



JAG Global Ratings Scale Census (GRS) Report England, Wales, Scotland and Northern Ireland

October 2018



Introduction

This report provides the national Global Rating Scale (GRS) census results for England, Wales, Scotland and Northern Ireland, following the October 2018 census returns. The report reviews and summarises the key achievements of endoscopy services. The October census was not completed by accredited sites as this is now completed as part of the annual review process.

Completing the census is a key requirement for services planning to apply for accreditation. In October 2018, all endoscopy services that are signed up to JAG but are not assessed were asked to complete the GRS.


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 numbers of services who completed the census and signed off are shown below.

Sector	No of units submitting census	Total un-assessed units*	No of units completing training domain**	Percentage completion
England Acute	5	40	5	12.5%
England non acute	6	32	1	18.8%
Independent Sector (IS)	83	232	0	35.8%
Northern Ireland- acute	10	24	8	41.5%
Northern Ireland- non acute	1	2	0	50%
Wales- acute	8	31	8	3.2%
Wales- non acute	1	3	0	33.3%
Scotland- acute	27	57	22	47.3%
Scotland Community- non acute	8	26	1	30.8%

***The 'total units' refers to the number of un accredited services who are known to offer endoscopy by JAG.**

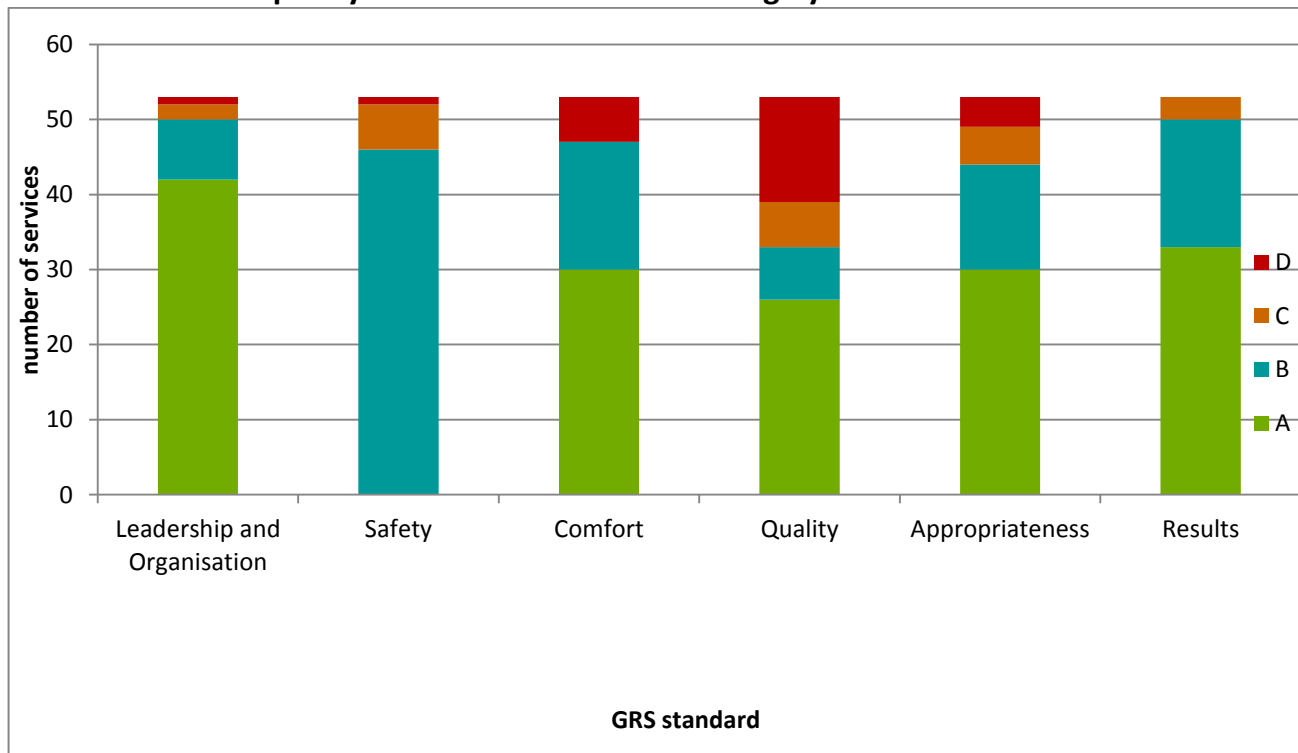


To examine the responses from these units, this report is broken down by sector: England acute, England non-acute, Independent Sector, Wales acute, Wales non-acute, Northern Ireland acute, Northern Ireland non-acute, Scotland acute and Scotland non-acute. The data are further segmented by domain. Each domain's findings are then presented on a graph showing the number of services achieving each level (A-D). Services must score level A or B for all domains in order to apply for JAG accreditation. Services that score 2 Cs are encouraged to apply for accreditation if they provide an action plan which describes how they plan to address the GRS standards that they are not currently meeting.

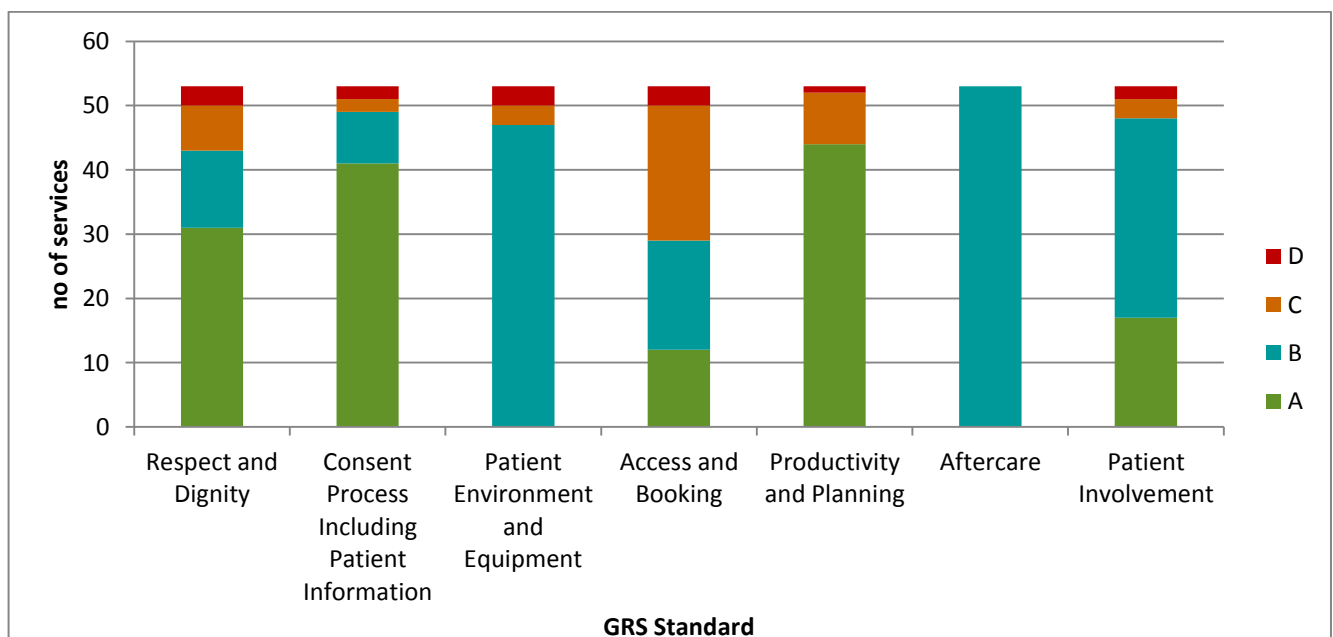
****Not all services undertake training and therefore do not complete the training domain on the GRS.**

1. English acute sector

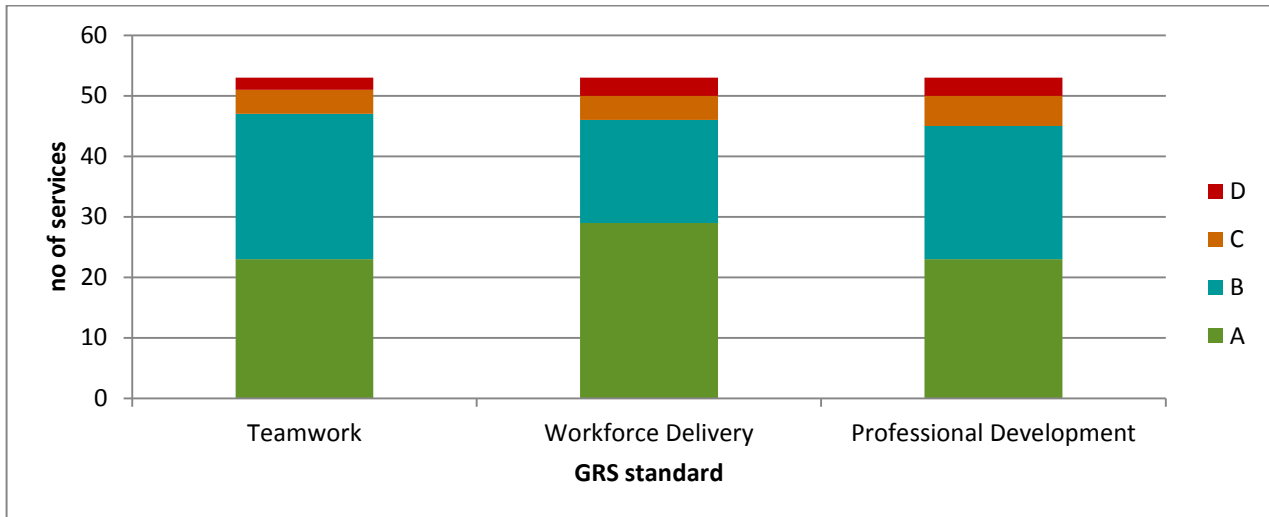
a. Clinical quality – number of services scoring by standard and level



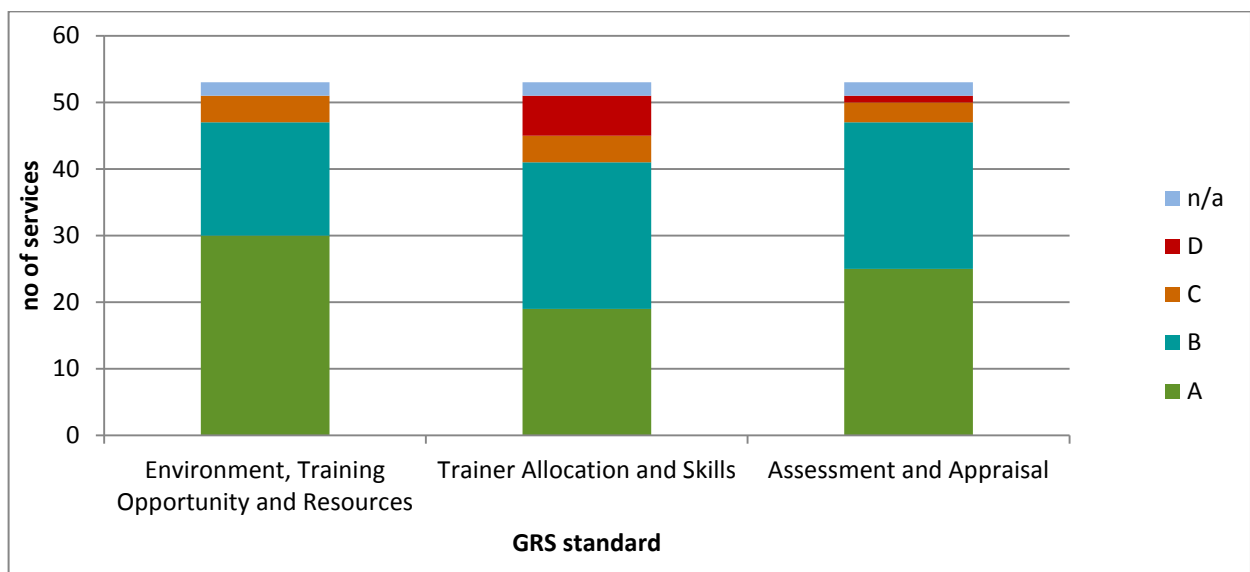
b. Quality of patient experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level

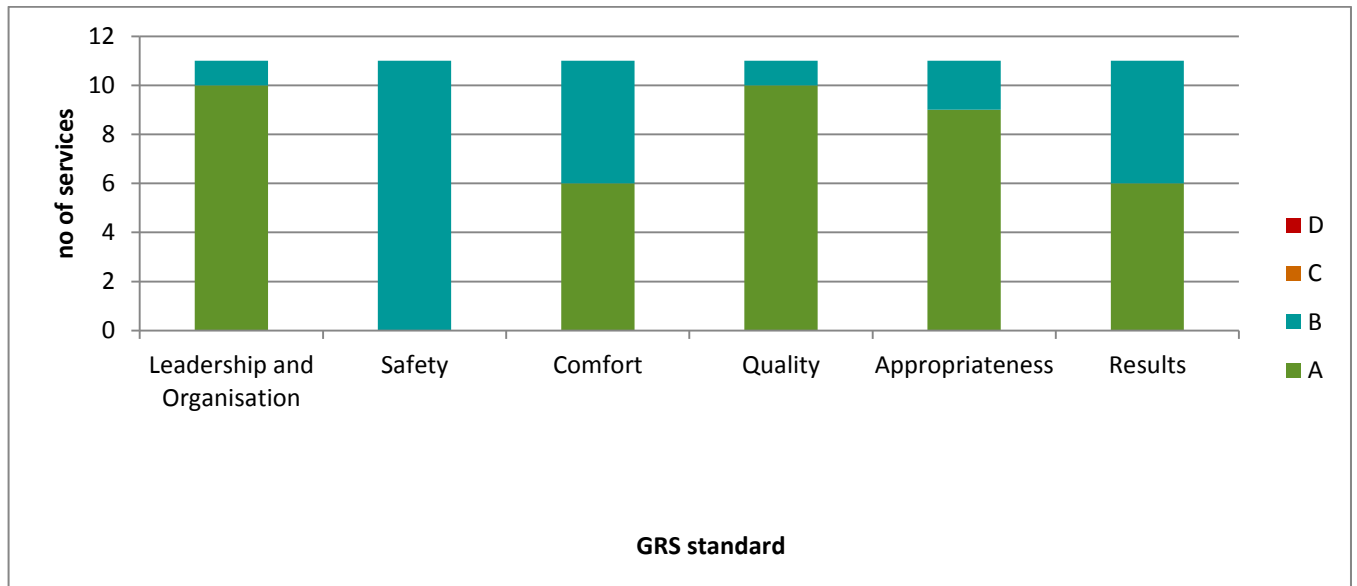


d. Training – number of services scoring by standard and level

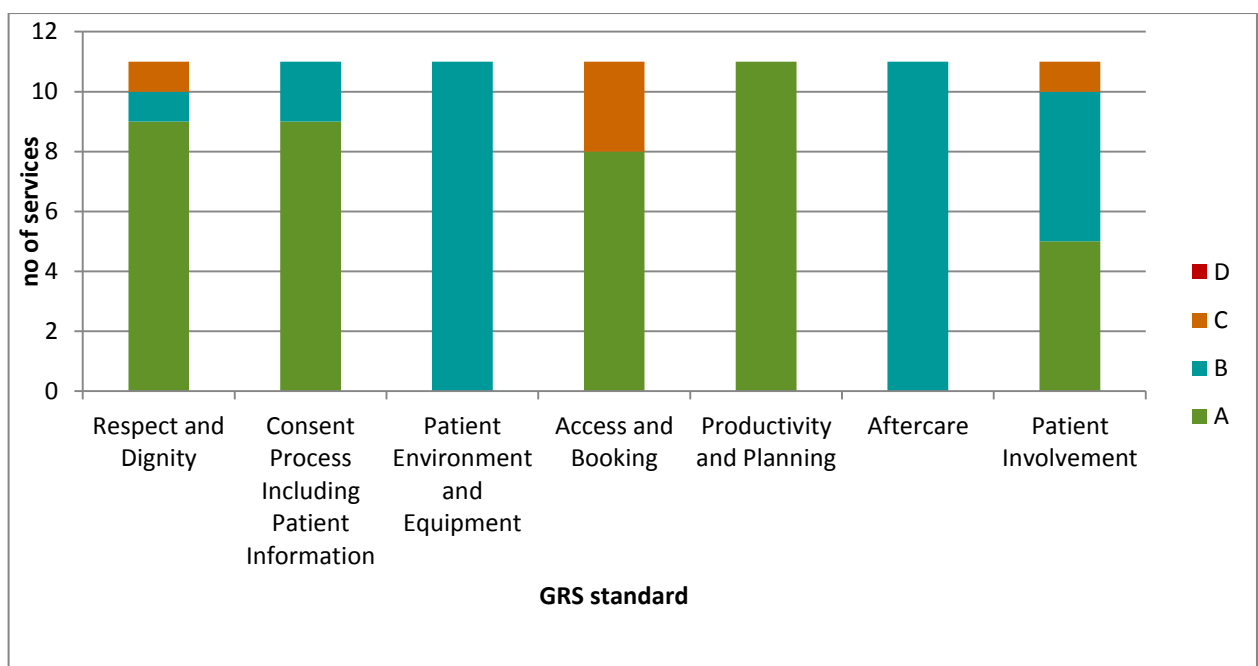


England- non acute sector

a. Clinical quality – numbers of services scoring by standard and level



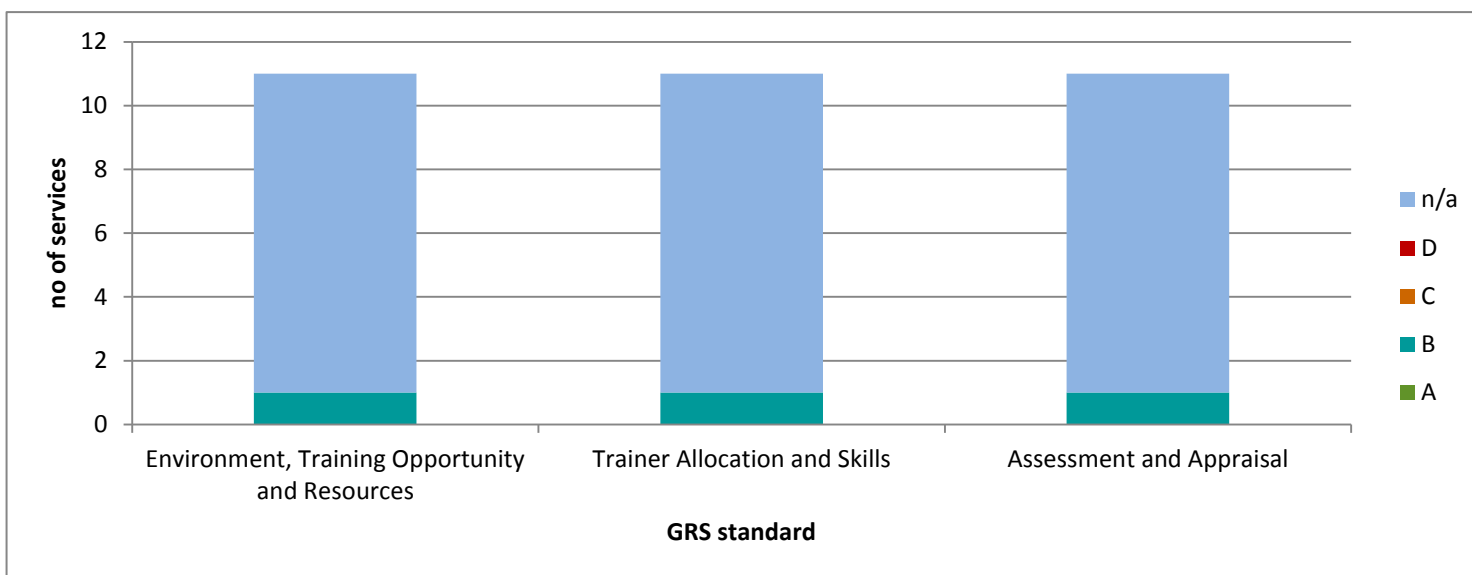
b. Quality of patient experience - number of services scoring by standard and level



c. Workforce - Percentage of services scoring by standard and level

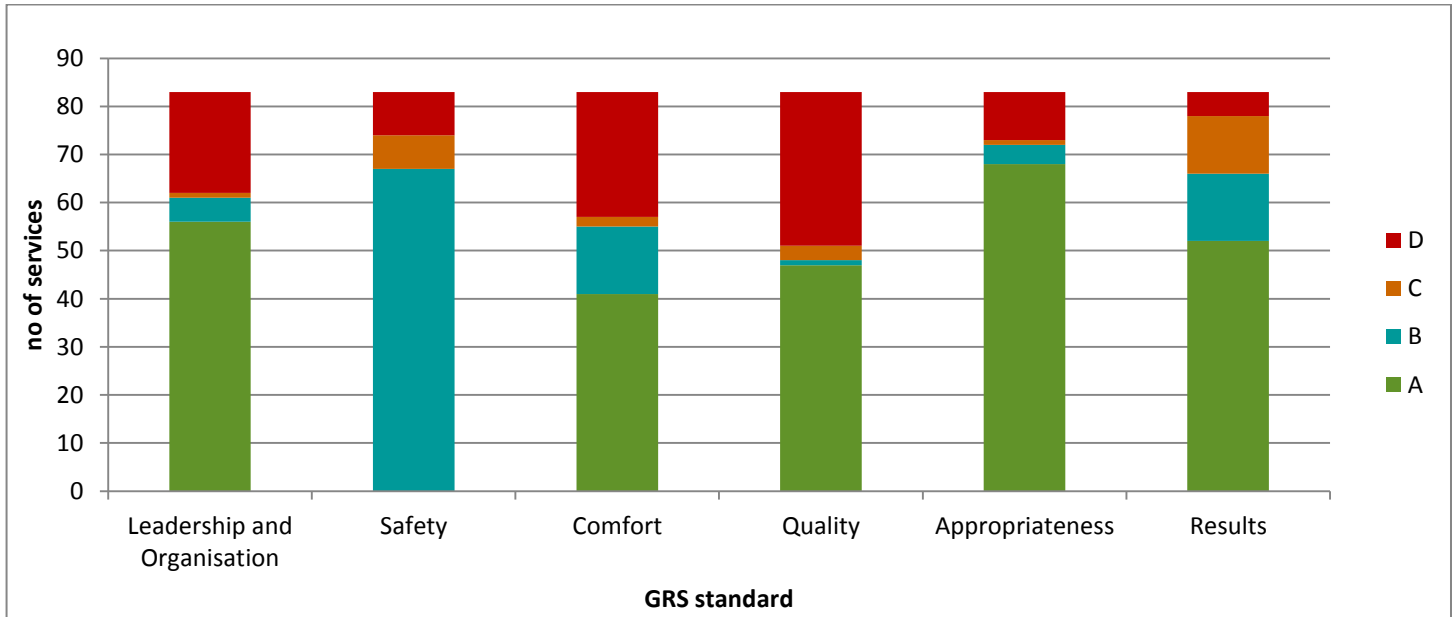


d. Training - services scoring by standard and level

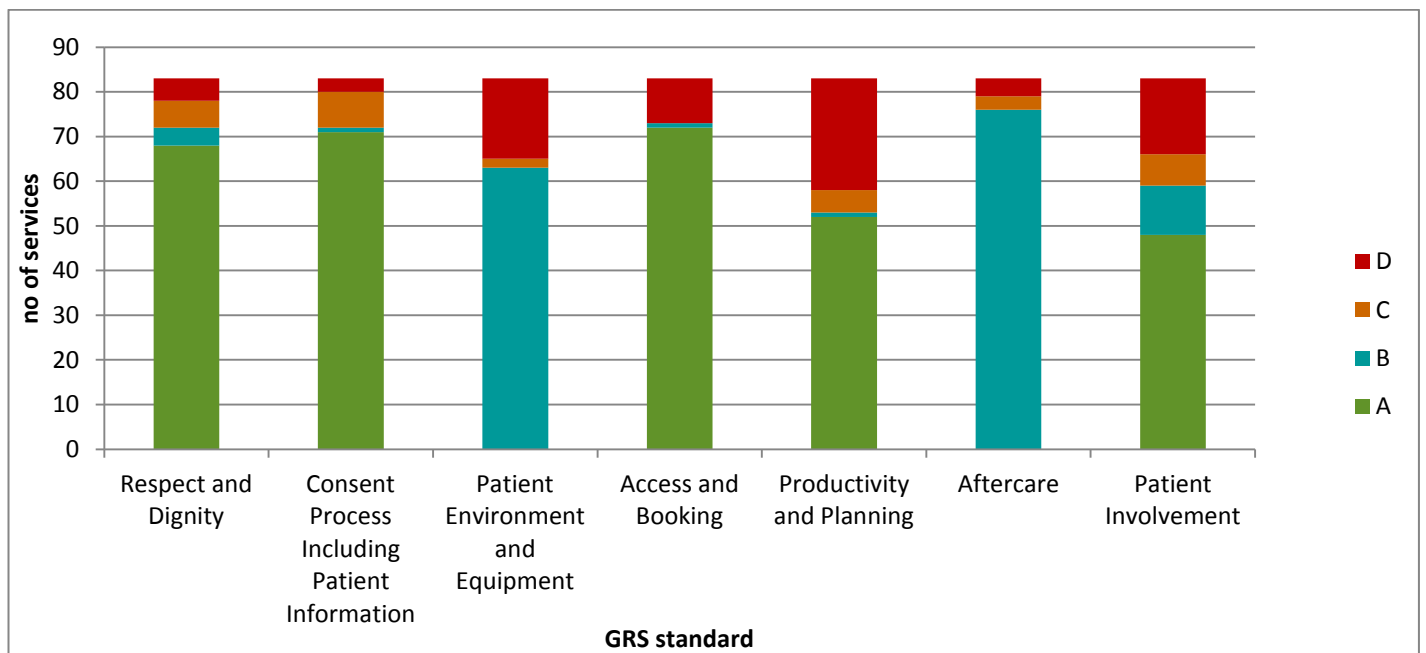


1. Independent sector (IS)

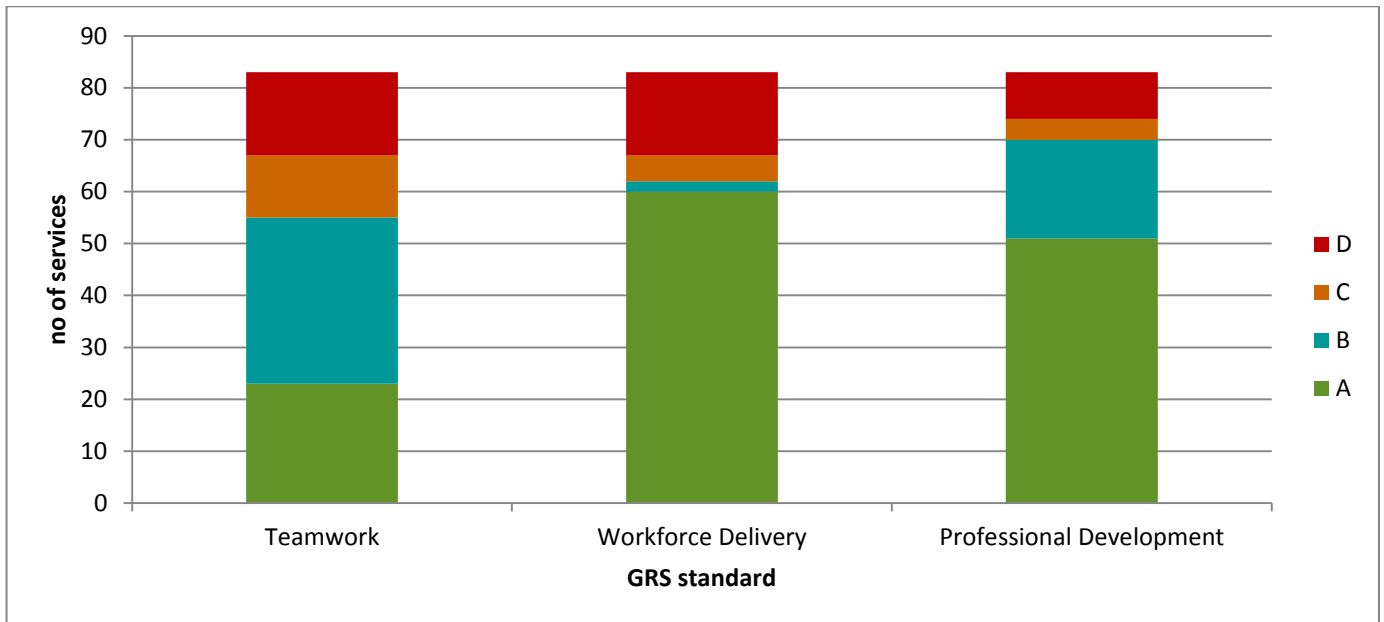
a. Clinical quality – services scoring by standard and level



b. Quality of the Patient Experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level

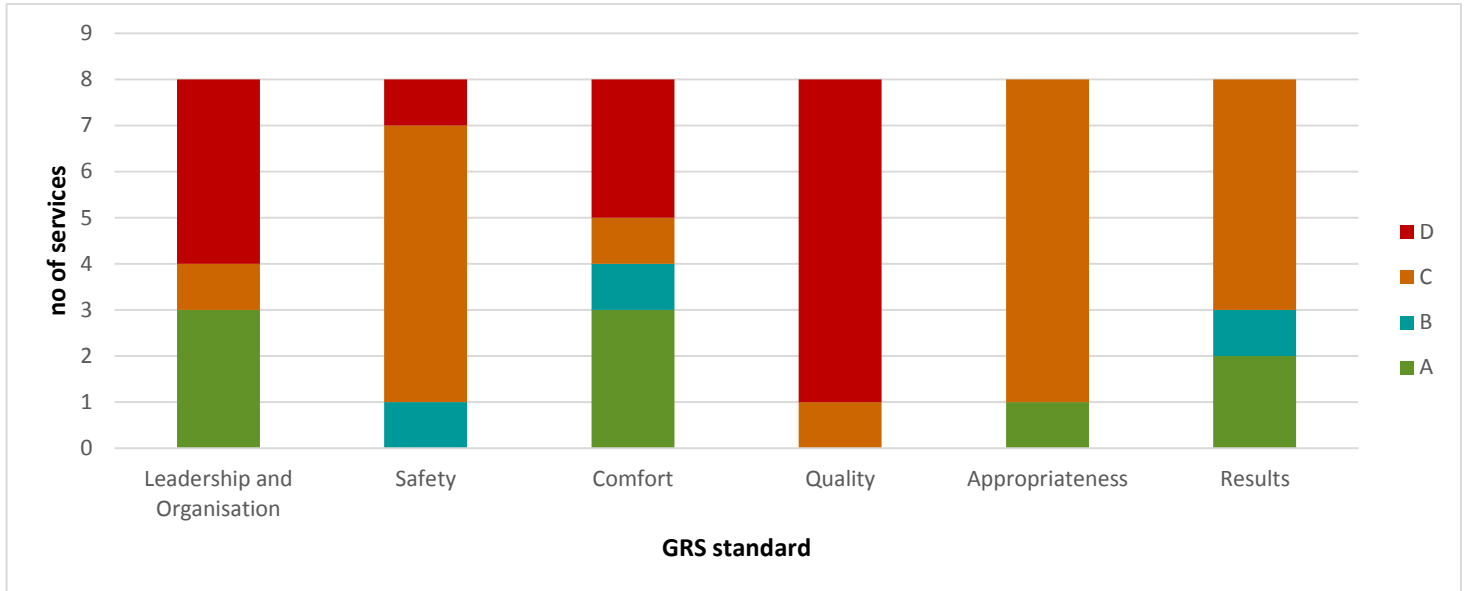


d. Training - number of services scoring by standard and level

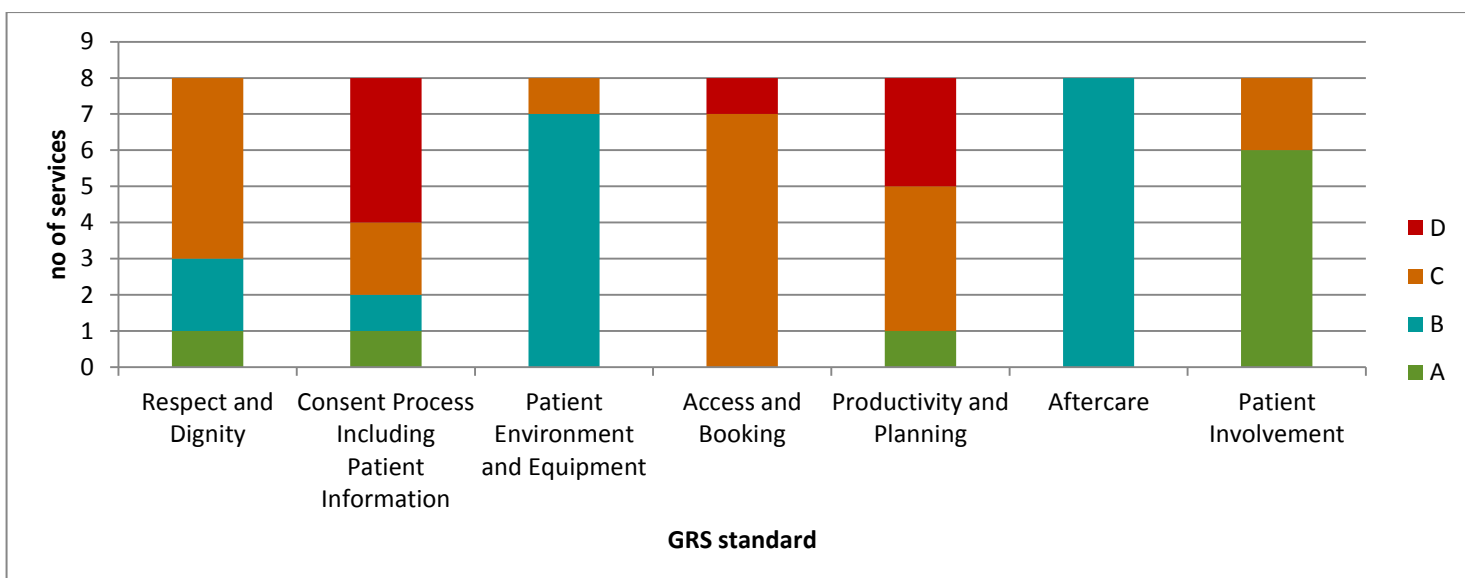
n/a

2. Wales acute sector.

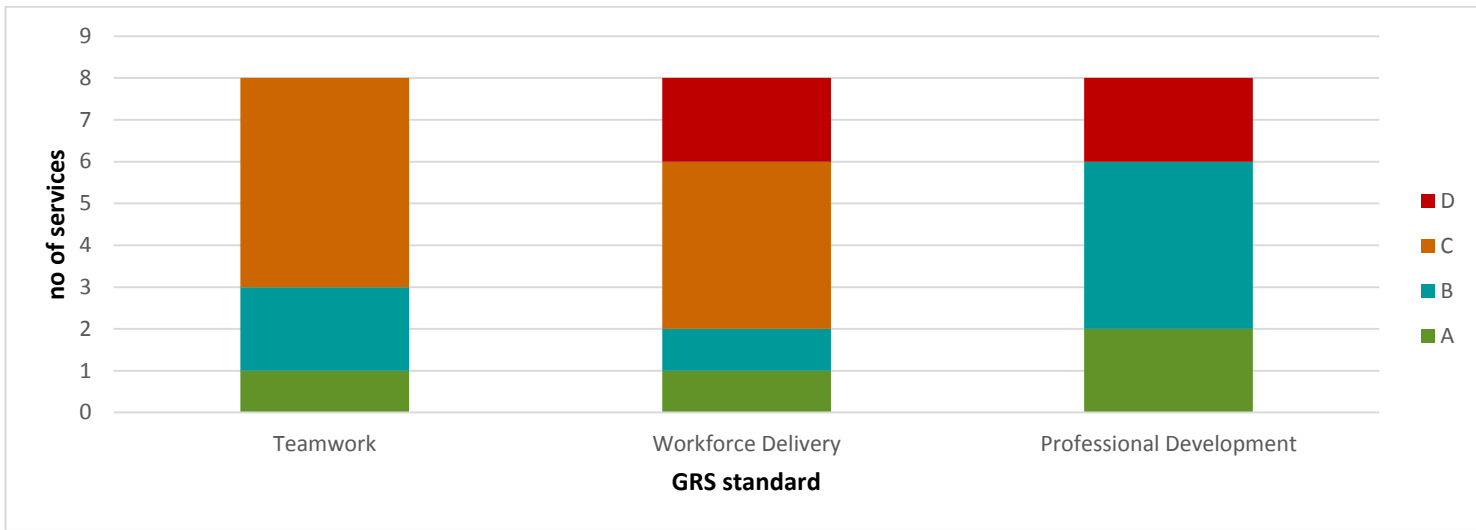
a. Clinical quality – number of services scoring by standard and level



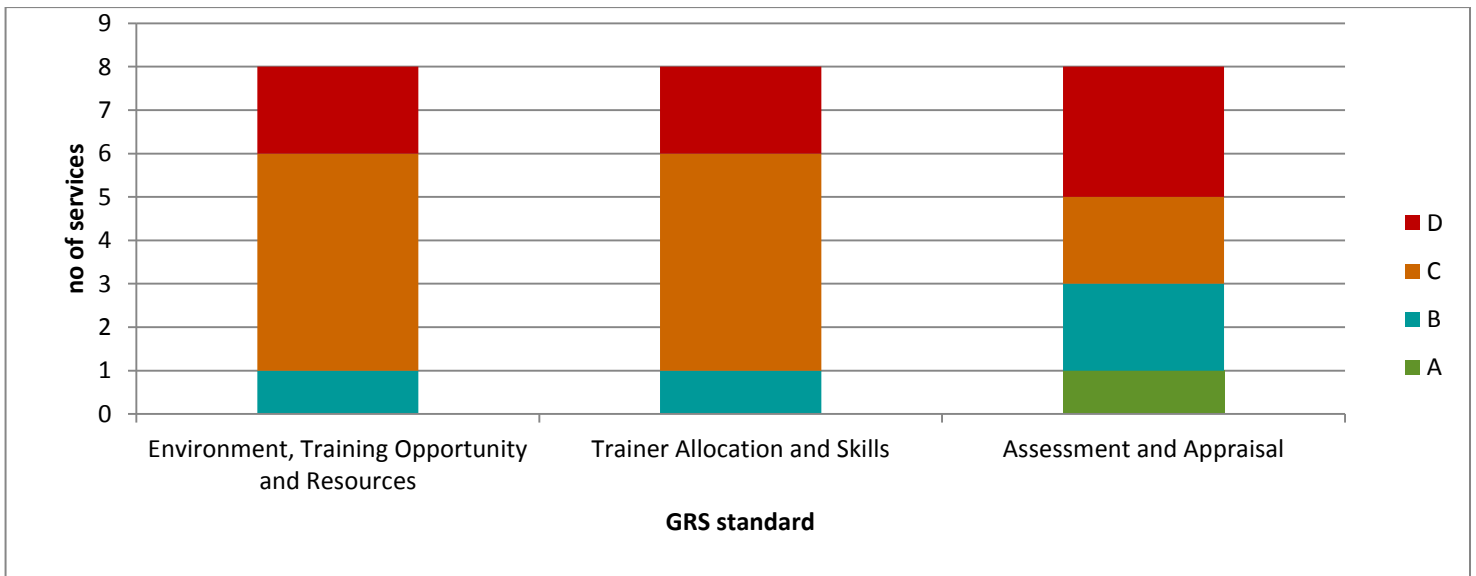
b. Quality of patient experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level



d. Training – number of services scoring by standard and level



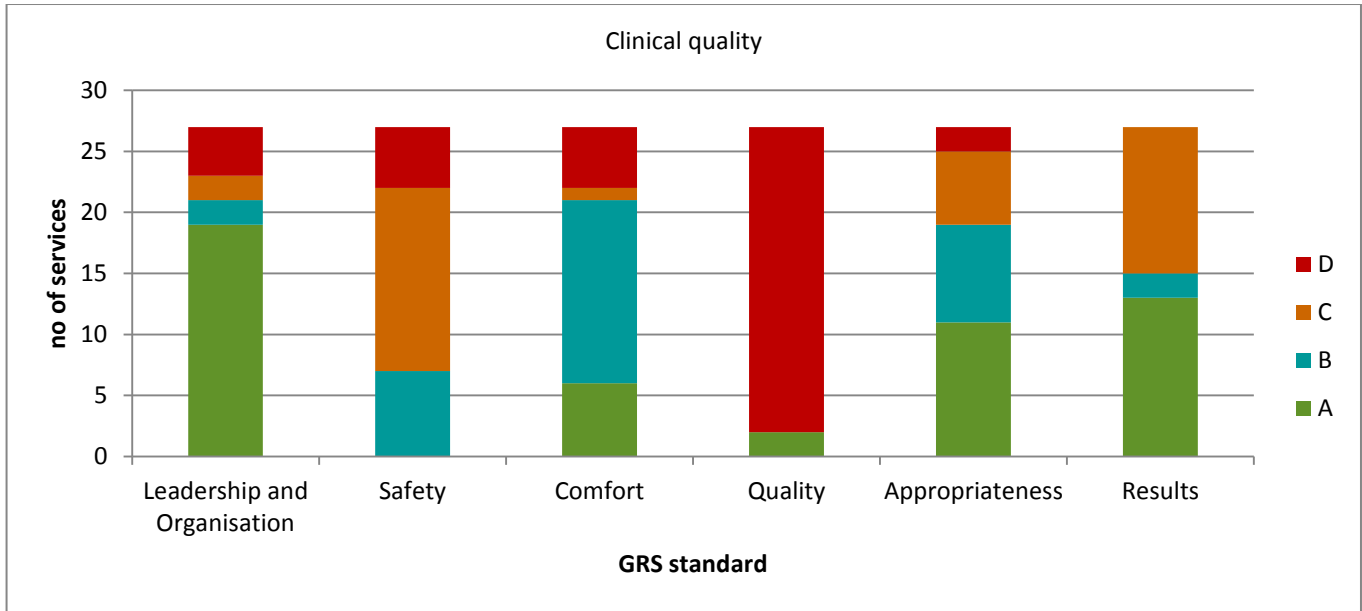
3. Wales non- acute sector.

Only one service signed off the census

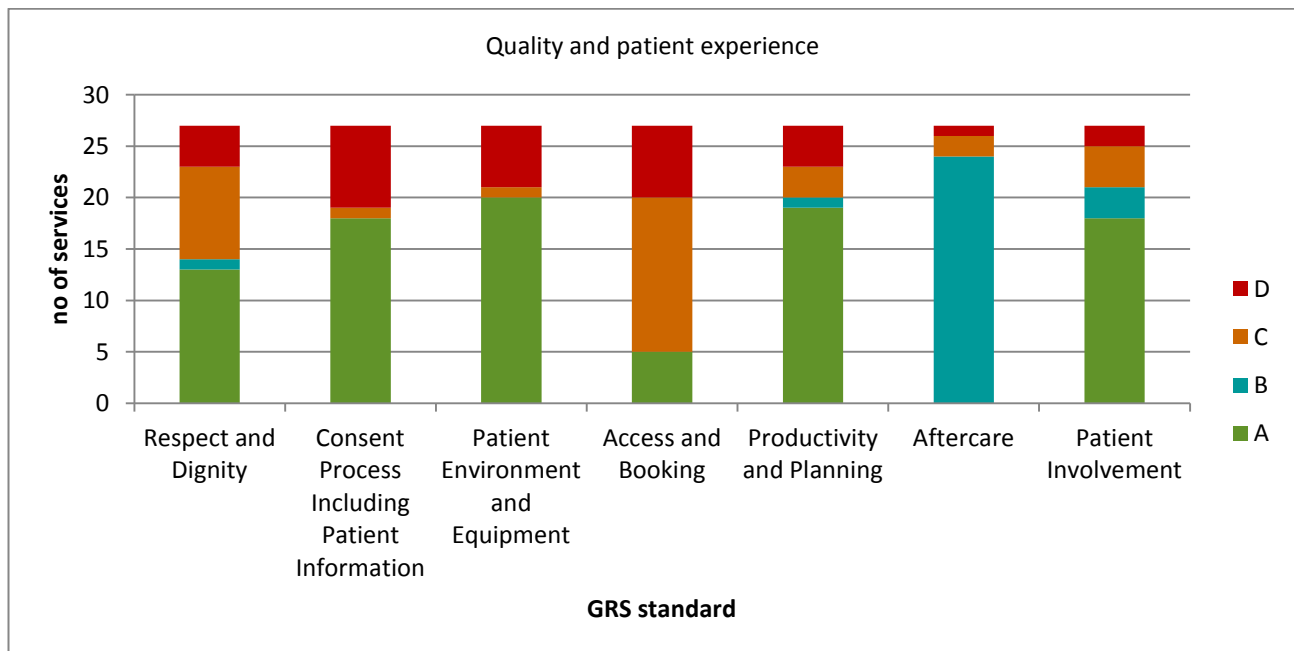
Professional Development	A
Workforce Delivery	A
Teamwork	A
Patient Involvement	A
Aftercare	B
Productivity and Planning	A
Access and Booking	A
Patient Environment and Equipment	B
Consent Process Including Patient Information	A
Respect and Dignity	A
Results	B
Appropriateness	A
Quality	D
Comfort	A
Safety	B
Leadership and Organisation	A
accreditation status	not assessed
Status	Signed Off

4. Scotland – Acute sector

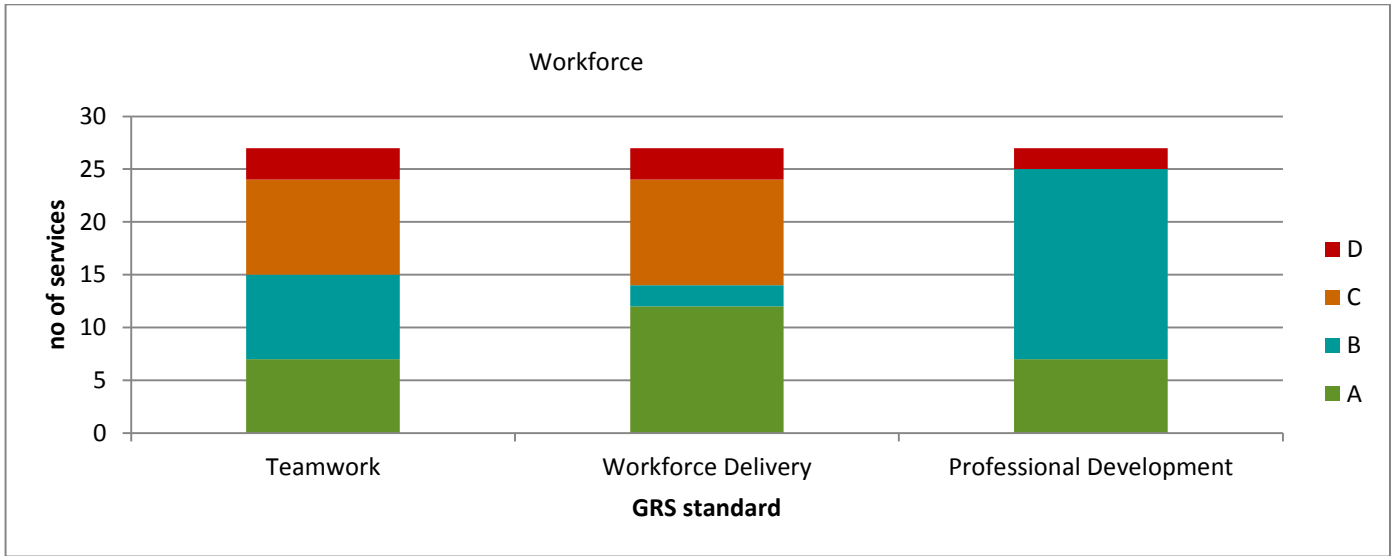
a. Clinical quality – number of services scoring by standard and level



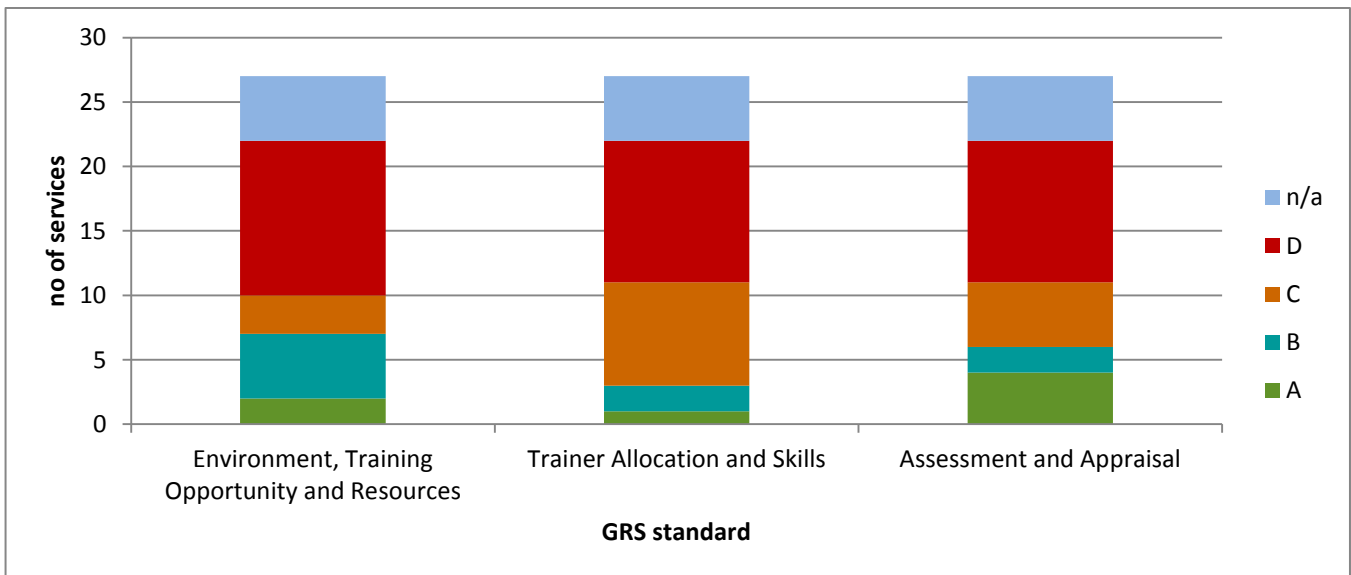
b. Quality of patient experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level

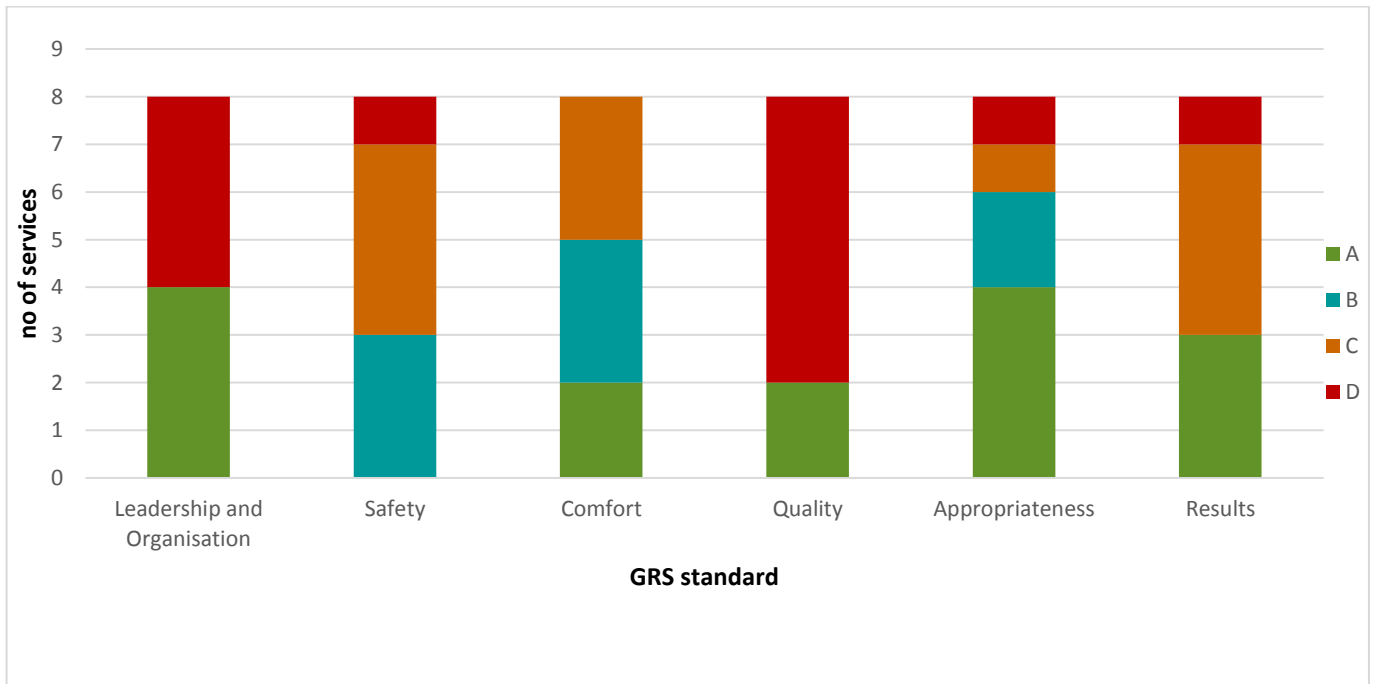


d. Training – number of services scoring by standard and level

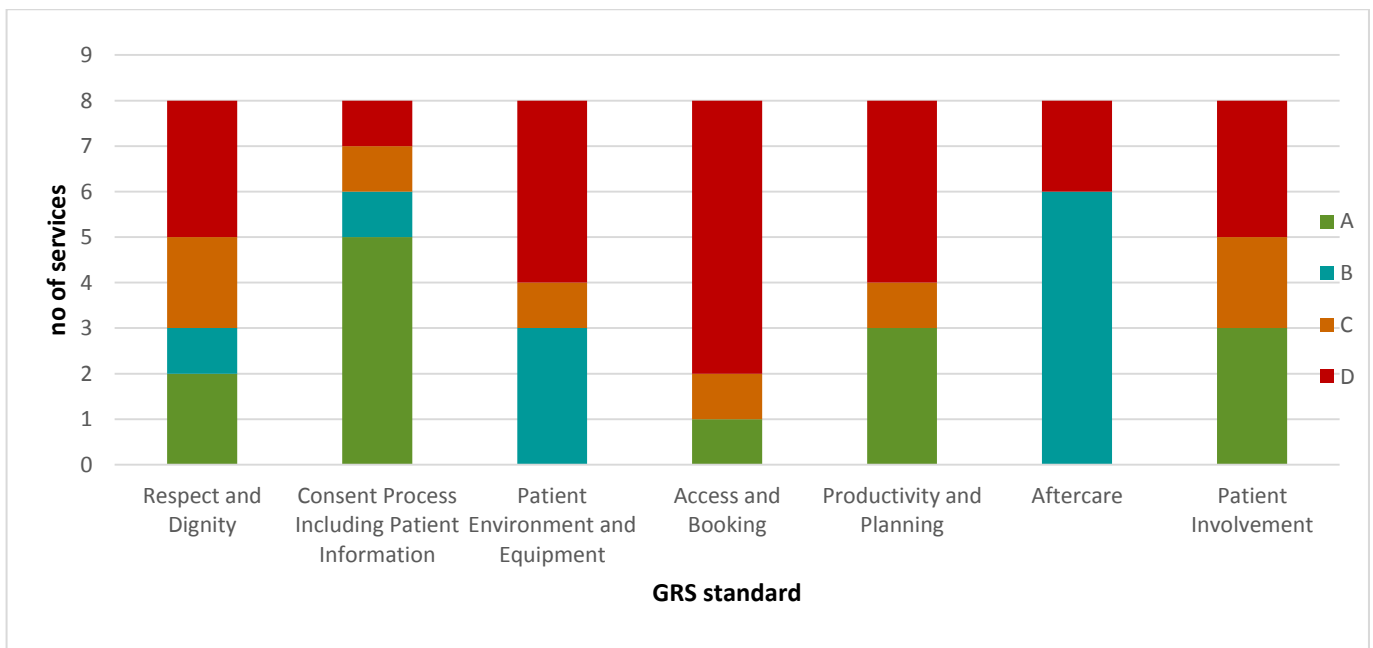


5. Scotland – non acute sector

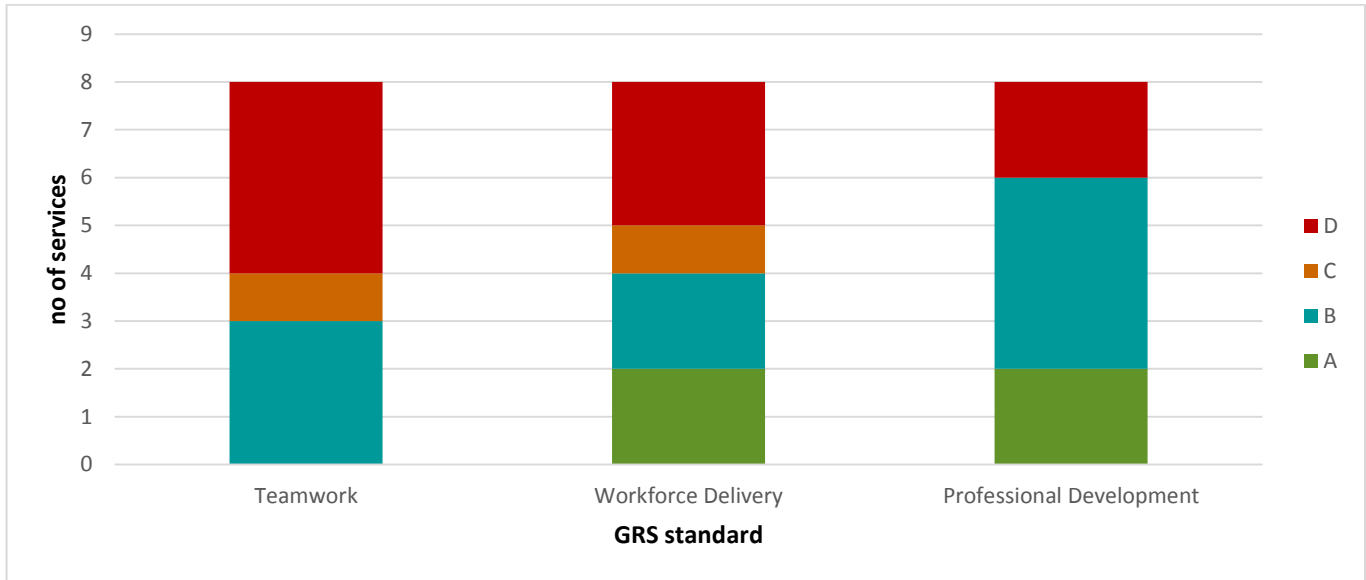
a. Clinical quality – number of services scoring by standard and level



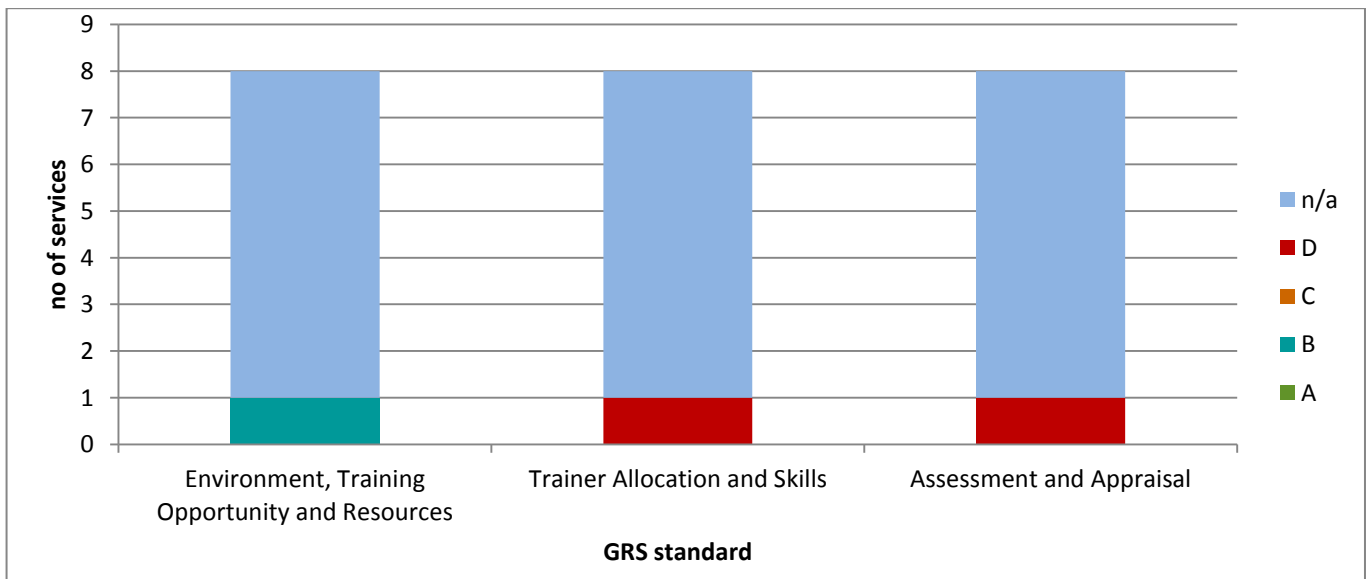
b. Quality of patient experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level

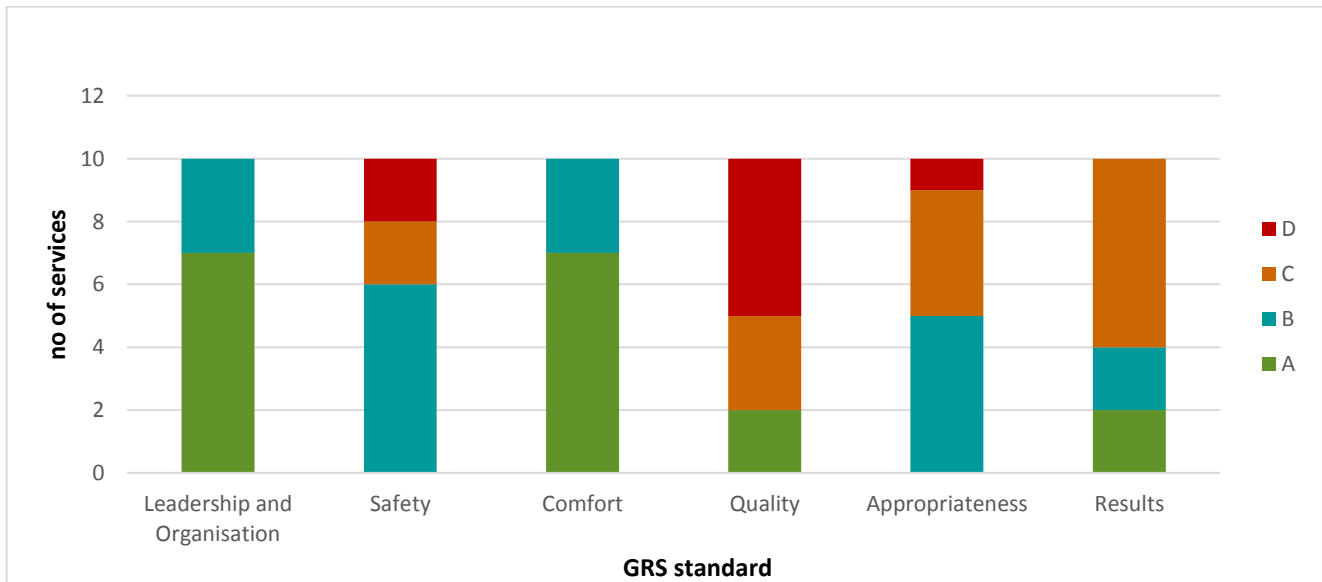


d. Training – number of services scoring by standard and level

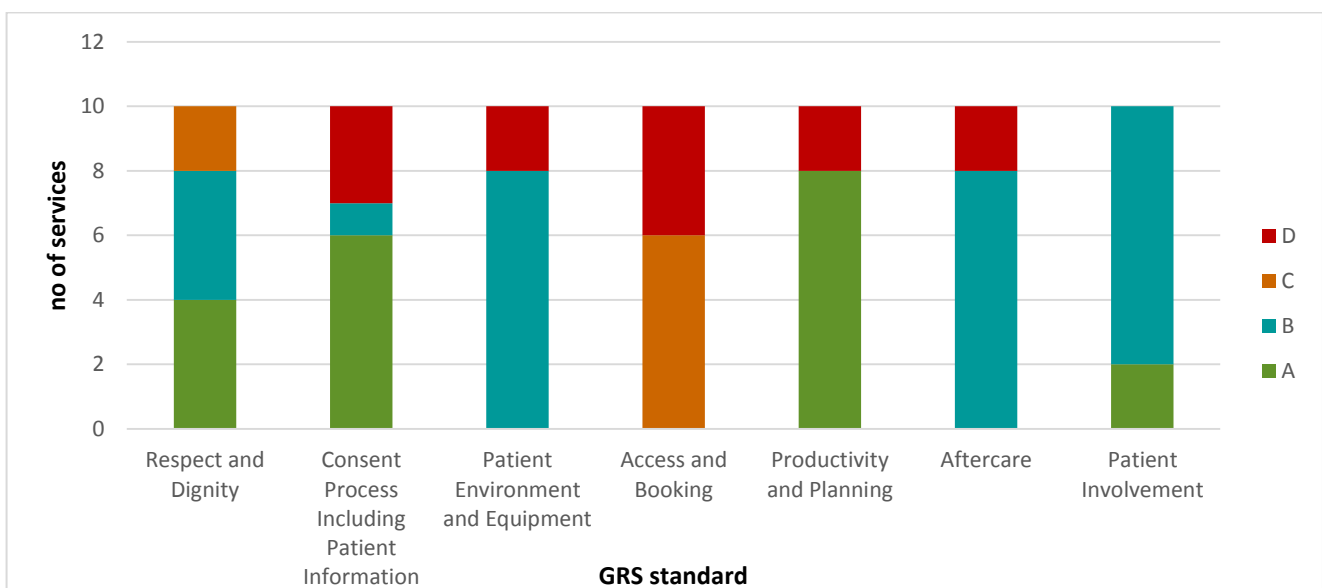


6. Northern Ireland – acute sector

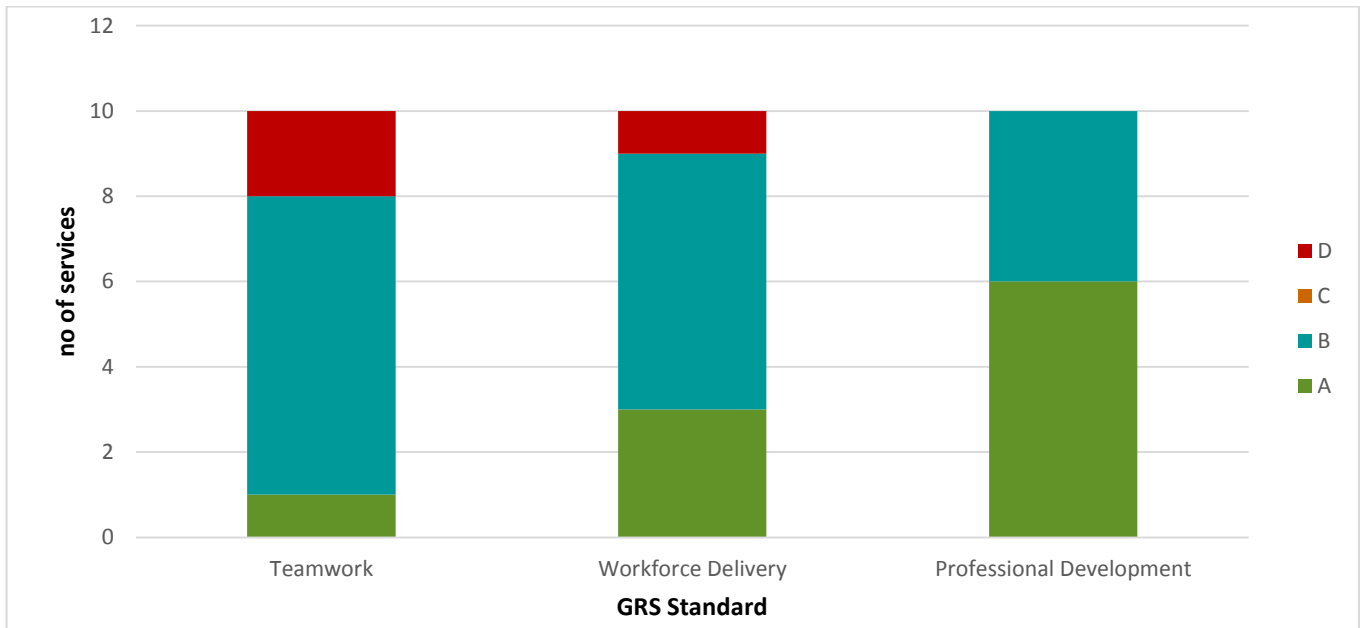
a. Clinical quality – number of services scoring by standard and level



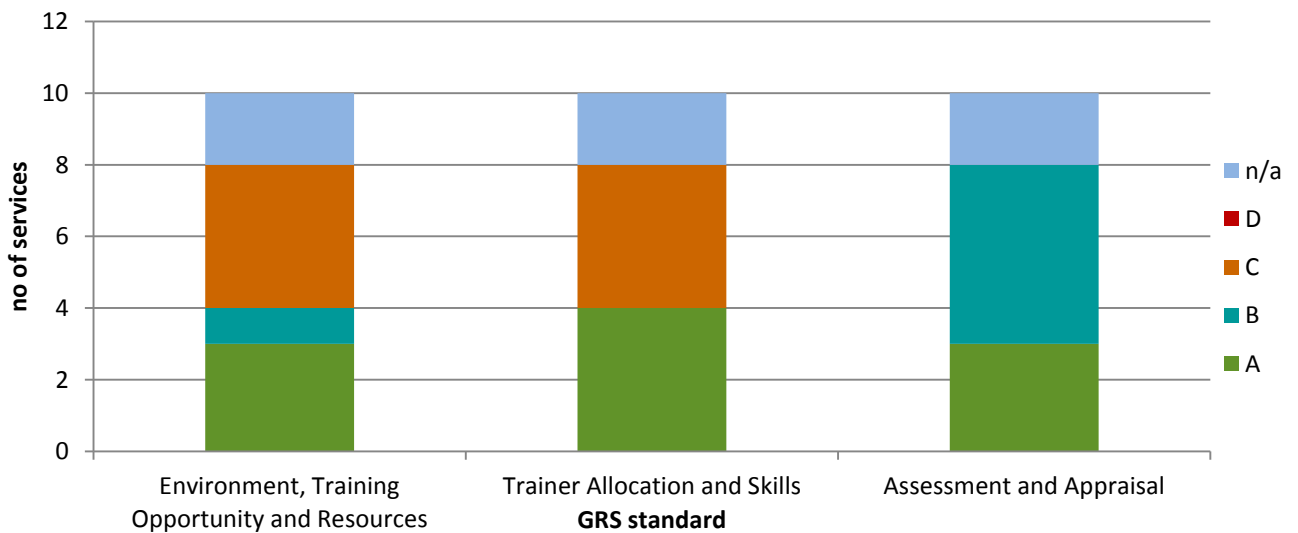
b. Quality of patient experience – number of services scoring by standard and level



c. Workforce – number of services scoring by standard and level



d. Training – number of services scoring by standard and level



Northern Ireland non acute sector

Only one service completed the census

Professional Development	A
Workforce Delivery	A
Teamwork	B
Patient Involvement	A
Aftercare	B
Productivity and Planning	A
Access and Booking	C
Patient Environment and Equipment	B
Consent Process Including Patient	C
Respect and Dignity	A
Results	C
Appropriateness	C
Quality	D
Comfort	A
Safety	A
Leadership and Organisation	A
accreditation status	not assessed
Status	Signed Off

Appendix A - GRS Description

The GRS is a web-based self-assessment tool that supports agreed endoscopy standards in the ROI. The primary purpose of the GRS is to:

- Support standards for endoscopy services in Ireland
- Support quality and service improvement by helping staff identify issues
- Provide ideas and information that will support change
- Monitor quality improvement progress against the standards
- Support greater patient involvement in services.

The GRS provides a framework on which to prioritise tasks in the first instance and is supported over time with a web-based knowledge management system linking solutions directly to challenges.

There are 12 core standards that reflect the experience of a patient having an endoscopy with two further domains supporting the workforce and the training of endoscopists (see Figure 1).

Figure 1 – An overview of the GRS items and domains

Clinical quality	Quality of the patient experience
1. Information/consent	7. Equality of access
2. Safety	8. Timeliness
3. Comfort	9. Choose and book
4. Quality	10. Privacy and dignity
5. Appropriateness	11. Aftercare
6. Results to referrer	12. Patient feedback
Workforce	Training
13. Skill mix review and recruitment	18. Environment and opportunity
14. Orientation and training	19. Endoscopy trainers
15. Assessment and appraisal	20. Assessment and appraisal
16. Staff are cared for	21. Equipment and materials
17. Staff are listened to	

The online checklist of 149 measures provides a framework for service improvement and underpins service accreditation. The GRS invites biannual or monthly self-assessments against the standards enabling services to benchmark their progress and produce reports on a regular basis. The recommended minimum requirement of a biannual census point provides the opportunity to produce a national view of progress against the standards.

The application of a standards framework such as the GRS leads to a significant improvement in the patient experience. This has been demonstrated in the ROI and United Kingdom where the benefits attained far outweighs investment.

From experience, the initial input required into the GRS is considerable but once developed and implemented, input becomes much less frequent and is generally incorporated into existing workloads easily.