



Royal College
of Physicians

Setting higher standards

GRS Report: England

April 2014

1. Introduction

This report provides the Global Rating Scale (GRS) results for England. The results are drawn from the April 2014 GRS census returns.

The GRS is a web-based self-assessment quality improvement tool that underpins the JAG accreditation process for endoscopy services. The outputs of the GRS provide the JAG with a summary of progress against the standards. This progress is indicated by a score. The score is given in levels (A – D). A brief description of the GRS levels is given below.

Levels	Level Descriptor
Level D	A minimal achievement that shows inadequate levels of adherence to requirements
Level C	The service is only reactive to changes with only the most basic of adherence to requirements
Level B	The service is proactive to changes with a good adherence to requirements
Level A	The service is 'outward looking' with excellent adherence to requirements

The JAG requires all endoscopy services to submit the census annually each April. Completing the census is a key requirement for services planning to apply for accreditation. In April 2014, 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 below.

Number of units completing the April 2014 GRS census			
Sector	Units completing census	Units not completing census	Total units
Acute	217	3	220
Community	27	22	49
Independent Sector (IS)	83	24	107
Total	327	49	376

To exhibit and examine the responses from these units, this report is broken down by sector (acute, community and IS). The data are then further segmented by domain. Each domain's findings are then presented as follows;

- A graph to show the percentage of units achieving As and Bs by item at the last five census points (services must achieve a level A or B for all items, except timeliness where they must reach level A, in order to apply for and maintain JAG accreditation).
- A table comparing the percentage of units achieving As and Bs in April 2013 and April 2014.
- Key findings are extracted from the above
- To further examine the results, the responses at measure level for the item identified as being the area of most 'concern' are given. Only the measures with the highest percentage of 'no' answers are given.

Please note the results from the October census from 2012 onwards 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, in order to provide a useful assessment of GRS results, when directly comparing two census points this report compares the results from April 2014 census with those from April 2013.

2. Acute sector

a. Clinical quality

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

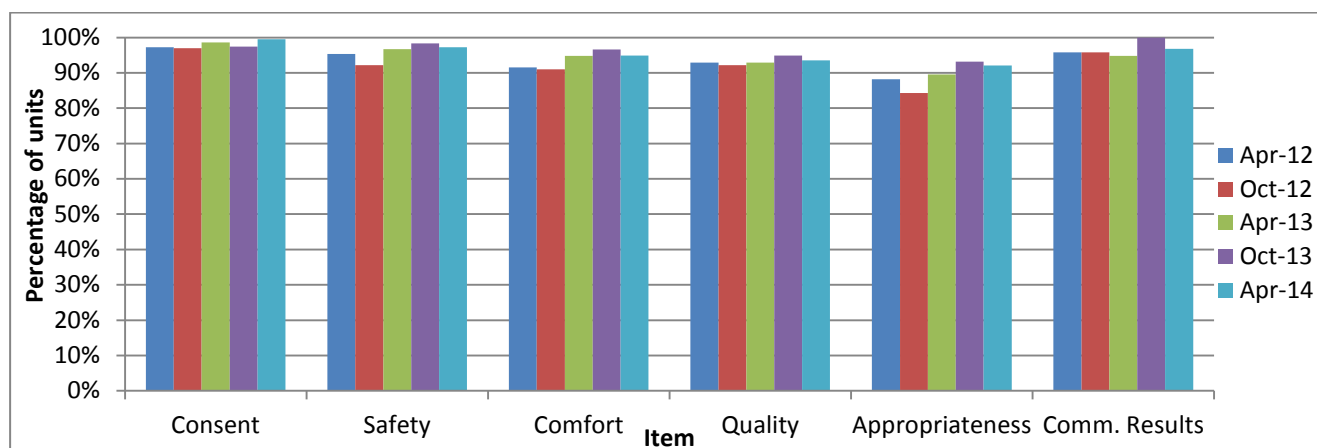


Table 1. Acute – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Consent	99%	100%	1%
Safety	97%	97%	1%
Comfort	95%	95%	0%
Quality	93%	94%	1%
Appropriateness	90%	92%	2%
Comm. Results	95%	97%	2%

Key findings

- The scores are improving in all but one item (*quality*) in this domain.
- Services are scoring consistently well in this domain with 90% or more achieving As and Bs in all items in April 2014
- Despite a 2% improvement between the census points, the *appropriateness* item still has the lowest percentage (92%) of units achieving As and Bs in this domain.

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

No.	Measure	No	Yes
5.14	The vetting policy and the results of annual audits of vetting are presented to local commissioners each year	72%	28%
5.13	There is evidence that action plans for the vetting audit are successfully acted upon	40%	60%
5.15	Clinical pathways for at least three common GI symptoms, and processes to monitor them, are agreed with local commissioners	32%	68%
5.12	An audit of the vetting process (see 5.6) is undertaken once a year and action plans created if problems are identified	30%	70%

b. Quality of patient experience

Graph 2. Acute – Quality of patient experience. Percentage of units achieving A or B over the last five census points

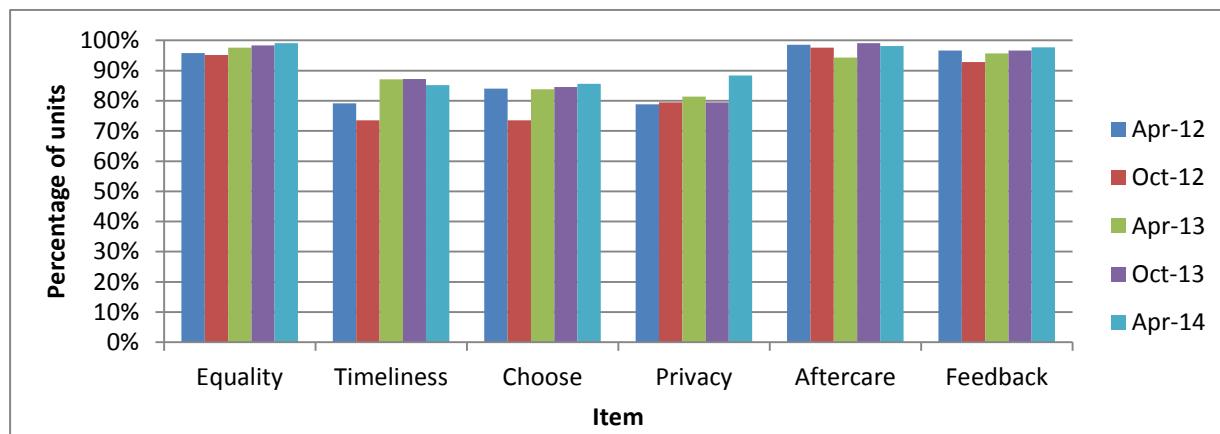


Table 3. Acute – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Equality	98%	99%	1%
Timeliness*	87% (75% level A)	85% (78%)	-2%
Choose	84%	86%	2%
Privacy	81%	88%	7%
Aftercare	94%	98%	4%
Feedback	96%	98%	2%

*Unlike all other items where a level A or B is required for accreditation, for timeliness a service must score a level A in order to be accredited. As a result for timeliness level A scores are given in brackets.

Key findings;

- *Privacy* is the area that has shown the largest increase in the % of units scoring As and Bs between these census points (7% rise)
- *Equality* has reached 99% of units achieving level A or B.
- For *equality* and *privacy*, the April 2014 scores are higher than at any of the last five census points
- *Timeliness* is the lowest scoring item in the domain. Also 2% less units are achieving As and Bs in 2014 than in 2013.

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

No.	Measure	No	Yes
8.14	Waits are <2 weeks for urgent procedures and <6 weeks for routines	19%	81%
8.15	Waits for recall (surveillance) procedures are <6 weeks beyond the planned date	15%	85%
8.11	Waits are <2 weeks for urgent endoscopy procedures and <13 weeks for routines	11%	89%
8.16	Capacity can be flexed according to demand to ensure waits are within the above limits	11%	89%

c. Workforce domain

Graph 3. Acute – Workforce. Percentage of units achieving A or B over the last five census points

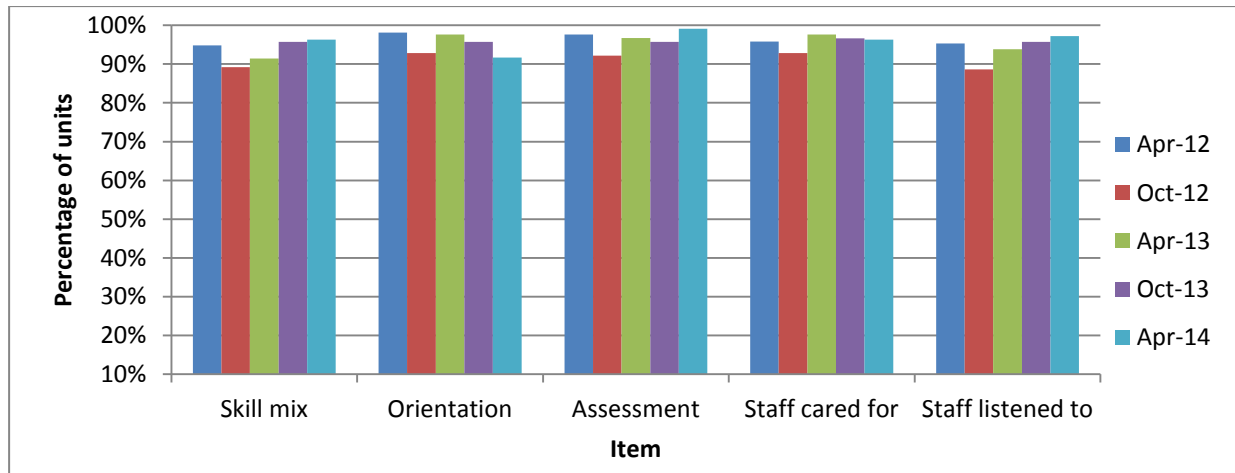


Table 5. Acute – Workforce. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Skill mix	91%	96%	5%
Orientation	98%	92%	-6%
Assessment	97%	99%	2%
Staff cared for	98%	96%	-2%
Staff listened to	94%	97%	3%

Key findings;

- All standards across this domain are scoring over 90% As and Bs
- *Skills Mix*, which was lowest scoring item in the domain in 2013, has improved by 5%.
- *Orientation* is the area performing least well in this domain. Also 6% less services scored level A or B in April 2014 than April 2013.

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

No.	Measure	% No	% Yes
14.14	Recommendations from staff feedback on training provision are acted upon within six months	9%	91%
14.15	There is an agreed annual education and training plan, supported by management, that reflects staff and service needs	8%	92%
14.16	When training needs cannot be met by in house training staff are able to access suitable external training to meet their training needs	8%	92%
14.13	Adequate resources are identified to meet the education and training needs of the service, and timely training is not constrained by pressure from service work	5%	95%

d. Training domain

Graph 5. Acute – Training. Percentage of units achieving A or B over the last five census points

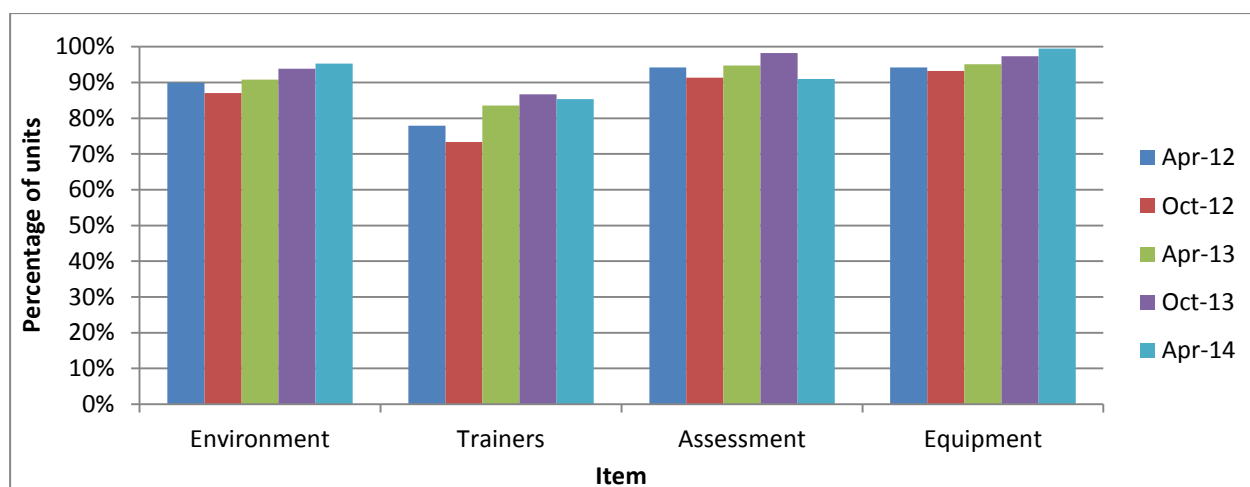


Table 7. Acute – Training. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Environment	91%	95%	4%
Trainers	84%	85%	1%
Assessment	95%	91%	-4%
Equipment	95%	100%	5%

Key findings;

- In April 2014 100% of units which offer training achieved a level A or B in Equipment
- Despite a 1% improvement in the *Trainers* item, it is still the lowest scoring area in the domain with 85% of units achieving As and Bs.

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

No.	Measure	% No	% Yes
19.11	All trainers in the department have undergone a JAG approved TTT course	59%	41%
19.12	There is a process in place for ensuring the actions taken following review of trainer evaluations are acted upon and effective	32%	68%
19.10	At least one trainer participates as a trainer in a JAG approved training course each year	30%	70%
19.8	All trainers undergo an evaluation of their training expertise at least once/year	12%	88%
19.9	There are recommendations for trainer development in response to evaluations of their training expertise	11%	89%

Independent sector (IS)

a. Clinical quality

Graph 6. IS - Clinical Quality. Percentage of units achieving A or B over the last five census points

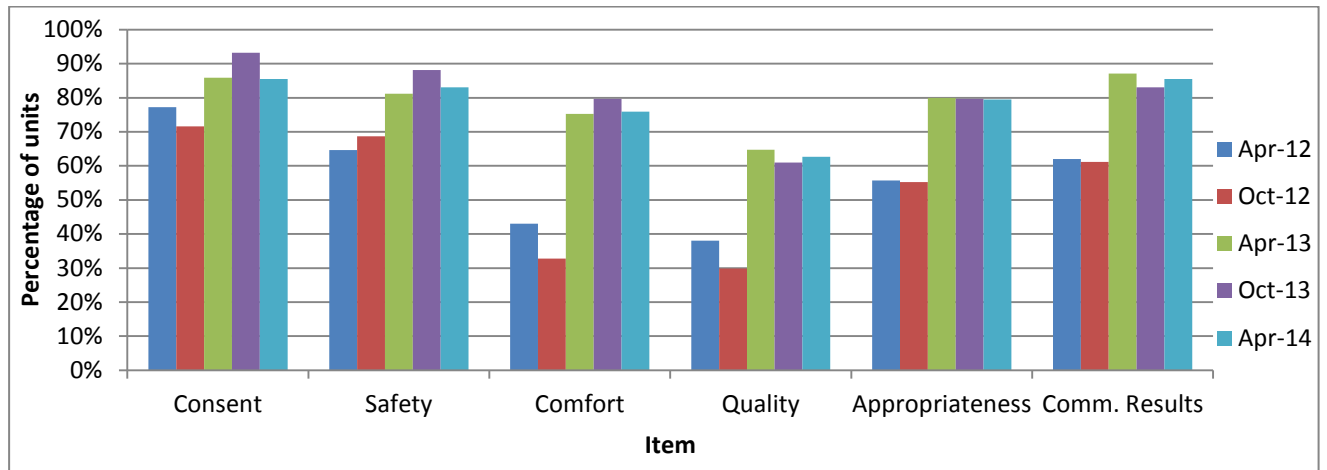


Table 9. IS – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Consent	86%	86%	0%
Safety	81%	83%	2%
Comfort	75%	76%	1%
Quality	65%	63%	-2%
Appropriateness	80%	80%	0%
Comm. Results	87%	86%	-1%

Key findings;

- The *safety* domain improved by 2% between April 2013 and April 2014.
- *Quality* is an area for concern with only 63% of units scoring As and Bs.

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

No.	Measures	No	Yes
4.12	Systems are in place for monitoring level A BSG auditable outcomes and quality standards	34%	66%
4.3	The outcomes and standards are reviewed on a regular basis (at least 2x/year)	29%	71%
4.7	There is an IT system in place to capture immediate auditable outcomes and quality standards	29%	71%
4.8	Systems are in place for monitoring level BSG auditable outcomes and quality standards	29%	71%
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	27%	73%
4.2	Systems are in place for monitoring level C BSG auditable outcomes and quality standards	25%	75%

b. Quality of patient experience

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

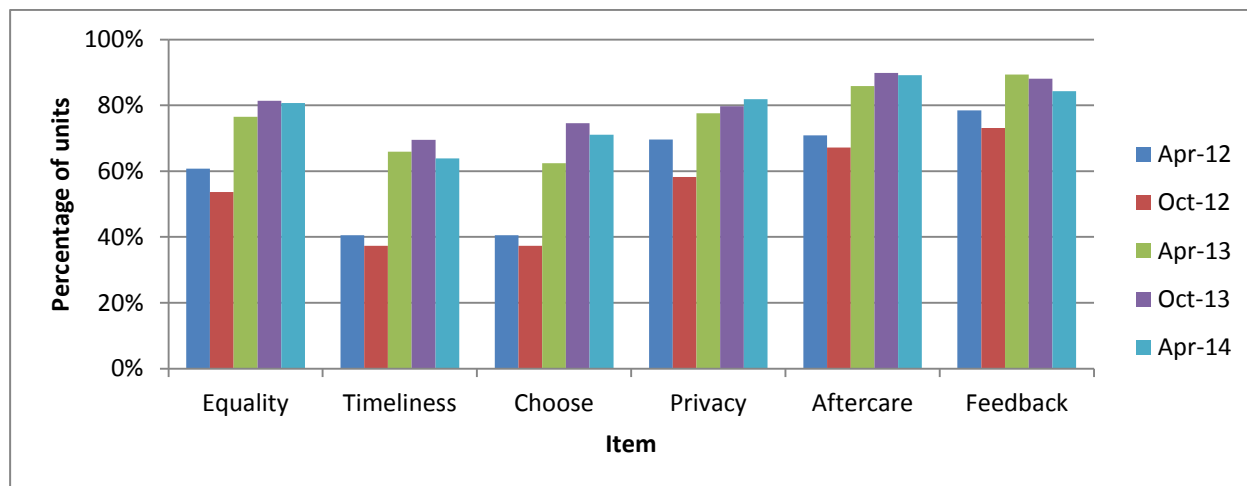


Table 11. IS – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Equality	77%	81%	4%
Timeliness*	66% (66% level A)	64% (64%)	-2%
Choose	62%	71%	9%
Privacy	78%	82%	4%
Aftercare	86%	89%	3%
Feedback	89%	84%	-5%

*Unlike all other items where a level A or B is required for accreditation, for timeliness a service must score a level A in order to be accredited. As a result for timeliness level A scores are given in brackets.

Key findings;

- Units are scoring better in *privacy* than they have in any of the last five censuses (or census points).
- Timeliness is now the lowest scoring item in this domain with only 64% of units scoring As and Bs. Furthermore over a third (35%) of services are reporting a level D.

Table 12. IS – Quality of patient experience. Percentage of units answering 'yes' and 'no' by measure for timeliness

No.	Measures	No	Yes
8.1	The hospital waiting list policy is available in the unit	29%	71%
8.10	There is some pooling of endoscopy lists	23%	77%
8.2	The endoscopy operational policy includes all referral, booking and scheduling rules	21%	79%
8.13	There is regular administrative validation of waiting lists	17%	83%
8.11	Waits are <2 weeks for urgent endoscopy procedures and <13 weeks for routines	17%	83%

c. Workforce

Graph 9. IS – Workforce. Percentage of units achieving A or B over the last five census points

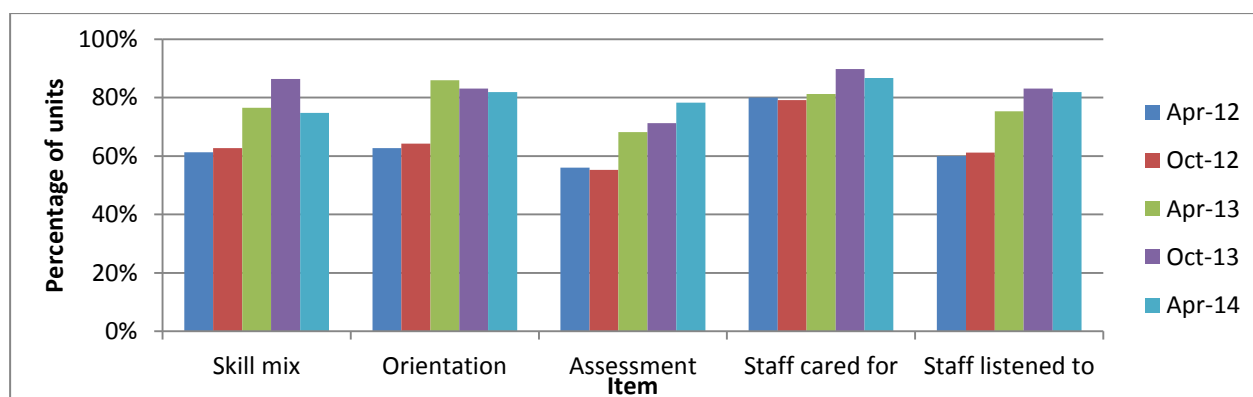


Table 13. IS – Workforce. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Skill mix	77%	75%	-2%
Orientation	86%	82%	-4%
Assessment	68%	78%	10%
Staff cared for	81%	87%	6%
Staff listened to	75%	82%	7%

Key findings;

- *Assessment* is the area showing the largest % improvement. The trend of improvement in this area has continued since 2012 (10% April 2013-April 2014 and 12% from April 2012-April 2013).
- In April 2014 only 75% of units achieved a level A or B in *Skills Mix*.

Table 14. IS – Workforce. Percentage of units answering 'yes' and 'no' by measure for Skills Mix

No.	Measures	No	Yes
13.13	There is an information pack about the service for potential applicants	16%	84%
13.12	The unit manager is allocated sufficient protected time for managerial duties	12%	88%
13.17	If a workforce need remains unresolved because of resource constraints the need is placed on the hospital risk register	10%	90%
13.4	The allocated funding and establishment for the service is documented	10%	90%

3. Community sector

a. Clinical quality

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

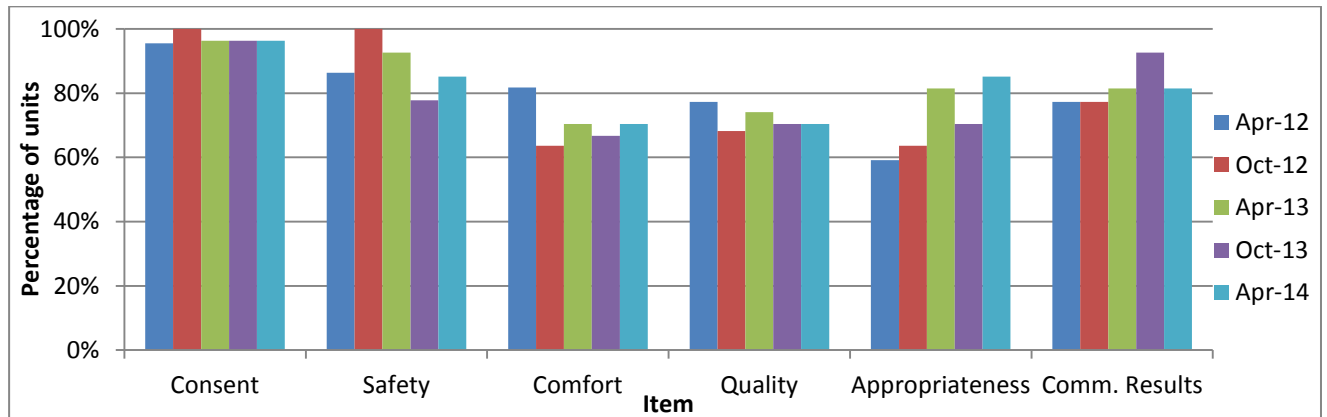


Table 15. Community – Clinical Quality. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Consent	96%	96%	0%
Safety	93%	85%	-7%
Comfort	70%	70%	0%
Quality	74%	70%	-4%
Appropriateness	82%	85%	3%
Comm. Results	82%	82%	0%

Key findings;

- The *appropriateness* standard is the only one in this domain to have improved between census points. With 3% more community units reaching level A and B in April 2014 than did in April 2013.
- The area of most concern is *safety*, where 7% less units achieved level A or B in 2014 than in 2013.

Table 16. Community – Clinical Quality. Percentage of units answering 'yes' and 'no' by measure for safety

No.	Measures	N/A	No	Yes
2.6	There is a Decontamination lead appointed by the Trust who has overall responsibility for endoscopy decontamination practice		7%	93%
2.8	A process is in place for identifying and reviewing all in hospital deaths within 30 days of an endoscopic procedure and all non-elective admissions within 8 days of the last endoscopic procedure	60%	7%	33%
2.3	Adverse events are reviewed by the endoscopy unit team on a regular basis (at least 2x/year)		4%	96%
2.4	There are local policies or protocols for management of diabetes, anticoagulation and antibiotic use in patients undergoing endoscopy		4%	96%

b. Quality of patient experience

Graph 11. Community – Quality of patient experience. Percentage of units achieving A or B over the last five census points

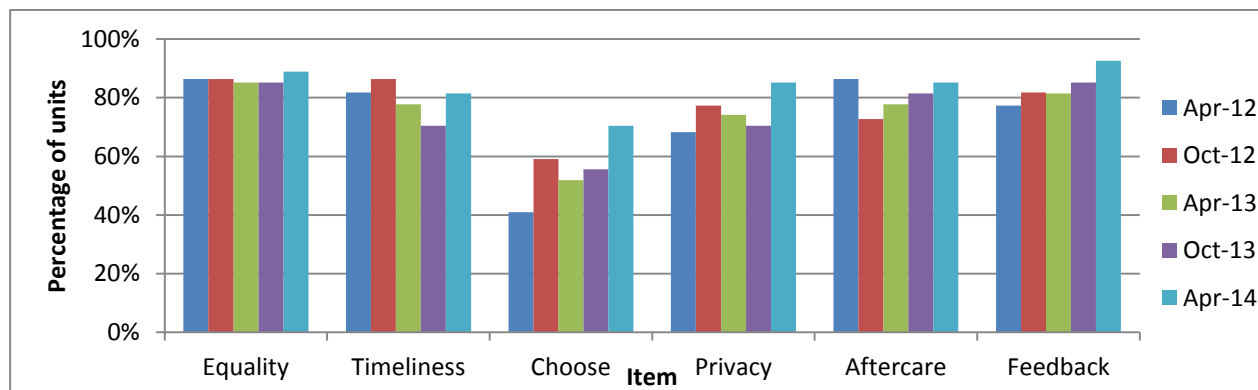


Table 17. Community – Quality of patient experience. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Equality	85%	89%	4%
Timeliness*	78% (74%)	82% (74%)	4%
Choose	52%	70%	19%
Privacy	74%	85%	11%
Aftercare	78%	85%	7%
Feedback	82%	93%	11%

*Unlike all other items where a level A or B is required for accreditation, for timeliness a service must score a level A in order to be accredited. As a result for timeliness level A scores are given in brackets.

Key findings;

- A higher percentage of units have achieved As and Bs in all items in this domain
- *Equality*, *privacy* and *feedback* all scored higher in April 2014 than in any of the previous five censuses (or five census points)
- Despite the significant improvement in the *choose* (19%), units still scored less well in this item (70%).

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

No.	Measures	No	Yes
9.14	>75% of new referrals from outpatients are fully booked	48%	52%
9.10	50% of new referrals from outpatients are fully booked	26%	74%
9.15	Changes suggested by the booking process review are implemented within three months	26%	74%
9.5	> 25% of new referrals are fully booked	19%	81%
9.12	Results of patient feedback on booking processes are reviewed through the endoscopy users group	11%	89%
9.13	All Endoscopist booking procedures are assessed for equality of access	7%	93%

c. Workforce

Graph 13. Community – Workforce. Percentage of units achieving A or B over the last five census points

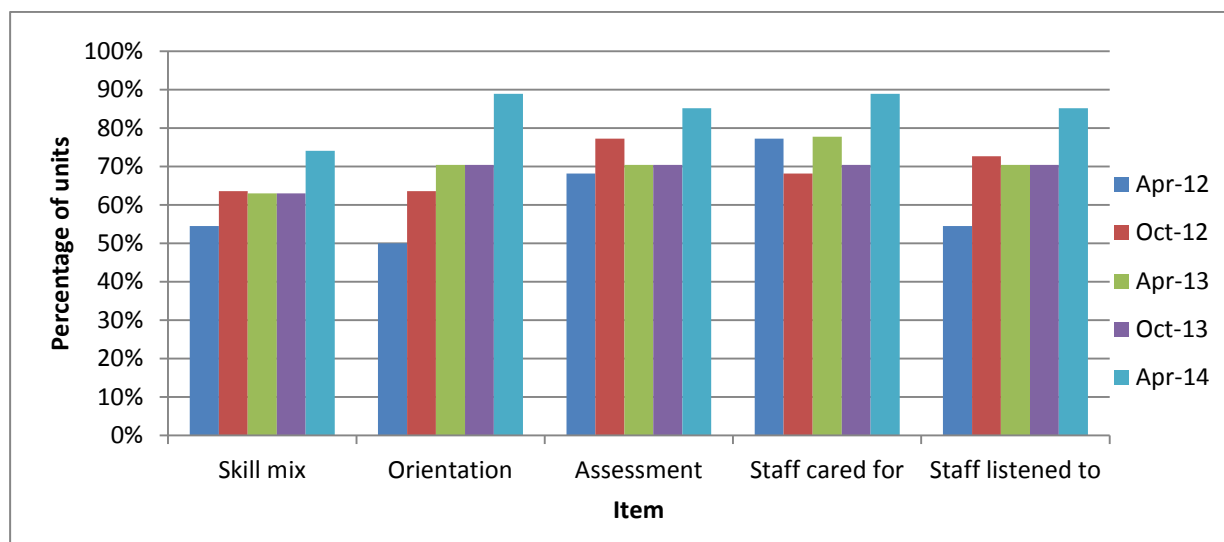


Table 19. Community – Workforce. Comparison of the percentage of units achieving A and B in April 2013 and April 2014

Item	Apr-13	Apr-14	% difference
Skill mix	63%	74%	11%
Orientation	70%	89%	19%
Assessment	70%	85%	15%
Staff cared for	78%	89%	11%
Staff listened to	70%	85%	15%

Key findings;

- All items in this domain improved significantly from April 2013 to April 2014.
- Despite the *improvement* (of 11%), in April 2014 only 74% of units achieved As and Bs for *Skill mix*.

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

No.	Measures	No	Yes
13.13	There is an information pack about the service for potential applicants	26%	74%
13.10	The length of the recruitment process is monitored and fed back to HR	7%	93%
13.20	The teams workforce requirements are fed back into the Trust workforce planning strategy	7%	93%
13.15	Opportunities for promoting recruitment into the service are identified and taken up	4%	96%
13.17	If a workforce need remains unresolved because of resource constraints the need is placed on the Trust risk register	4%	96%
13.18	If the service has concerns about the length and/or nature of the recruitment process these concerns are fed back to HR.	4%	96%
13.9	The speciality team has a named HR link	4%	96%