

## GRS Census Results October 2011

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This report provides the national Global Rating Scale (GRS) results for England. These are based on the October 2011 and April 2011 GRS census returns. 206 NHS acute endoscopy units in England submitted a complete return. Two NHS units failed to submit a return for this census (East Surrey Hospital and Eastbourne District Hospital) and one unit started but did not complete all the required domains (Kingston Hospital).

This report will be added to as approved updates become available from other nations in the United Kingdom.

The GRS is an important web-based self-assessment tool that underpins the accreditation process. The JAG requires endoscopy services to submit six monthly self-assessment online returns. This is a key requirement for services planning to apply for accreditation as well as those accredited.

The GRS enables services to benchmark their progress, produce reports and support the JAG to provide a national view of progress against the standards.

The next section summarise the key results and areas for improvement for NHS acute sites only.

## Completion Rates

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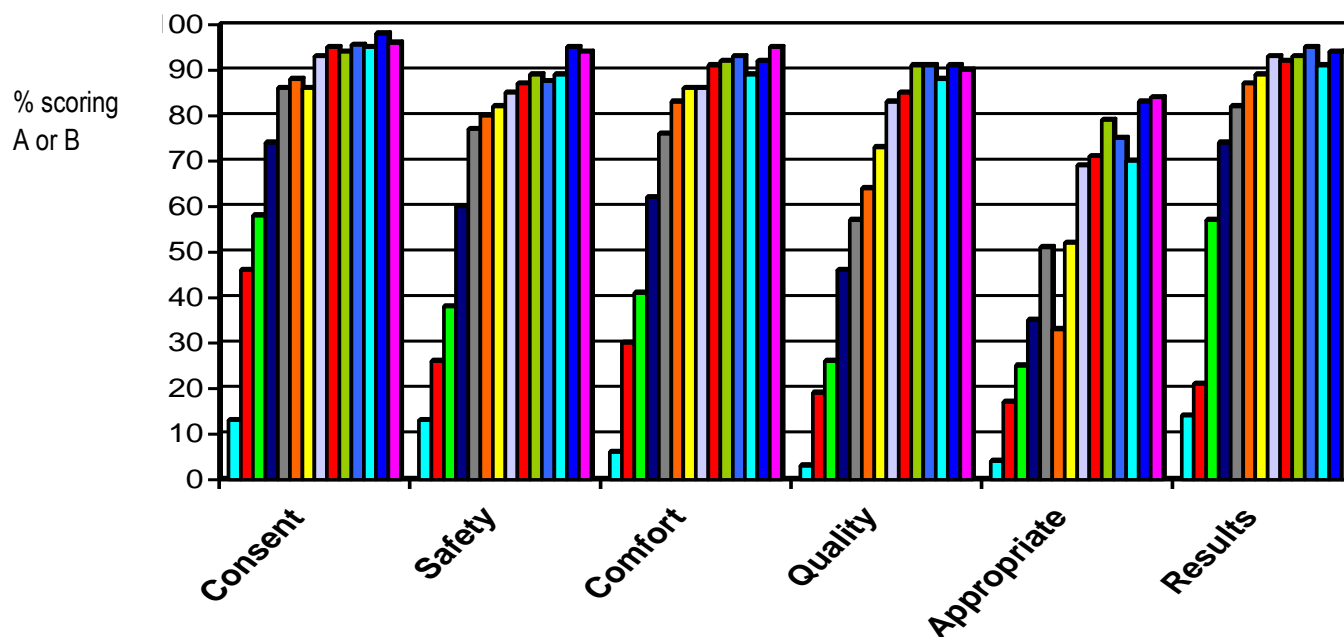
The census continues to achieve high service completion rates in the acute sector of the service. The completion rates for all other sectors are poor and need to improve.

Table 1-GRS completion rates

Sector	% completion	Units
Acute Sector completion	99%	206/209
Community Sector completion	43%	19/44
GPs completion	50%	4/8
IS Completion	56%	35/63

## Clinical Quality – Acute Sector

The following graph represents the % A and B scores achieved over fourteen census points.



Graph 1 - Clinical Quality Domain, April 2005 – October 2011

The total percentages of A and B's reported over the two most recent census points is summarised in table 2. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 2-Clinical Quality % A and B's achieved

Item	April 2011	October 2011
Consent	97%	96%
Safety	94%	94%
Comfort	92%	95%
Quality	91%	90%
Appropriateness	82%	84%
Communicating Results	94%	94%

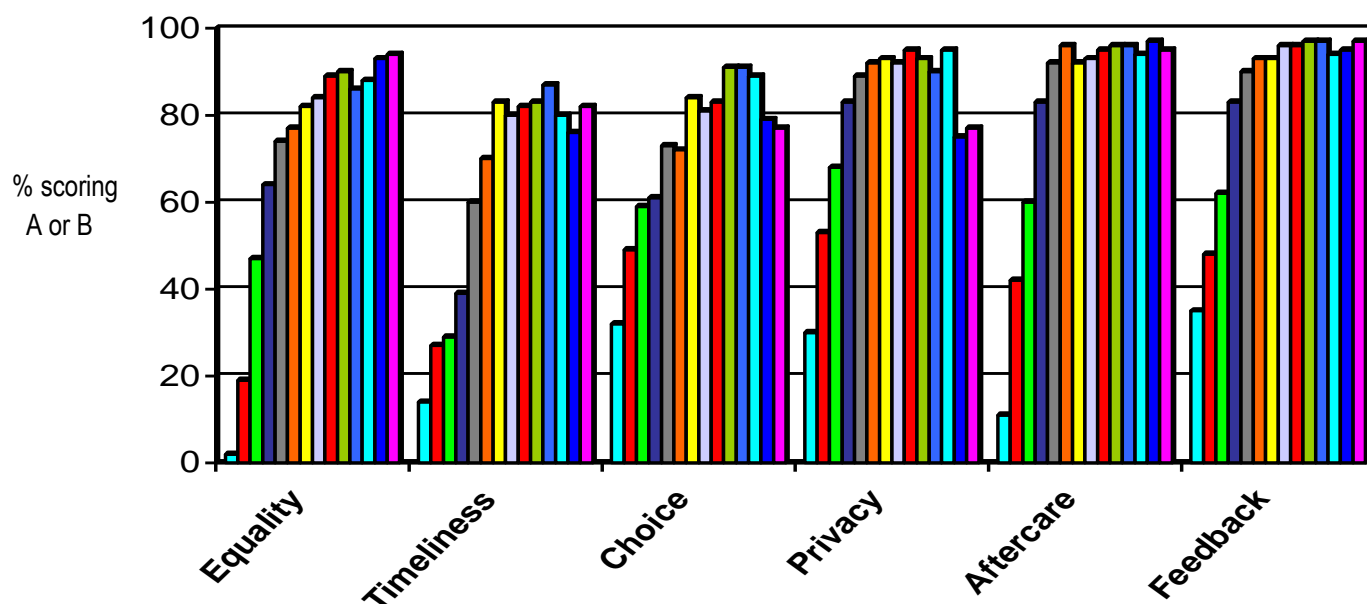
## Key findings

There is an overall improvement across the Clinical Quality domain from the last census point. Small percentage increases of between 1 to 3 % are seen across all items with the exception of Quality of the Patient Experience where there was a 1% fall.

## Quality of the patient experience

The following graph represents the % A and B scores achieved over fourteen census points.

Graph 2 - Quality of the patient experience domain, April 2005 – October 2011



The total percentages of A and B's reported over the two most recent census points is summarised in table 3. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 3 - Quality of the Patient Experience % A and B's achieved

Item	April 2011	October 2011
Equality	93%	94%
Timeliness ( Level A )	54%	64%
Choose and Book	78%	77%
Privacy and Dignity	75%	77%
Aftercare	97%	95%

Feedback	95%	97%
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#### Key findings

Four of the six items show improved ratings in this domain. A 10% improvement is noted in the Timeliness (Level A) item followed by a 2% improvement in Privacy and Dignity and Feedback to the Service and a 1% improvement in Equality.

Small deteriorations of 2% in the Aftercare item and 1% in the Choose and Book items were recorded.

Table 4 illustrates the lowest ranking poor performing measures in the Privacy & Dignity item and the number of units that did not achieve the measure. This item was rewritten in time for the April census to reflect the government's national policy on same sex accommodation.

Table 4 - Lowest ranking Privacy and Dignity measures

Measure	Description	%	Units
10.14	Gender separation is provided routinely from the admissions stage onwards in the patient journey, including the recovery area	18%	37
10.12	All patients are asked whether they wish to have their clinical care discussed in private.	4%	8
10.7	Gender separation is provided pre-procedure for patients who need to change clothes for their procedures.	4%	8

In timeliness, 22% of endoscopy units did not achieve the <2 weeks for urgent and <6 weeks for routines standard compared to 24 % in April 2011. 29% of units reported that recall (surveillance) procedures are >6 weeks beyond the planned date compared to 36 per cent in April 2011. 12 units reported waits for recalls >26 weeks beyond the due date compared to 15 units in April 2011 and five units (compared to eight in April 2011) reported that the lowest level D standard was not achieved (explanation of levels appendix A). This is an improvement on the April 2011 position and has been documented in a separate report (01 December 2011). The national clinical director for endoscopy will table this for discussion and action with the Department of Health.

Table 5 illustrates the lowest ranking poor performing measures in the in the Booking and Choice item. This item was also updated to coincide with the last census.

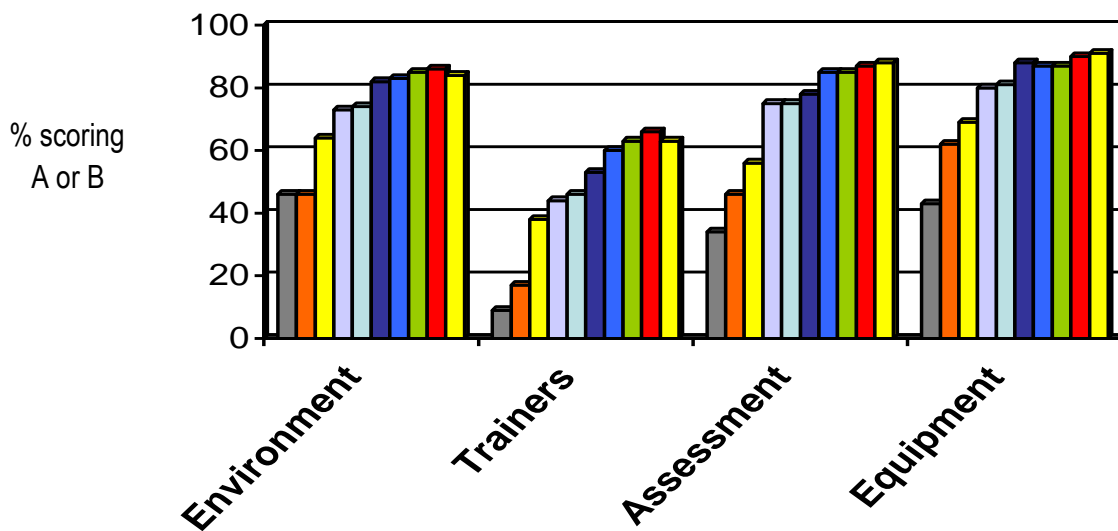
Table 5- Lowest performing Booking and Choice measures

Measure	Description	%	Units
9.10	50% of new referrals from outpatients are fully booked	11%	24
9.12	Results of patient feedback on booking processes are reviewed through the endoscopy users group	11%	23
9.7	Feedback is sought annually from patients on booking services provided by the unit using questionnaires	5%	11
9.8	Patients are informed of the appointment choices available in a full booking system	5%	11
9.9	A booking system is in place for recall (surveillance) appointments	3%	7

## Training Domain

The following graph represents the % A and B scores achieved over ten census points.

Graph 3 -Training domain, April 2007 – October 2011



The total percentages of A's and B's reported over the two most recent census points is summarised in table 6.

author: Warren Lynch, Accreditation E-Services Manager

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Table 6 –Training Domain % A and B's achieved

Item	April 2011	October 2011
Environment & Training Opportunity	86%	84%
Endoscopy Trainers	67%	64%
Assessment / Appraisal	87%	88%
Equipment & Educational Opportunity	90%	91%

Table 7 illustrates the lowest ranking poor performing measures in the in the Endoscopy Trainers item.

Table 7- Lowest performing Endoscopy Trainers measures

Measure	Description	%	Units
19.11	All trainers undergo an evaluation of their training expertise	31%	62
19.12	There are recommendations for trainer development in response to evaluations of their training expertise	28%	56
19.13	The input of endoscopy staff into endoscopist training is evaluated at least once per year	25%	50
19.9	All trainers have training sessions identified on their job plans	12%	25
19.10	At least 50% of trainers in the department have undergone a JAG approved TTT course	9%	19

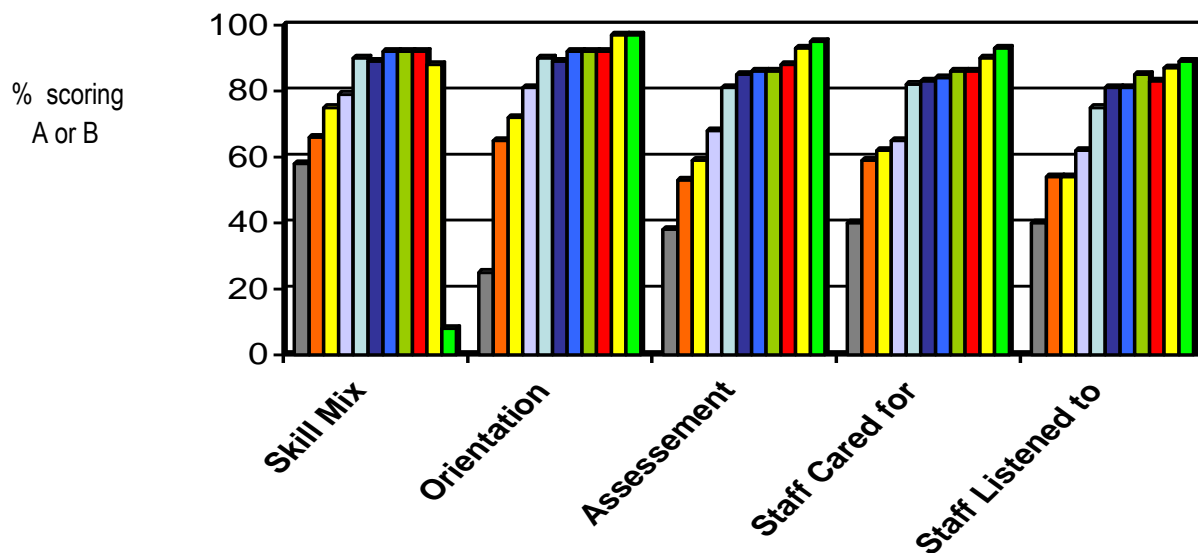
#### Key findings

There has been a small increase of 1% in the Assessment / Appraisal and Equipment and Educational Opportunity measures and deteriorations in the remaining two measures of 2% in Environment and Training Opportunity and 3% in Endoscopy Trainers.

## Workforce Domain

The following graph represents the % A and B scores achieved over ten census points.

Graph 4 –Workforce domain, April 2007 – October 2011



The total percentages of A and B's reported over the two most recent census points is summarised in table 8.

Table 8 –Workforce Domain % A and B's achieved

Item	April 2011	October 2011
Skill Mix and Recruitment	87%	87%
Orientation and Training	97%	97%
Assessment and Appraisal	93%	95%
Staff are cared for	90%	93%
Staff are listened to	87%	89%

### Key findings

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There are improvements in three of the measures ranging between 2 and 3%. Skill Mix and Orientation and Training recorded the same score in both census points. There were no deteriorations in any of the Workforce measures.

Table 9 provides the lowest ranking measures in the Skill Mix Review and Recruitment item and the number of units that did not achieve the measure.

Table 9 - Lowest ranking Workforce measures

Measure	Description	%	No. of Units
13.12	The unit manager is allocated sufficient protected time for managerial duties.	9%	19
13.13	There is an information pack about the service for potential applicants.	4%	10

#### Key findings

There has been no improvement in measure 13.12 with the percentage and number of sites remaining the same in comparison to the April 2011 census. A small improvement of 2% was recorded in measure 13.13 in comparison to the April 2011 census.

## Analysis of current JAG Accredited Units

Analysis of the GRS scores for the 163 endoscopy units currently holding Accredited: criteria met status was undertaken for the October 2011 census point. 95 units accredited units do not currently meet the requirements. The tables below show the percentage and number of units that scored level C or D in each of the domain items (or B, C or D for the Timeliness item).

Table 10: Clinical Quality Domain % of accredited units scoring at least one C or D

Item	%	No. of Units
Consent	1.2%	2
Safety	4.9%	8
Comfort	4.3%	7
Quality	8.6%	14



Appropriateness	12%	19
Communicating Results	4.3%	7

Table 11: Quality of the Patient Experience Domain % of accredited units scoring at least one C or D

Item	%	No. of Units
Equality	1.8%	3
Timeliness ( Level A )	32%	52
Choose and Book	20%	32
Privacy and Dignity	21%	34
Aftercare	3.6%	6
Feedback	0.6%	1

Table 11: Training Domain % of accredited units scoring at least one C or D

Item	%	No. of Units
Environment & Training Opportunity	13%	21
Endoscopy Trainers	30%	49
Assessment / Appraisal	7.4%	12
Equipment & Educational Opportunity	3.7%	6

One site with Accredited: criteria met status was not assessed on the Training Domain as they do not have trainees. Only 162 units are included in the Training Domain statistics.

Table 12: Workforce Domain % of accredited units scoring at least one C or D

Item	%	No. of Units
Skill Mix and Recruitment	9.8%	16
Orientation and Training	0%	0
Assessment and Appraisal	1.8%	3

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Staff are cared for	2.5%	4
Staff are listened to	4.9%	8

## Appendix A – Definitions of levels

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What do the GRS levels mean?

D | Means a minimal achievement, that is generally inadequate levels of adherence to requirements.

C | Means that the service is only reactive to changes with only the most basic of adherence to requirements.

B | Means that the service is proactive to changes with a good adherence to requirements.

A | Means that the service is 'outward looking' with excellent adherence to requirements.

In order to achieve all levels in an item every measure must be achieved.

## Appendix B

### GRS Census Results – Community Sector (England)

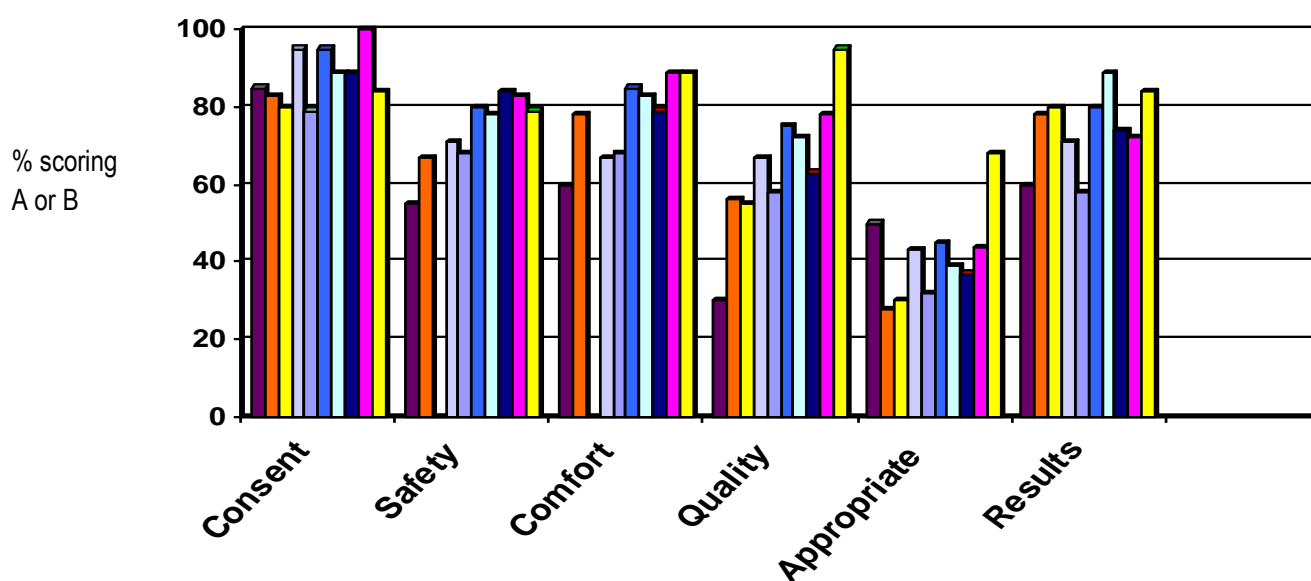
GRS data for the Community Sector is available over the last ten census points. The number of units who completed each census point are outlined below:

Table 1 – No of Units completing

2007		2008		2009		2010		2011	
20	18	20	21	19	20	18	19	18	19
Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct

### Clinical Quality – Community Sector

The following graph represents the % A and B scores achieved over ten census points.



Graph 1 - Clinical Quality Domain, April 2007 – October 2011

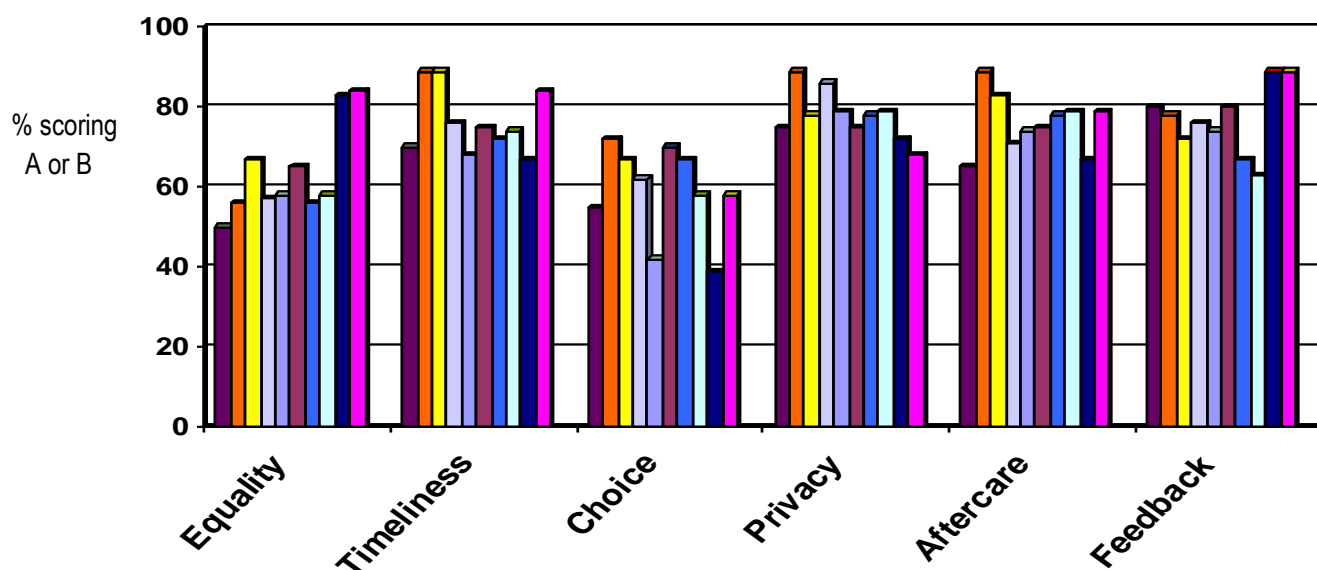
The total percentages of A and B's reported over the two most recent census points is summarised in table 2. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 2-Clinical Quality % A and B's achieved

Item	April 2011	October 2011
Consent	100%	84%
Safety	83%	79%
Comfort	89%	89%
Quality	78%	95%
Appropriateness	44%	68%
Communicating Results	72%	84%

## Quality of the patient experience

The following graph represents the % A and B scores achieved over ten census points.



Graph 2 - Quality of the patient experience domain, April 2007 – October 2011

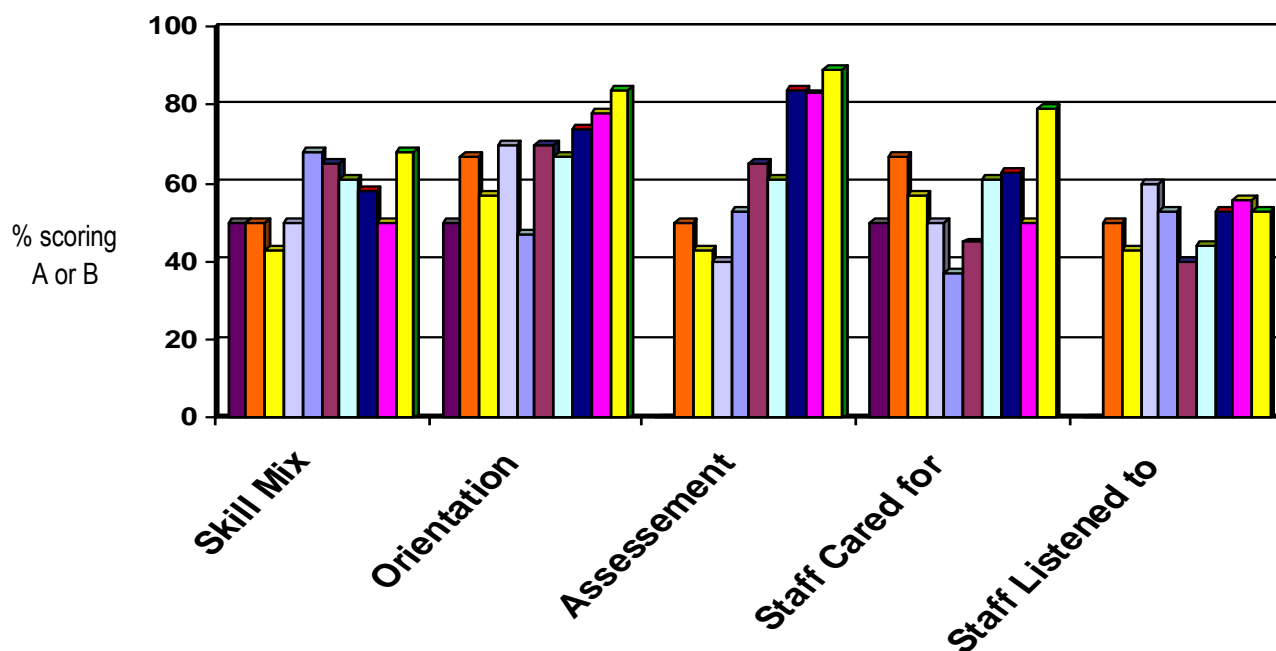
The total percentages of A and B's reported over the two most recent census points is summarised in table 3. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 3 - Quality of the Patient Experience % A and B's achieved

Item	April 2011	October 2011
Equality	83%	84%
Timeliness ( Level A )	56%	74%
Choose and Book	39%	58%
Privacy and Dignity	72%	68%
Aftercare	67%	79%
Feedback	89%	89%

## Workforce Domain

The following graph represents the % A and B scores achieved over ten census points.



Graph 4 –Workforce domain, April 2007 – October 2011

The total percentages of A and B's reported over the two most recent census points is summarised in table 7.

Table 4 –Workforce Domain % A and B's achieved

Item	April 2011	October 2011
Skill Mix and Recruitment	50%	68%
Orientation and Training	78%	84%
Assessment and Appraisal	83%	89%
Staff are cared for	50%	79%
Staff are listened to	56%	53%

## Appendix C

### GRS Census Results – Independent Sector (England)

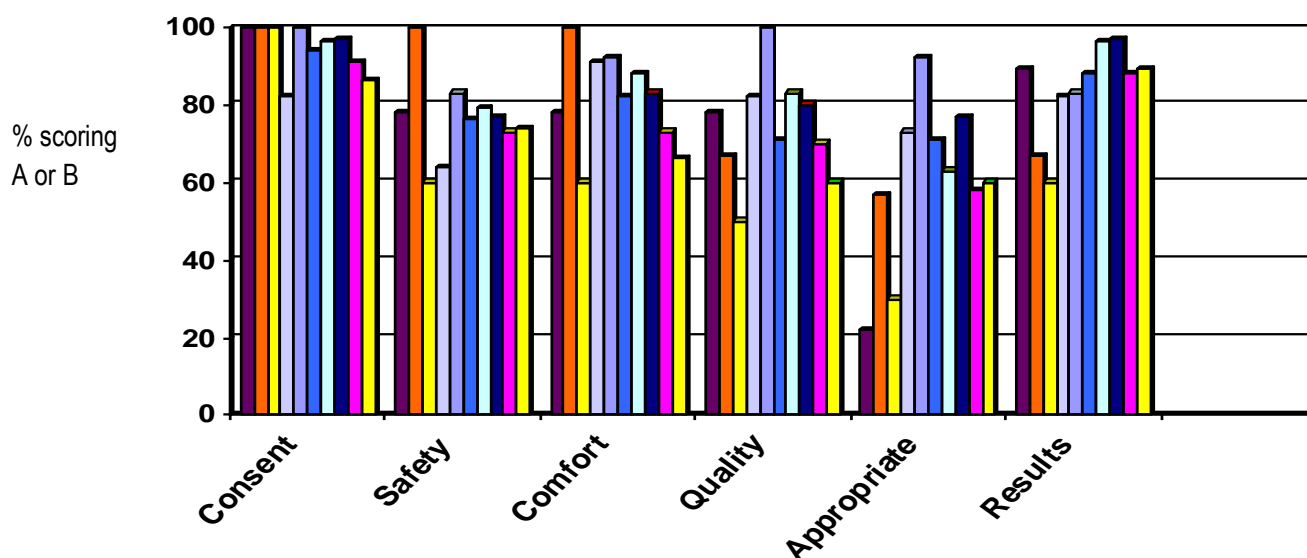
GRS data for the Independent Sector is available over the last ten census points. The number of units who completed each Clinical Quality census point is listed below:

Table 1 - No of units completing

2007		2008		2009		2010		2011	
09	07	10	11	12	17	24	30	33	35
Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct

### Clinical Quality – Independent Sector

The following graph represents the % A and B scores achieved over ten census points.



Graph 1 - Clinical Quality Domain, April 2007 – October 2011

The total percentages of A and B's reported over the two most recent census points is summarised in table 2. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 2-Clinical Quality % A and B's achieved

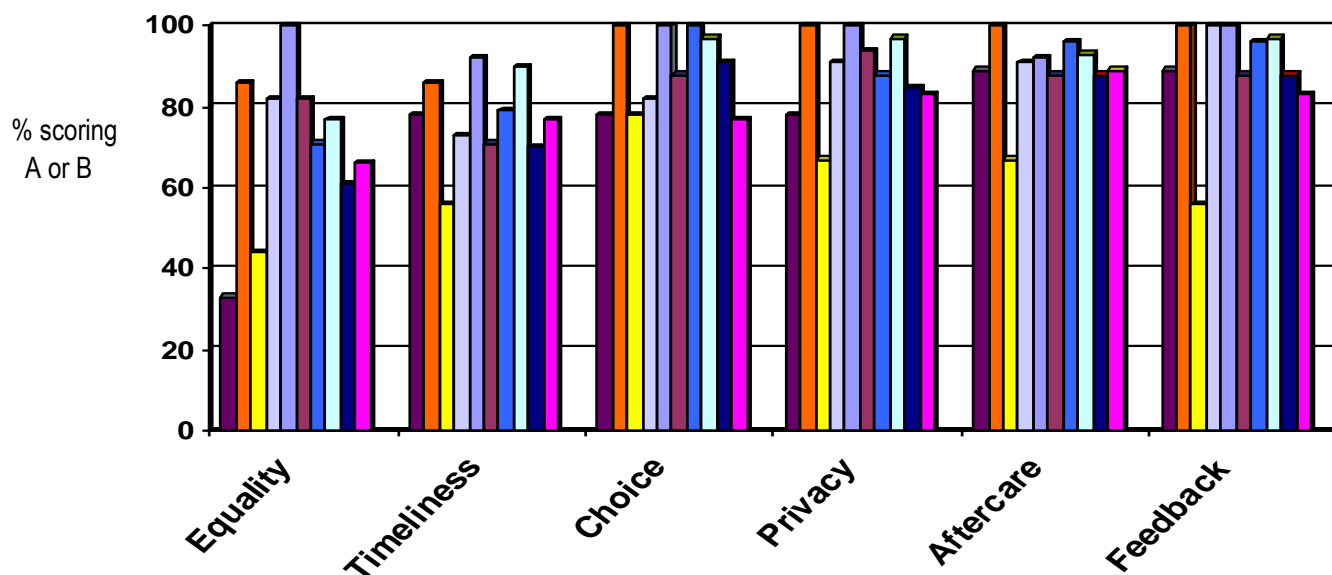
Item	April 2011	October 2011
Consent	91%	86%
Safety	73%	74%
Comfort	73%	66%
Quality	70%	60%
Appropriateness	58%	60%
Communicating Results	88%	89%

## Quality of the patient experience

The number of units who completed each Quality of Patient Experience census point is listed below:

2007		2008		2009		2010		2011	
09	07	09	11	12	17	24	30	33	35
Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct

The following graph represents the % A and B scores achieved over ten census points.



Graph 2 - Quality of the patient experience domain, April 2007 – October 2011

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The total percentages of A and B's reported over the two most recent census points is summarised in table 3. Improvements are coloured green, the same level is coloured orange and deteriorations are coloured red.

Table 3 - Quality of the Patient Experience % A and B's achieved

Item	April 2011	October 2011
Equality	61%	66%
Timeliness ( Level A )	64%	77%
Choose and Book	91%	77%
Privacy and Dignity	85%	83%
Aftercare	88%	89%
Feedback	88%	83%

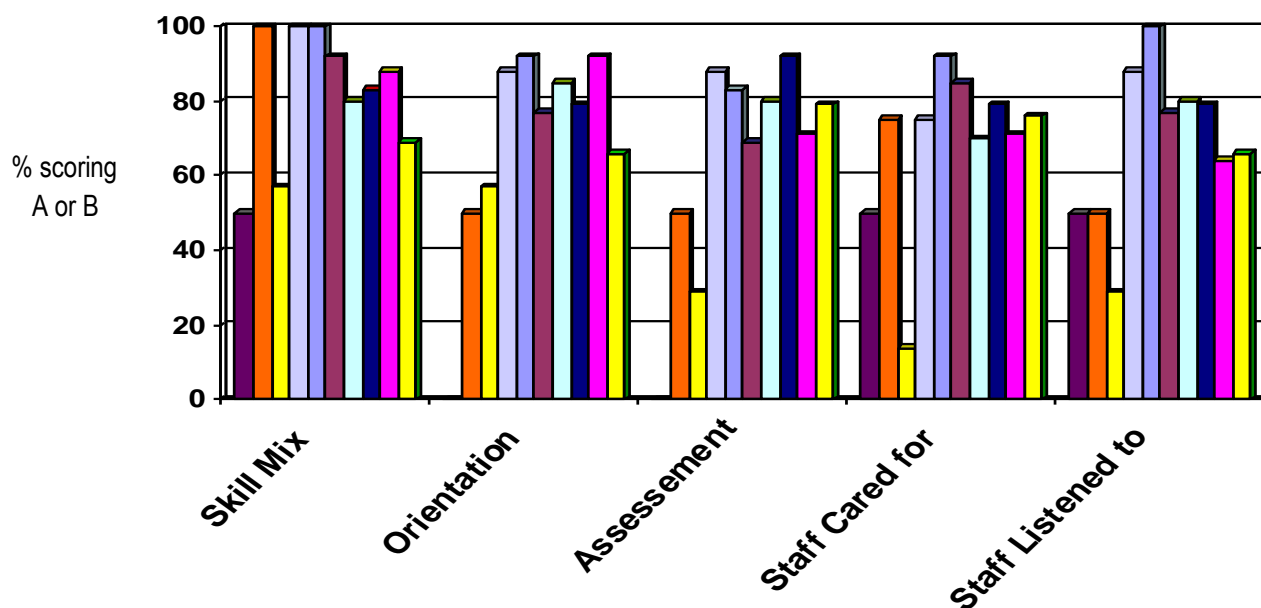
## Workforce Domain

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The number of units who completed each Workforce census point is listed below

2007		2008		2009		2010		2011	
01	04	07	08	12	13	20	24	28	29
Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct	Apr	Oct

The following graph represents the % A and B scores achieved over ten census points.



Graph 4 –Workforce domain, April 2007 – October 2011

The total percentages of A and B's reported over the two most recent census points is summarised in table 7.

Table 4 –Workforce Domain % A and B's achieved

Item	April 2011	October 2011
Skill Mix and Recruitment	88%	69%
Orientation and Training	92%	66%
Assessment and Appraisal	71%	79%
Staff are cared for	71%	76%
Staff are listened to	64%	66%