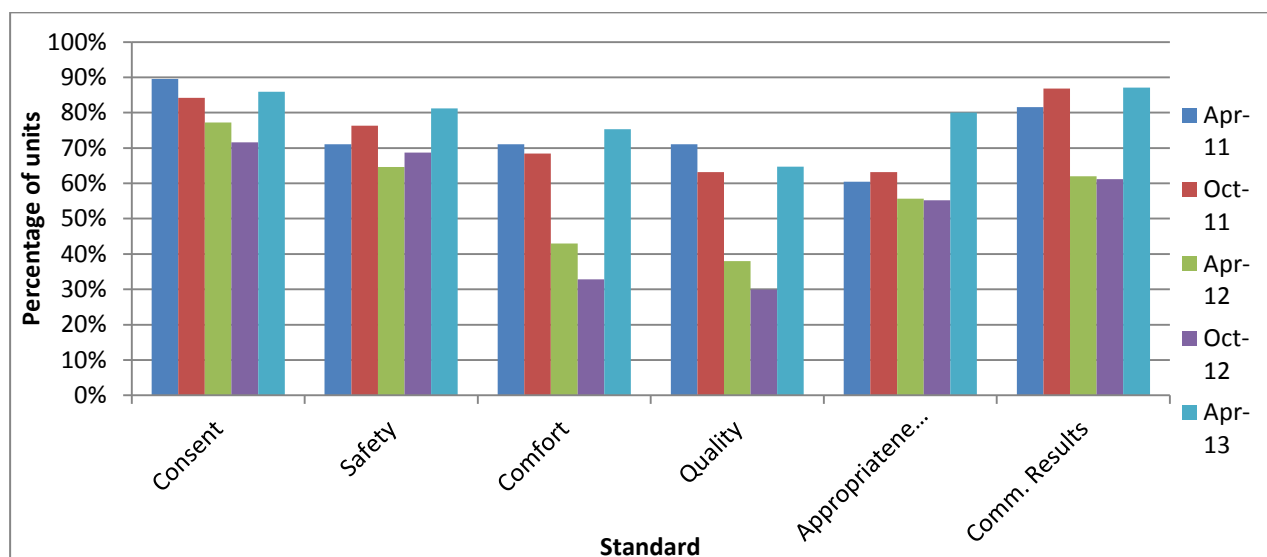


Table 9. IS – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Consent	77%	86%	9%
Safety	65%	81%	17%
Comfort	43%	75%	32%
Quality	38%	65%	27%
Appropriateness	56%	80%	24%
Comm. Results	62%	87%	25%

Key findings;

- The IS sector has shown significant improvements across all standards for clinical quality
- The *comfort* domain improved most rapidly, with 32% more units achieving As and Bs in April 2013 than April 2012
- Despite improving, only 65% of units are scoring As and Bs in *Quality*.

Table 10. IS – Clinical Quality. Percentage of units answering ‘yes’ and ‘no’ by measure for quality

Measures	No	Yes
4.9 Systems are in place for monitoring level ‘A’ BSG auditable outcomes and quality standards	37%	63%
4.7 There is an IT system in place to capture immediate auditable outcomes and quality standards	32%	68%
4.3 The outcomes and standards are reviewed on a regular basis (at least 2x/year)	31%	69%
4.8 Systems are in place for monitoring level ‘B’ BSG auditable outcomes and quality standards	31%	69%

<b>4.4 Individual endoscopists are given feedback on their immediate outcomes and standards at least 2x/year and audits of their late outcomes at least once/year</b>	30%	70%
<b>4.2 Systems are in place for monitoring level 'C' BSG auditable outcomes and quality standards</b>	29%	71%
<b>4.10 Actions taken in response to poor performance are reviewed within agreed timescale</b>	24%	76%
<b>4.11 Endoscopists that fail to achieve agreed standards, after an agreed implementation plan, have their practice reviewed by the Trust Clinical Governance/Risk committee (tick yes if agreed standards are acceptable for all endoscopists)</b>	23%	77%
<b>4.6 Auditable goals and timescales for the above action are agreed and monitored</b>	21%	79%

**b. Quality of patient experience**

Graph 6. IS – Quality of Patient experience. Percentage of units achieving A or B over the last five census points

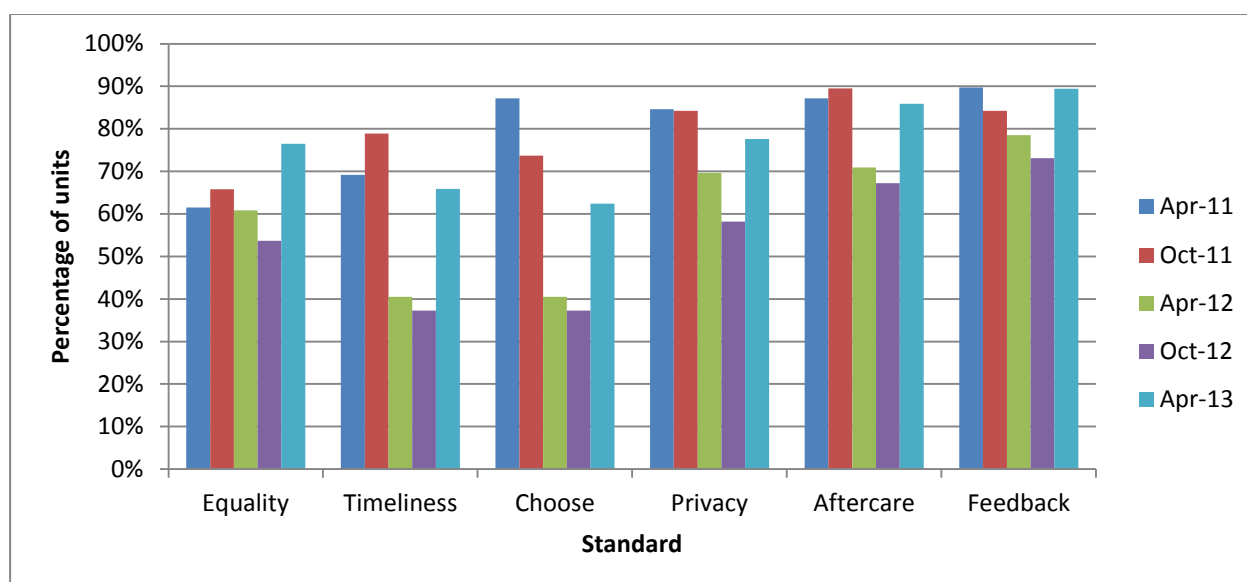


Table 11. IS – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
<b>Equality</b>	61%	77%	16%
<b>Timeliness</b>	41%	66%	25%
<b>Choose</b>	41%	62%	22%
<b>Privacy</b>	70%	78%	8%
<b>Aftercare</b>	71%	86%	15%
<b>Feedback</b>	79%	89%	11%

Key findings;

- All standards in this domain have shown improvement between census points
- Units are scoring better in *equality* than they have in any of the last 5 census.
- Despite this improvement across the domain, only 62% of units scored As and Bs in the *choose* standard.

Table 12. IS – Quality of patient experience. Percentage of units answering ‘yes’ and ‘no’ by measure for choose

Measures	No	Yes
9.12 Results of patient feedback on booking processes are reviewed through the endoscopy users group	29%	71%
9.3 The endoscopy operational policy includes all referral, booking and scheduling rules	23%	77%
9.15 Changes suggested by the booking process review are implemented within three months	21%	79%
9.13 All Endoscopist booking procedures are assessed for equality of access	17%	83%
9.9 A booking system is in place for recall (surveillance) appointments	17%	83%
9.7 Feedback is sought annually from patients on the booking services provided by the unit using questionnaires	13%	87%
9.1 The hospital access/booking policy is available in the unit	11%	89%
9.11 Action is taken in response to high (>5%) DNA and cancellation rates	10%	90%

c. Workforce

Graph 7. IS – Workforce. Percentage of units achieving A or B over the last five census points

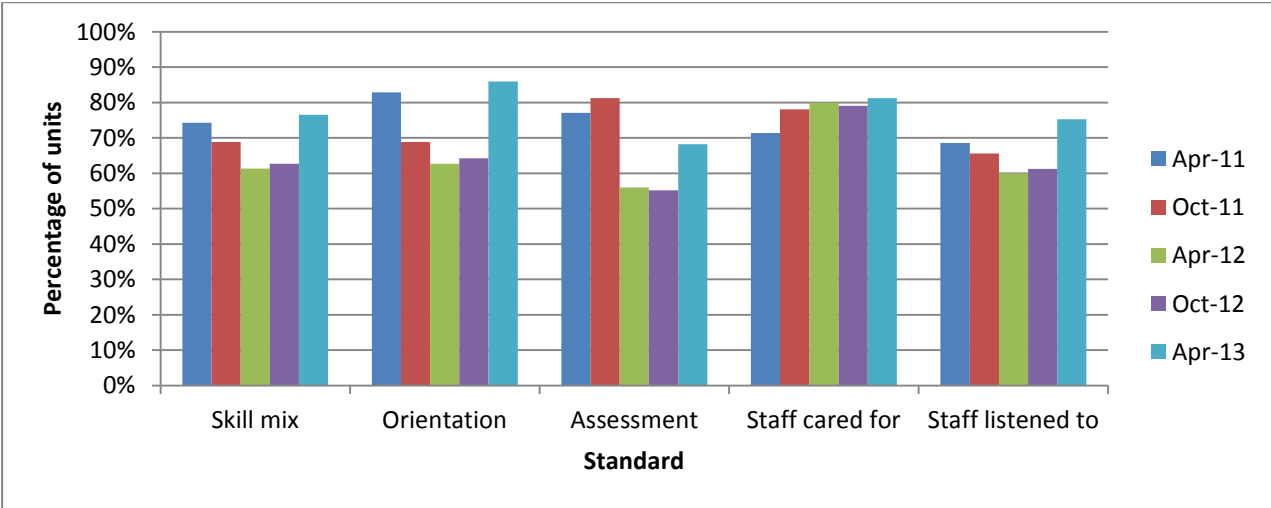


Table 13. IS – Workforce. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Skill mix	61%	77%	15%
Orientation	63%	86%	23%
Assessment	56%	68%	12%
Staff cared for	80%	81%	1%
Staff listened to	60%	75%	15%

Key findings;

- All areas improved across the domain, with the *orientation* standard showing most improvement
- Despite improving by 12%, only 68% of units achieved the accreditation level in the assessment standard

Table 14. IS – Workforce. Percentage of units answering ‘yes’ and ‘no’ by measure for assessment

Measures	No	Yes
15.7 Endoscopy specific competences are used to assess staff performance	20%	80%
15.15 Feedback is collated annually on staff experience of appraisal	18%	82%
15.3 Endoscopy specific competencies are accessible in the department in written or electronic form	18%	82%
15.4 Assessors have undergone performance review (appraisal) training	10%	90%
15.19 Feedback from staff on assessment and appraisal is acted upon within 6 months	8%	92%

### 3. Community sector

#### a. Clinical quality

Graph 8. Community – Clinical Quality. Percentage of units achieving A or B over the last five census points

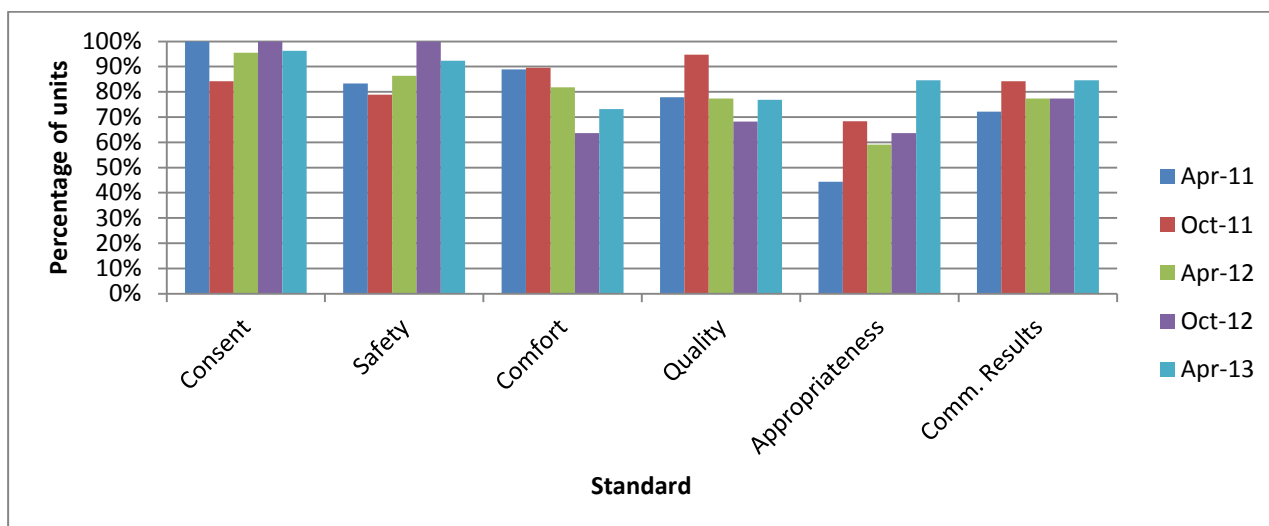


Table 15. Community – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Consent	96%	96%	1%
Safety	86%	92%	6%
Comfort	82%	73%	-9%
Quality	77%	77%	0%
Appropriateness	59%	85%	26%
Comm. Results	77%	85%	7%

Key findings;

- The *appropriateness* standard has improved most dramatically between census points. With 26% more community units reaching level A and B in April 2013 than in April 2012.
- The area of most concern is *comfort*, where 9% less units achieved a level A or B in April 2013.

Table 16. Community – Clinical Quality. Percentage of units answering ‘yes’ and ‘no’ by measure for comfort

Measures	No	Yes
<b>3.7 Anonymised data on patient comfort levels is fed back to individual endoscopists and to the team at least twice per year</b>	12%	88%
<b>3.4 Nurses monitor and record patient pain and discomfort during and after the procedure</b>	8%	92%
<b>3.8 Action is taken if patient comfort levels fall below agreed levels (If no action was needed, this measure should be a yes)</b>	8%	92%
<b>3.9 Action on patient comfort is reviewed within six months to ensure it has been effective (If no action was needed, this measure should be a yes)</b>	8%	92%

**b. Quality of patient experience**

Graph 9. Community – Quality of patient experience. Percentage of units achieving A or B over the last five census points

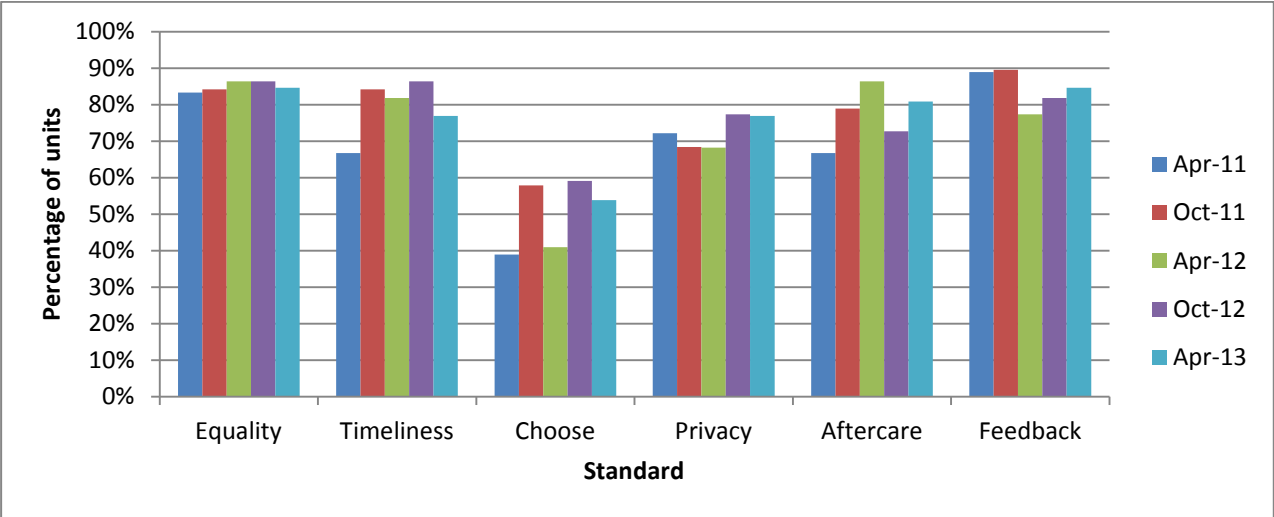


Table 17. Community – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
<b>Equality</b>	86%	85%	-2%
<b>Timeliness</b>	82%	77%	-5%
<b>Choose</b>	41%	54%	13%
<b>Privacy</b>	68%	77%	9%
<b>Aftercare</b>	86%	81%	-6%
<b>Feedback</b>	77%	85%	7%

Key findings;

- The quality of patient experience domain showed improvement in three of the six standards. With *choose* (13%), *privacy* (9%) and *feedback* (7%) all significantly improving between the census points
- Units are scoring less well in *timeliness* and *aftercare* standards. The % of As and Bs fell in both standards

- Across the domain units are scoring less well in the community sector than the acute sector. Most markedly for *Choose*, where only 54% of community units are scoring As and Bs compared with 84% of acute units.

Table 18. Community – Quality of patient experience. Percentage of units answering ‘yes’ and ‘no’ by measure for choose

Measures	No	Yes
9.14 >75% of new referrals from outpatients are fully booked	40%	60%
9.15 Changes suggested by the booking process review are implemented within three months	36%	64%
9.10 50% of new referrals from outpatients are fully booked	24%	76%
9.12 Results of patient feedback on booking processes are reviewed through the endoscopy users group	24%	76%
9.11 Action is taken in response to high (>5%) DNA and cancellation rates	16%	84%
9.13 All Endoscopist booking procedures are assessed for equality of access	12%	88%
9.5 > 25% of new referrals are fully booked	12%	88%
9.7 Feedback is sought annually from patients on the booking services provided by the unit using questionnaires	12%	88%
9.8 Patients are informed of the appointment choices available in a full booking system	12%	88%

### c. Workforce

Graph 10. Community – Workforce. Percentage of units achieving A or B over the last five census points



Table 19. Community – Workforce. Comparison of the percentage of units achieving A and B in April 2012 and April 2013

Standard	Apr-12	Apr-13	% difference
Skill mix	55%	65%	11%
Orientation	50%	73%	23%
Assessment	68%	69%	1%
Staff cared for	77%	77%	0%
Staff listened to	55%	73%	19%

Key findings;

- All standards in this domain improved from April 2012 to April 2013, except for *Staffed Cared for*, which stayed constant
- Units have shown a dramatic improvement in the *Orientation* and *staff listened to* standard between the census points. For *staff listened to*, the April 2013 level is the highest of any previous census points for this sector.
- Despite the improvement (of 11%) less than two thirds of units achieved As and Bs in the April 2013 census for *Skill mix*.

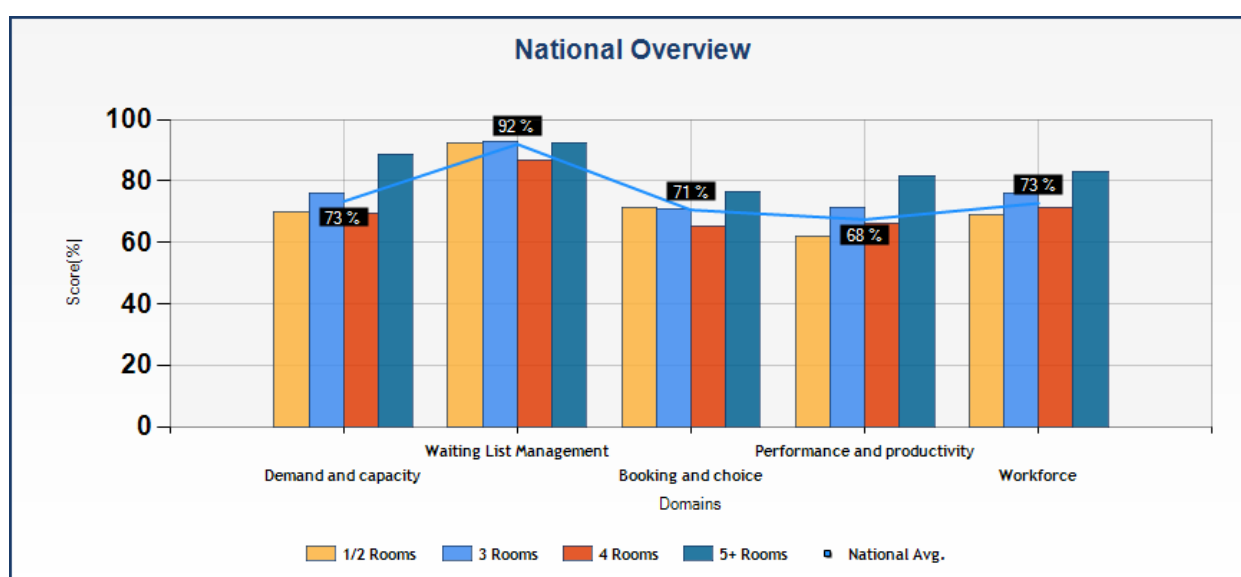
Table 20. Community – Workforce. Percentage of units answering ‘yes’ and ‘no’ by measure for skill mix

Measures	No	Yes
13.19 The teams workforce requirements are fed back into the Trust workforce planning strategy	24%	76%
13.13 There is an information pack about the service for potential applicants	12%	88%
13.20 If a workforce need remains unresolved because of resource constraints the need is placed on the Trust risk register	12%	88%
13.12 The unit manager is allocated sufficient protected time for managerial duties	8%	92%
13.15 Opportunities for promoting recruitment into the service are identified and taken up	8%	92%
13.18 The establishment and its skill mix is reviewed in anticipation of service changes and future vacancies	8%	92%
13.8 The establishment and its skill mix is reviewed when a vacancy arises and, if appropriate, modified	8%	92%

#### 4. PPAT (Planning and Productivity assessment tool)

As well as the GRS, all units were invited to complete the PPAT. 59 sites have completed the PPAT in the last 9 months. The vast majority of these are acute units, but not exclusively.

Graph 11. PPAT Results in England by domain and number of room





The bars in the above graph show the average % score by number of rooms in the unit. The line and percentages given in numbers show the national average across the number of rooms.


*Performance and productivity* is the lowest scoring PPAT domain with units scoring an average of 68%. Units score highest in the *waiting list management* domain. As well as these averages, it is also worth noting that across all domains (except *waiting list management* where they are scoring the same), units with five or more rooms are scoring consistently better than those with fewer rooms.

As well as these scores, the impact of PPAT can be seen with a comparison of the GRS scores between units who use the PPAT and those who do not. The table below shows that a higher proportion of sites who completed PPAT in the last 9 months are achieving Level A waits (both symptomatic and surveillance) than sites not completing PPAT. Further to this, units that completed PPAT have a slightly higher score in the *Timeliness* standard on average than units who do not use PPAT.

Table 21. PPAT results

		Units that did PPAT in last 9 months	Units that did not do PPAT
<b>Average Timeliness Score over last 3 census*</b>		2.48	2.29
<b>Percentage with &lt; 2/6 week urgents/routines</b>	Oct '12	83%	75%
	Apr '13	86%	83%
	Increase	4%	8%
<b>Percentage with &lt; 6 week surveillance</b>	Apr '13	83%	68%
	Oct '12	88%	80%
	Increase	5%	12%

\*Scale: A=3, B=2, C=1, D=0 taking an average for each site over the last three censuses.



## Appendix A – Definitions of levels

<b>Levels</b>	<b>Level Descriptor</b>
<b>Level D</b>	Means a minimal achievement that is generally inadequate levels of adherence to requirements.
<b>Level C</b>	Means that the service is only reactive to changes with only the most basic of adherence to requirements.
<b>Level B</b>	Means that the service is proactive to changes with a good adherence to requirements.
<b>Level A</b>	Means that the service is 'outward looking' with excellent adherence to requirements.

In order to achieve all levels in a standard every measure must be achieved.