



## JAG accreditation scheme

### Stage three: annual review



#### Introduction

Following a service's accreditation, services are required to complete an annual review to demonstrate their continued adherence to the GRS and JAG standards. This document summarises this process and should be reviewed by personnel in services prior to completing the annual review. It contains guidance on the evidence which must be uploaded.

#### When is the annual review completed?

The annual review is completed by all accredited services on the anniversary of their accreditation site assessment. The annual review is due on the first day of the month of the service's anniversary date (see examples below).

Accredited services undertake an annual review every year for four years. In year five of the accreditation cycle they will not be required to undertake an annual review but instead undergo a full accreditation assessment including site assessment.

The anniversary date is 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 – service 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 – service 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

## Submitting the annual review

Services complete all sections of the annual review on the JAG website (including the Global Rating Scale - GRS).

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 leads at the service – medical, nurse and management – to approve the submission.

It is important that the annual review is submitted on time as failure to complete an annual review will result in loss of accreditation.

To maintain accreditation services must score a minimum of level B across all GRS domains and demonstrate that they are meeting the JAG standards through submission of the requested evidence/information. If a service submits a GRS with scores lower than a level B or evidence that contradicts the GRS return then they must submit an action plan to show how they intend to meet the GRS. This may affect the service's accreditation status.

Once the annual review has been submitted, the assessors will assess the submission and respond with an assessment outcome.

## Further clarification

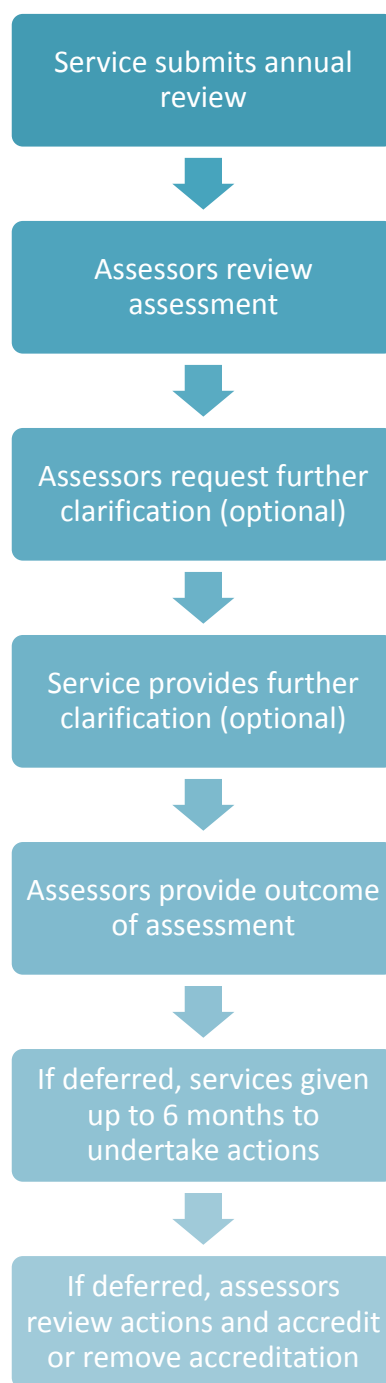
Following their assessment, the assessors may contact the service through the website if they require clarification on any information submitted.

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 assessors.

## Outcomes

*Accreditation renewed* - if services are 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 they need to provide to demonstrate this. 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.

Services are encouraged to use this opportunity to request any further clarity on their deferral actions as it is not possible to extend the deferral period.

At 6 months (or before), services will submit their evidence for assessment. If the service is found to meet the standards then they will have their accreditation renewed. If the service is not found to meet the standards then they will move to 'not awarded'. 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.

### **What evidence should be uploaded?**

The annual review assures JAG that you have 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 measure. The uploaded evidence, eg minutes of meetings, must provide enough detail without the need for additional evidence. However, JAG accepts that house minute styles may be brief and therefore may not always provide details.

The following guidance should be considered when uploading minutes:

- Ideally minutes should show the summary of audit or other information presented including results and recommendations
- Minutes should 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 clearly the relevant text within the minutes in a prominent colour eg yellow 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 periods. Multiple examples should be uploaded rather than a single and recent set of minutes that answers all questions.
- Schedule your audits so that they are completed well ahead of your annual review due date.

The following information should be uploaded:

*Service profile*

	<b>Question</b>	<b>Question type</b>
1	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)	Yes/no
2	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. (If updates are required, please contact the JAG office). If this annual review is for a linked service, it is especially important that all sites in the service are listed. Please contact the JAG office via the support button if any changes are needed.	Yes/no
3	I confirm that the responses provided in this annual review and GRS submission relate to all services listed on the Key Unit Info tab.	Yes/no
4	Have you outsourced any of your endoscopy activity in the last year?	Yes/no
5	What is the total number of rooms available to the endoscopy service?	Number
6	Please complete and 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 template can be downloaded by clicking the templates and support tab above.	Upload 1-5 files. Supported files are; jpg, .png, .pdf, .docx, .xls, .xlsx, .ppt, .pptx
7	Have there been any changes in the endoscopy infrastructure, building works or other changes to the physical environment in the past 12 months?	Yes/no
8	Please complete and upload the JAG 'workforce template' to show the number of vacancies within your service. If you currently have a high number of vacancies please provide your plan to address your establishment and skill mix.	Upload 1-5 files. Supported files are; jpg, .png, .pdf, .docx, .xls, .xlsx, .ppt, .pptx

*Annual review questions*

	<b>Annual review question</b>	<b>Guidance</b>
1	To support your submitted GRS if the results are non-compliant please upload the service action plan including timescales to achieving the standard(s) that are not being met. Please check carefully that your responses support a compliant GRS submission	If your service is not currently meeting the GRS standards please upload an action plan including timescales for improvement.  If your service is currently meeting the GRS standards (level B across all domains) please skip this question.
2	To demonstrate that your service is meeting decontamination standards, please provide evidence of an in-year IHEEM audit completed by the authorised engineer for decontamination (AED), and an action plan against all amber and red coded measures.	

3	To demonstrate that your service is listening to the workforce, please upload your most recent meeting minutes where your workforce survey feedback and outcomes were discussed. This should show that a staff survey has been undertaken in the last 12 months. Please ensure that the survey is endoscopy specific. If you have a limited number of staff you can submit feedback via an endoscopy staff meeting or an alternative forum, which has taken place in the last 12 months.	Ensure that the minutes uploaded include a summary of workforce feedback i.e. agreed recommendations for improvement or the sharing of good feedback. You do not need to upload your survey or full results. If the minutes do not describe the outcomes of the survey and actions taken please upload an additional document with further information.
4	To demonstrate that your service is maintaining the JAG standards on waiting times, please upload a copy of the JAG waiting times template covering the past three months. If you have any breaches please include an action plan showing how your service plans to address these.	Ensure that you review the template guidance notes carefully and provide as much detail as possible prior to uploading. The template is downloadable from the templates and support section of the website.
5	To demonstrate that your service has processes in place to review KPIs, please upload meeting minutes from the last 12 months where your colonoscopists' KPIs were discussed or provide evidence of other forms of individual feedback and the specific action taken.	<p>Ensure that the minutes uploaded are based on an audit that has taken place in the last 12 months. It is expected that your regular Endoscopy Users Group (EUG) or governance group will have the recorded details to support this question. The assessment team will expect to see that safety and quality are regular minuted items. If the minutes do not describe the results of the audit and actions taken in detail 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>
6	To demonstrate that your service has ongoing processes in place to review morbidity and mortality related to endoscopy, please upload meeting minutes from the last 12 months where this was discussed and lessons learnt were communicated. More than one set is encouraged with the highlighted section	This is applicable to all sectors. The assessment team will expect that the service regularly reviews morbidity and mortality associated with endoscopy. It is expected that the regular EUG or governance group will have the recorded details to support this question. If the minutes do not describe the results and action taken in response to the audit or root cause analysis for any known cases please upload an additional document with further information.

7	To demonstrate that your service performs a root cause analysis for every 'post colonoscopy colorectal cancer' that you have been made aware of (a colorectal cancer diagnosed within 3 years of a colonoscopy in your service), please upload minutes from a meeting from the last 12 months where they have 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.	This is applicable to all sectors. Every service is expected to have a clear process in place to identify or be made aware of any missed cancer cases. The assessment team will expect that the service performs a root cause analysis for every case of post colonoscopy colorectal cancer that it is made aware of.
8	Please show evidence from minutes from the last 12 months to show that you have assessed your out of hours GI bleeding service, particularly against the NICE standards.	For non-acute services, if this is not applicable to the service please describe how the service manages GI bleeds or other emergency presentations or complications after endoscopy.
9	Please show evidence from minutes where you have learnt lessons from any endoscopy related clinical incidents or complaints in your service within the last 12 months.	Ensure that we are made aware of any serious clinical incidents and your learning.
10	To demonstrate that your service is seeking feedback from endoscopy patients please upload meeting minutes from the last 12 months to show where the annual patient survey outcomes were discussed.	Ensure that the minutes uploaded are based on an endoscopy specific survey that was undertaken in the last 12 months. Where this is a corporate survey administered over multiple sites then the assessment team expects to be able to identify the site-specific feedback. It is expected that your regular EUG will have the recorded details to support this. The assessment team will expect to see that the service has agreed any recommendations for either improvement or the sharing of good feedback. You do not need to upload your survey or full results. If the minutes do not describe the results of the survey and actions taken in response to the results please upload an additional document with further information.

*Training questions (n/a if endoscopy training not provided by the service)*

1	Please provide minutes from a meeting during the last 12 months where you discussed the training provided for endoscopists. This should show that training opportunities are being optimised for your trainees. If training is not provided at your service, please contact the JAG office for guidance.
2	Please provide minutes from a meeting (or other evidence e.g. emails) that shows that trainers are receiving feedback about their training skills with action points where required. If training is not provided at your service, please contact the JAG office for guidance.

## Further information

For further information please see [www.thejag.org.uk/support](http://www.thejag.org.uk/support).