



JAG accreditation scheme

Stage three: annual review



Introduction

Accredited services are required to complete an annual review to demonstrate their continued adherence to the GRS (global rating scale) and JAG accreditation standards. The annual review is completed online and is comprised of a self-assessment against the GRS and submission of key pieces of evidence which demonstrate adherence to the JAG standards.

This document summarises this process and the assessment questions, and must be reviewed by personnel in services prior to completing the annual review.

When is the annual review completed?

Accredited services undertake an annual review every year for 4 years. In year five of the accreditation cycle they are not required to undertake an annual review but instead undergo a reaccreditation assessment, which is a full accreditation assessment including site assessment. The service must pass its final annual review to progress to its reaccreditation assessment.

The annual review is completed on the anniversary of the accreditation assessment (on the first working day of that month), determined by the date that a service had their site assessment. It is not the date that the service was awarded accreditation or underwent a reassessment, bespoke or triggered assessment.

For example:

Example 1 – accredited first time

Site assessment date: 29 March 2018

Outcome: awarded accreditation

Annual renewal opens: 1 February each year

Annual renewal due: 1 March each year

Reaccreditation due: March 2023

Example 2 – accredited following deferral

Site assessment date: 15 January 2018

Outcome: 6-month deferral

Reassessment: 16 July 2018

Awarded accreditation: 2 August 2018

Annual renewal opens: 1 December each year

Annual renewal due: 1 January each year

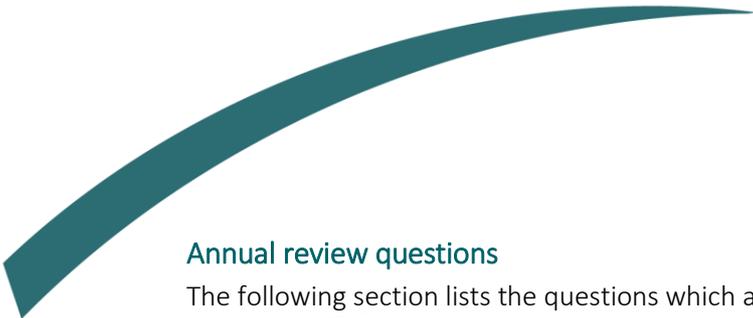
Reaccreditation due: January 2023

Services must ensure that the annual review is submitted on time and should contact the JAG office if they experience any difficulty. Sign off is completed online and requires at least two of the three service leads – medical, nurse and management – to approve the submission. Failure to complete an annual review will result in loss of accreditation.

What evidence should be uploaded?

The annual review provides assurance that the service has embedded systems and ongoing processes in place to meet the standards. The assessors will want to see only what is asked for and will only focus on the requirements of that question. The uploaded evidence, eg minutes of meetings, should provide enough detail without the need for additional evidence.





Annual review questions

The following section lists the questions which appear in the annual review along with further guidance on the evidence required. There are three sections to the annual review: the service profile, the annual review questions (including GRS) and the further questions for services that do training.

The following guidance should be considered when uploading evidence:

- **All evidence must be from the last 12 months and refer to items that have occurred within the past 12 months (for example, minutes which refer to a patient survey).**
- Minutes must show the summary of audit or other information presented including results and recommendations.
- Minutes must contain more than a brief summary (for example, 'patient survey results presented, and all feedback is good' or 'all endoscopists have had feedback re their KPIs'). If detail is not included in minutes then a separate summary paper or report that provides the details can be uploaded.
- Highlight minutes clearly to show the relevant section that supports the evidence requirement or state where it can be found (eg 'see page 3 'Patient Feedback'').
- Add any supporting comments regarding your evidence (for example, 'feedback survey completed but not presented at meeting').
- Avoid uploading documents with embedded files, as these cannot be viewed by the assessors. Please upload the individual supporting documents.
- Provide more than one set of minutes throughout the 12-month period. Multiple examples should be uploaded rather than a single, recent set of minutes that answers all questions.

Service profile

Services are asked the below questions; most do not need evidence to be uploaded but it is noted where this is required.

Question	Guidance
I confirm that the details of the medical, nurse and management leads on the Key Unit Info tab are correct. (If updates are required, please make changes on the Key Unit Information tab).	
I confirm that the site address details on the Key Unit Info tab are all correct, and that for a linked service, all sites are listed.	Please ensure that all sites are listed if the annual review is for a linked or multi-site service.
I confirm that the responses provided in this annual review and GRS submission	



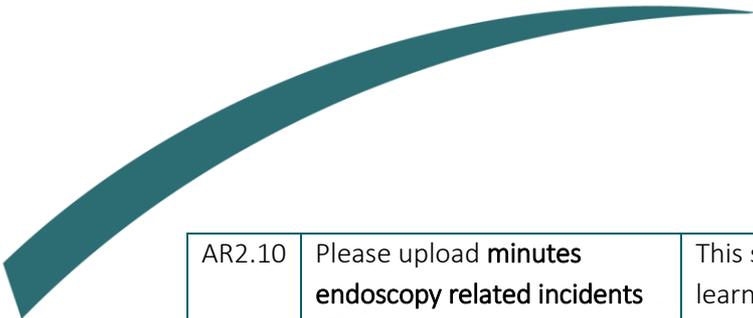
relate to all services listed on the Key Unit Info tab.	
Have you outsourced any of your endoscopy activity in the last year? If so, please provide the name(s) of the service(s) where you have outsourced your activity.	This enables the assessors to understand how the service is providing capacity and maintaining waiting times. Assessors will check if the service outsourced to are accredited.
Have you used an insourcing provider to conduct activity this year? If so, please confirm that you are adhering to the criteria for insourcing providers by uploading the insourcing provider checklist.	The checklist is can be downloaded from the 'Templates and Support' tab of the website. If the endoscopy service is not currently meeting the criteria for insourcing providers, please upload an action plan including timescales to achieve it.
Have you used another model, eg internal agency model, to provide additional capacity? If so, please provide details of the model you have used.	
What is the total number of rooms available to the endoscopy service?	This enables the assessors to understand the size of the service to provide context for waiting times, capacity and other evidence.
Please upload the 'mandatory template 6 - JAG procedures template' showing the numbers and types of procedures performed at your service in the last 12 months.	The procedures template (template 6) can be downloaded from the 'Templates and Support' tab of the website. Templates 1-5 are for assessments only, and do not need to be completed. This enables the assessors to understand activity and types of procedure to provide context for the evidence.
Have there been any changes in the endoscopy infrastructure, building works or other changes to the physical environment in the past 12 months? If so, please give a description of the changes that have taken place.	If there have been any significant changes to the environment then further verification of this may be required. JAG will inform you of this following your annual review.

Annual review standards and evidence requirements

	Annual review question	Guidance
AR2.1	If the endoscopy service is not meeting the GRS standards, please upload an action plan including timescales to achieving the standard(s).	Services must score a minimum of level B on all domains; if a service scores lower than this then they must submit an action plan to demonstrate how they will meet level B.
AR2.2	Please upload an in-year IHEEM audit completed by the authorised engineer for decontamination (AED), and an action plan against all amber and red coded measures.	The IHEEM assessment must be conducted and signed off by a registered IHEEM AED. The audit must have been completed within the past 12 months.
AR2.3	Please upload the JAG 'workforce template' to show the number of vacancies within the service.	The workforce template (template 7) can be downloaded from the 'Templates and Support' tab of the website. If you have a high number of vacancies please provide your plan to address this.
AR2.4	Please upload minutes where your workforce survey feedback and outcomes were discussed .	The minutes should include a summary of workforce feedback including recommendations for improvement and sharing of good feedback. If the minutes do not describe the survey results please upload an additional document with further information. Please ensure that the survey is endoscopy specific. If there is a limited number of endoscopy staff you may submit feedback via an endoscopy staff meeting or an alternative forum.
AR2.5	Please upload the JAG waiting times template . If you have any breaches, please include an action plan showing how your service plans to address these.	The waiting times template (template 3) can be downloaded from the 'Templates and support' tab of the website. Please review the template guidance notes carefully and provide as much detail as possible.
AR2.6	Please upload minutes where your colonoscopists' KPIs	Ensure that the minutes uploaded are based on an audit that has taken place in the last 12



	<p>were discussed or provide evidence of other forms of individual feedback and the specific action taken.</p>	<p>months. It is expected that the regular governance group will have recorded details to support this and that safety and quality are regular minuted items. If the minutes do not describe the audit results please upload the documents that were presented to support the meeting.</p> <p>If your service does not perform colonoscopies then please provide minutes from where you have discussed OGDs / flexible sigmoidoscopies etc.</p>
AR2.7	<p>Please upload minutes where morbidity and mortality related to endoscopy was reviewed and lessons learnt were communicated.</p>	<p>This is applicable to all sectors. It is expected that all services regularly review morbidity and mortality associated with endoscopy and that the governance group will have recorded details to support this.</p> <p>If the minutes do not describe the results of the audit or root cause analysis for any known cases please upload an additional document with further information.</p>
AR2.8	<p>Please upload minutes where any post colonoscopy colorectal cancers (PCCRC) were discussed. If you have not been made aware of any, please describe what procedures you have in place to discover any cases and how they would be assessed.</p>	<p>This is applicable to all sectors. The service should perform a root cause analysis for every PCCRC (a colorectal cancer diagnosed within 3 years of a colonoscopy in your service) and have a clear documented process to identify or be made aware of any instances.</p>
AR2.9	<p>Please upload minutes where the service has audited its out of hours GI bleeding service against the NICE standards.</p>	<p>This should include a summary of key actions where the service is not meeting the standards</p> <p>For non-acute services, if this is not applicable please describe how the service manages unexpected GI bleeds or other emergency presentations or complications during or after endoscopy.</p>



AR2.10	Please upload minutes endoscopy related incidents and/or complaints and learning were discussed.	This should include evidence of outcomes and learning, and include clinical and non-clinical incidents.
AR2.11	Please upload minutes where the annual patient survey outcomes were discussed.	<p>Please ensure that the minutes uploaded are based on a survey that was undertaken in the last 12 months.</p> <p>There should include agreed recommendations for improvement or the sharing of good feedback. You do not need to upload your survey or full results.</p> <p>If the minutes do not describe the results of the survey please upload an additional document with further information.</p>

Training questions

If the service undertakes training for endoscopists but these questions do not appear, or the service does not provide training and these questions appear, please let the JAG office know.

	Question	Guidance
AR3.1	Please upload minutes where training provision and performance, with recommendations, were discussed. This should show that training opportunities are being optimised for your trainees.	<p>This may be supplemented with a separate report.</p> <p>Please ensure that the minutes uploaded are based on feedback from the last 12 months.</p> <p>This should include agreed recommendations for improvement or the sharing of good feedback.</p>
AR3.2	Please upload minutes where trainers received feedback about their training skills, with recommendations where required.	<p>This may be supplemented with a separate report.</p> <p>Please ensure that the minutes uploaded are based on feedback from the last 12 months.</p> <p>This should include agreed recommendations for improvement or the sharing of good feedback.</p>



Further clarification

The assessors may contact the service through the website if they require clarification on any information submitted. Services must respond to requests for further clarification within the timeframe stated in the email. Failure to submit on time will result in a change in accreditation status until the information requested is received by the assessors.

Outcomes

Once the annual review has been assessed, the outcome will be one of the following. This will be communicated to the service in a letter sent to the chief executive.

Accreditation renewed - if the service is found to continue to meet the standards then accreditation will be renewed for 12 months. The service will be contacted again at the next anniversary of accreditation to complete the annual review.

Accredited: improvements required - if the service is not meeting the JAG standards then the service will be contacted via email with the actions they must undertake to meet the standards and the evidence required. The service's accreditation status will move to 'accredited: improvements required'.

Services will be given up to 6 months to meet the standards and submit their evidence. Services can submit the evidence at any time during this period if they feel that they are meeting the standards.

At 6 months (or before), services will submit their evidence for assessment. If the service is found to meet the standards then accreditation would be renewed or would move to 'not awarded' if it is not found to meet the standards. It is not possible to grant an extension to the deferral period.

If services undergo a deferral period then the annual review deadlines in subsequent years will not be affected. The annual review will continue to be due each year at the anniversary of the site assessment.

Accreditation not awarded - if a service is found to not meet the standards after a deferral period, or if the service does not submit their evidence, then accreditation would be removed and the accreditation status would move to 'not awarded'. The service will be required to undertake a full JAG assessment in order to reinstate accreditation.

Further information

For further information please see www.thejag.org.uk/support.



Document control	
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