JAG

Joint Advisory Group
on GI Endoscopy

Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation standards for endoscopy services

Foreword

The current Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation scheme was established in 2005 and, along with the Global Rating Scale (GRS), has supported endoscopy services across the UK to focus on standards and identify areas for development. The scheme is regarded as one of the most innovative and effective in the healthcare sector, and has been used as a model and source of inspiration for similar schemes both here and overseas.

Both patients' and professionals' expectations of endoscopy have increased greatly since the standards were first introduced. Operational pressures within endoscopy services and challenges to provide a high-quality environment for patients continue to grow. The JAG accreditation standards have been developed to reflect current expectations and to reduce the burden of evidence collection for accreditation. We want all endoscopy services to be trusted, focused and sustainable in order to offer their users a great experience. This resilience is founded on effective leadership and forward planning.

Accreditation enables endoscopy services to assess their current performance, and it supports them in planning and developing their services. It helps with:

> **people** – it helps to improve their focus on meeting users' needs

> **workforce** – it helps to improve their focus on meeting the team's needs

> **profile** – it raises awareness and understanding of endoscopy, so building confidence and credibility both within the organisation and among the public

> **improving performance** – the standard serves as an authoritative benchmark for assessing performance, rewarding achievements in the service and driving quality improvement.

The updated accreditation standards set out clear nationally agreed standards, which should inspire the confidence of the public, professionals working within endoscopy, provider organisations and commissioners.

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Chair, JAG

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Introduction to the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) standards

The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation quality assurance (QA) standards are designed to provide a framework of requirements to support the assessment of endoscopy services. They are intended both to support endoscopy services in delivering better person-centred care, and to be used to assess services for accreditation.

Aim

The aim of the JAG accreditation QA standards is to support the achievement of high-quality, safe and appropriate endoscopy services.

Purpose

This document has been designed to assist endoscopy services to prepare for their JAG accreditation assessment. It defines the QA standards and criteria required to achieve JAG accreditation. It applies to all sectors and nations in the UK. The standards reflect the Global Rating Scale (GRS) standards and do not duplicate them. The QA standards make the accreditation process clearer for services. The QA standards will stand for 5 years after which time they will undergo formal review and update.

The accreditation standards for JAG assessments are grouped into four domains, as follows.

CQ – Clinical quality
CQ1 – Leadership and organisation
CQ2 – Safety*
CQ3 – Comfort
CQ4 – Quality
CQ5 – Appropriateness*
CQ6 – Results

QP – Quality of the patient experience
QP1 – Respect and dignity*
QP2 – Consent process including patient information
QP3 – Patient environment and equipment
QP4 – Access and booking*
QP5 – Planning and productivity*
QP6 – Aftercare
QP7 – Patient involvement

WR – Workforce
WR1 – Teamwork
WR2 – Workforce delivery
WR3 – Professional development

TR – Training
TR1 – Environment, training opportunities and resources*
TR2 – Trainer allocation and skills*
TR3 – Assessment and appraisal*

Introduction

The standards and criteria relating to each domain are described in this document. Unless indicated with an asterisk* in the preceding table, the standards and related criteria will apply to every service. Some differences apply between nations and sectors. These are highlighted clearly in the separate *JAG accreditation standards and evidence requirements*.

Definitions

A standard is something that is considered by an authority or by general consensus to be a basis of comparison in measuring or judging adequacy or quality. These standards have been developed by the JAG in consultation with services and are underpinned by national policy.

In this document, a standard is expressed as something that an endoscopy service must do as an overriding duty of principle in order to meet the requirements for accreditation. The standards provide the basis for evaluating quality of service, and they may evolve over time.

Supporting evidence

Endoscopy services are asked to provide evidence to support their application for accreditation. The supporting evidence requirements and guidance notes have been published separately electronically. This is to allow the review and update of the evidence requirements and guidance on a regular basis, to take account of new types of services that may arise and of changes to health policy.

The *JAG accreditation standards and evidence requirements* contain examples of suitable evidence for the acute and non-acute sectors. They have been developed to illustrate the types of evidence that can be used to demonstrate compliance with the standards. The examples are indicative and are not intended to be either prescriptive or exhaustive.

The accreditation process

Accreditation provides an independent validation that an endoscopy service has demonstrated competence measured against the standards and is considered to be fit for purpose. Accreditation is not an end point: it drives continuous improvement, allowing endoscopy services to be assessed but also to self-assess their services and performance against standards, identify improvement areas and take remedial actions.

Accreditation is a cyclical process: following the initial assessment visit, the award of accreditation is annual through maintenance of the GRS standards and satisfactory submission of an annual report card. Thereafter there is a 5-yearly site assessment visit to validate the annual accreditation process. Further details of the accreditation process can be found on the JAG accreditation website.

Once registered with JAG, endoscopy services are offered guidance and training, following which they complete the quality improvement self-assessment GRS census. When the required standard has been achieved, the service requests an assessment visit and uploads their supporting evidence on to the JAG accreditation website; when this process has been completed, the evidence is assessed remotely and a site visit with an assessment team is arranged to assess the service for accreditation.

Further information

Further information on the standards and the JAG accreditation scheme can be found at:

www.thejag.org.uk.

Domain 1: Clinical quality

The clinical quality domain encompasses the service's role in safe, effective accurate diagnosis and treatment or ongoing management. This is achieved through clinical practices that are appropriate to the patient population; effective management of risk and emergencies; and the review of existing and new clinical practice to develop and improve the service.

CQ1 – Leadership and organisation	The endoscopy service shall have a defined leadership management and accountability structure to achieve an effective patient-centred service.
CQ2 – Safety	The endoscopy service shall have processes in place to identify, respond to and learn from expected and unexpected adverse events.
CQ3 – Comfort	The endoscopy service shall ensure that it implements and monitors systems to achieve the comfort and respect of patients at all stages of their care.
CQ4 – Quality	The endoscopy service shall ensure that it implements and monitors systems for the clinical quality of all procedures.
CQ5 – Appropriateness	The endoscopy service shall ensure that it implements and monitors systems for all referrals and procedures to be appropriate and safe.
CQ6 – Results	The endoscopy service shall implement and monitor systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication.

CQ1 – Leadership and organisation	
The endoscopy service shall have a defined leadership management and accountability structure to achieve an effective patient-centred service.	
CQ1.1	The roles and responsibilities of individuals in the leadership team are defined and the team is supported by a leadership and organisational structure with clear lines of accountability.
CQ1.2	The endoscopy service shall have a defined communications structure and processes to support the organisation and delivery of the service (eg operational and governance meetings).
CQ1.3	The leadership team shall have sufficient managerial, administrative and technical support (such as information technology (IT)) to organise and deliver the service effectively.
CQ1.4	The endoscopy service shall provide clear information about the range of endoscopy procedures provided (for referrers, patients and carers).
CQ1.5	The endoscopy service shall have an annual audit plan for the service with named leads and timescales for completion. (Note: should include quality and other audits)
CQ1.6	There shall be defined processes to review and maintain all policies and standard operating procedures.
CQ1.7	There shall be a process for the leadership team to set and review its strategic objectives on an annual basis and the resources required to deliver them.

CQ2 – Safety	
The endoscopy service shall have processes in place to identify, respond to and learn from expected and unexpected adverse events.	
CQ2.1	The endoscopy service shall have safety policies and processes in place to monitor, report and action near misses / adverse events.
CQ2.2	The endoscopy service shall have core clinical protocols in place to support patient safety.
CQ2.3	The endoscopy team shall have processes before each list to identify any potential problems, including high-risk patients or procedures, and to anticipate the need for equipment or accessories.
CQ2.4	The endoscopy service shall have systems in place to monitor and act upon outcomes from upper gastrointestinal (GI) bleeds and mortality and readmission resulting from procedures.
CQ2.5	The endoscopy service has an action plan to address areas where it is unable to currently meet the quality measures in the 2013 National Institute for Health and Care Excellence (NICE) guidelines for acute upper GI bleeding.

CQ3 – Comfort	
The endoscopy service shall ensure that it implements and monitors systems to achieve the comfort and respect of patients at all stages of their care.	
CQ3.1	The endoscopy service shall have policies, processes and systems in place to monitor, report and optimise the comfort of patients.
CQ3.2	The endoscopy service shall have processes and systems in place to monitor, review and optimise patient comfort levels for all endoscopists.
CQ3.3	The endoscopy service shall have systems in place to ensure that patient feedback on comfort is measured, reported and actioned.
CQ3.4	The endoscopy service shall have policies and systems in place to support the review of endoscopist practice (comfort).

CQ4 – Quality	
The endoscopy service shall ensure that it implements and monitors systems for the clinical quality of all procedures.	
CQ4.1	The endoscopy service shall have governance policies, processes and systems in place to monitor, report and action the quality and safety indicators for all endoscopists.
CQ4.2	The endoscopy service shall monitor and review individual endoscopist performance against key performance indicators (KPIs) with supporting feedback systems.
CQ4.3	The service has clear guidance on managing endoscopist performance and the action required if levels are not achieved and maintained.
CQ4.4	The endoscopy service shall monitor and review inpatient endoscopy (indications, waiting times, British Society of Gastroenterology (BSG) auditable outcomes and quality standards).

CQ5 – Appropriateness	
The endoscopy service shall ensure that it implements and monitors systems for all referrals and procedures to be appropriate and safe.	
CQ5.1	The endoscopy service shall have policies, protocols and systems in place to ensure clinically relevant information is received from referrers for all patients.
CQ5.2	The endoscopy service shall have systems in place to ensure vetting, justification and prioritisation of referrals and surveillance cases.

CQ6 – Results	
The endoscopy service shall implement and monitor systems to ensure the clinical and technical quality of the interpretation of test results, and their reporting and communication.	
CQ6.1	The endoscopy service shall have a system in place to ensure that patient reports are produced on the day of the procedure.
CQ6.2	The endoscopy service shall have policies and systems in place to ensure effective communication of pathology results to the referrer or for ongoing management.
CQ6.3	The endoscopy service shall have policies and processes in place to support patients who are diagnosed with cancer.

Domain 2: Quality of the patient experience

The quality of the patient experience domain encompasses the service's role in providing efficient, dignified and equitable access for all patients as well as their discharge from the endoscopy unit.

QP1 – Respect and dignity	The endoscopy service shall implement and monitor systems to ensure that the privacy, dignity and security of all patients are respected throughout their contact with the service.
QP2 – Consent process including patient information	The endoscopy service shall implement and monitor systems to ensure that informed patient consent is obtained for each procedure.
QP3 – Patient environment and equipment	The endoscopy service shall ensure that adequate resources are provided and used effectively to provide a safe, efficient, comfortable and accessible service. This is achieved through appropriate patient-centred facilities (rooms and equipment).
QP4 – Access and booking	The endoscopy service shall ensure that the service is accessible, timely and patient centred.
QP5 – Planning and productivity	The endoscopy service shall ensure that resources and capacity are used effectively to provide a safe, efficient service. This is supported by sound business planning principles within the service.
QP6 – Aftercare	The endoscopy service shall implement and monitor systems to ensure that patients are prepared for discharge and understand what the plan of care is thereafter.
QP7 – Patient involvement	The endoscopy service shall implement and review systems to ensure that patients are able to feed back on their experience of the service and that the feedback is acted upon.

QP1 – Respect and dignity	
The endoscopy service shall implement and monitor systems to ensure that the privacy, dignity and security of all patients are respected throughout their contact with the service.	
QP1.1	The endoscopy service shall have policies and systems in place to ensure that patients' privacy, dignity and security are maintained.
QP1.2	The endoscopy service shall have defined roles and responsibilities for the team with regard to privacy and respect of all patients.
QP1.3	The endoscopy service shall have systems in place to ensure that patients' privacy and dignity is adequately protected at each stage of their pathway.

QP2 – Consent process including patient information	
The endoscopy service shall implement and monitor systems to ensure that informed patient consent is obtained for each procedure.	
QP2.1	The endoscopy service shall have systems in place to ensure that there is up-to-date patient information available for all procedures performed.
QP2.2	The endoscopy service shall have policies in place to cover consent and withdrawal of consent.
QP2.3	The endoscopy service shall have safety policies in place to support patient assessment and preparation.
QP2.4	The endoscopy service shall have systems in place to review and update (as required) all patient information annually to reflect patient feedback and changes in practice or risks (covers website, printed information and other).

QP3 – Patient environment and equipment	
The endoscopy service shall ensure that adequate resources are provided and used effectively to provide a safe, efficient, comfortable and accessible service. This is achieved through appropriate patient-centred facilities (rooms and equipment).	
QP3.1	The endoscopy service shall have systems in place to ensure that all areas used by the endoscopy service meet the specific needs of the patients undergoing endoscopy (including children and those with particular needs) and the endoscopy staff.
QP3.2	The endoscopy service shall have systems in place to ensure that all areas used by the service are well maintained.
QP3.3	The endoscopy service shall have systems in place to ensure that access to particular areas is restricted where appropriate.
QP3.4	The endoscopy service shall have defined roles and responsibilities for patient areas of the patient pathway and for decontamination.
QP3.5	The endoscopy service shall have systems in place to ensure maintenance and quality assurance of all equipment with corresponding records.
QP3.6	The endoscopy service shall have systems in place to support patients and staff with correct equipment.
QP3.7	The endoscopy service shall have systems in place to ensure that equipment replacement is planned.

QP4 – Access and booking	
The endoscopy service shall ensure that the service is accessible, timely and patient centred.	
QP4.1	The endoscopy service shall have policies, processes and systems in place to manage patients waiting for procedures effectively.
QP4.2	The endoscopy service shall achieve and maintain standards for endoscopy waits as per national requirements.
QP4.3	The endoscopy service shall have policies, processes and systems in place to book and schedule patients.
QP4.4	All appropriately vetted inpatient procedures are performed within appropriate timescales.

QP5 – Planning and productivity	
The endoscopy service shall ensure that resources and capacity are used effectively to provide a safe, efficient service. This is supported by sound business planning principles within the service.	
QP5.1	The endoscopy service shall have agreed productivity KPIs in place to monitor the endoscopy service.
QP5.2	The endoscopy service shall have policies in place to cover pre-check for all patients before the date of the procedure.
QP5.3	The endoscopy service shall have a process to ensure that it stays in control of waits and plans for future demand.

QP6 – Aftercare	
The endoscopy service shall implement and monitor systems to ensure that patients are prepared for discharge and understand what the plan of care is thereafter.	
QP6.1	The endoscopy service shall have systems in place to ensure that there is up-to-date aftercare patient information available for all procedures performed.
QP6.2	The endoscopy service shall have policies in place to cover aftercare.

QP7 – Patient involvement	
The endoscopy service shall implement and review systems to ensure that patients are able to feed back on their experience of the service and that the feedback is acted upon.	
QP7.1	The endoscopy service shall have defined roles and responsibilities for managing complaints from patients, carers and relatives.
QP7.2	The endoscopy service shall have systems in place to ensure that patients and carers are able to give feedback in a variety of formats and in confidence including complaints.
QP7.3	The endoscopy service shall have systems in place to ensure that results of patient feedback are collated and analysed, and findings are disseminated to relevant parties and acted upon.

Domain 3: Workforce

The purpose of the workforce domain encompasses the service's role in safe, effective training and support of staff. This is achieved through leadership, service management and training practices that are appropriate to the workforce needs.

WR1 – Teamwork	The endoscopy service shall achieve an integrated and patient-focused service with a clear structure for leadership, management and accountability. This standard ensures that the basic components of this are in place.
WR2 – Workforce delivery	The endoscopy service shall ensure that it has the appropriate workforce and that recruitment processes meet the needs of the service.
WR3 – Professional development	The endoscopy service shall assess the degree to which the service monitors and supports the development of the professionals working within it.

WR1 – Teamwork	
The endoscopy service shall achieve an integrated and patient-focused service with a clear structure for leadership, management and accountability. This standard ensures that the basic components of this structure are in place.	
WR1.1	The leadership team shall establish and review annually the team's working principles including the ethos, culture and professional approach they work to, in caring for persons they support.
WR1.2	The endoscopy service shall have a clear description of the members of the team, and the responsibilities of both the core, and wider team, in the running and development of the endoscopy service.
WR1.3	The leadership team shall have systems and processes in place to support the endoscopy team in delivering the endoscopy service patient care safely.
WR1.4	The endoscopy service shall have feedback systems in place that actively encourage both core and wider team members to provide informal, formal and confidential feedback about patient care, team functioning or the way the service is delivered, and to suggest ways that these things could be improved.
WR1.5	The service shall have a quality improvement plan that includes improvement initiatives for both clinical and non-clinical services. The quality improvement plan shall identify improvement opportunities and contain KPIs for improving quality and reducing risk.
WR1.6	The endoscopy service shall have systems in place to ensure that all staff are involved in the development of the endoscopy service and rewarded for their contribution.

WR2 – Workforce delivery	
The endoscopy service shall ensure that it has the appropriate workforce and that recruitment processes meet the needs of the service.	
WR2.1	The endoscopy service shall have policies and systems in place to ensure that there are sufficient competent staff within the service with an appropriate mix of skills to enable delivery of the endoscopy service.
WR2.2	The service shall roster staff members according to service activity and the skillmix required to support it. The rotas and rosters for the service shall be made available to staff members and other services that form part of the service.
WR2.3	The endoscopy service shall undertake a workforce skillmix review and impact assessment on at least an annual basis or whenever there are changes in the service. The review should indicate how workforce gaps would be addressed in the immediate future. It should also consider workforce issues that may affect the service strategy.
WR2.4	The endoscopy service shall establish and comply with the policies and procedures for recruitment of staff members involved in the service, including employment of locums or other temporary staff members.
WR2.5	The endoscopy service shall implement and review a service-specific orientation and induction programme, which new staff members and those with a change in role, shall be required to complete and document.
WR2.6	The endoscopy service shall have polices and systems in place to train staff members, including any additional clinical service specific education and training, and mandatory training.

WR3 – Professional development	
The endoscopy service shall assess the degree to which the service monitors and supports the development of the professionals working within it.	
WR3.1	The endoscopy service shall have policies and systems in place to support the review and development of all staff. If professionals fail to recognise or address concerns identified through regular review of metrics, or the appraisal process, the service shall inform relevant senior health professional (such as a medical or nursing director).
WR3.2	The endoscopy service shall have processes and systems in place to ensure that individuals are competent to undertake their roles.
WR3.3	The service shall ensure that it has adequate staff members with the required competencies to deliver the education, training and professional development needs of the service.
WR3.4	For all clinical staff members, the endoscopy service shall implement a process to provide clinical supervision and support revalidation including the opportunity for reflection, discussion and confirmation as part of their training programme. Activities shall include service-specific education and training to support the delivery of safe care.
WR3.5	The service shall have polices and systems in place for the responsibility and supervision of students, trainees and observers within the service.
WR3.6	The endoscopy service shall identify what learning needs require interventions outside the organisation and how these will be resourced.

Domain 4: Training
(Does not apply in the majority of the non-acute sector)

The purpose of the training domain encompasses the service's role in safe, effective training of trainee endoscopists. This is achieved through leadership and training practices that are appropriate to the trainees' needs.

TR1 – Environment, training opportunity and resources	The endoscopy service shall have a strategy and plan to ensure that trainees receive effective responsive orientation and training opportunities in a suitable environment.
TR2 – Trainer allocation and skills	The service shall ensure that trainees working within the endoscopy service have nominated trainers who demonstrate both acceptable performance in their clinical roles and have received appropriate training as trainers.
TR3 – Assessment and appraisal	The service shall ensure that trainees have access to the tools required to make an assessment of their performance; are appraised and released for training linked to learning needs; and are supported in providing evidence for certification of competence.

TR1 – Environment, training opportunity and resources	
The endoscopy service shall have a strategy and plan to ensure that trainees receive effective responsive orientation and training opportunities in a suitable environment.	
TR1.1	The endoscopy service shall have policies and processes in place to ensure an effective training environment for all trainees.
TR1.2	The endoscopy service shall have policies and systems in place to ensure that all trainees are properly inducted, including any additional education and training.

TR2 – Trainer allocation and skills	
The service shall ensure that trainees working within the endoscopy service have nominated trainers who demonstrate both acceptable performance in their clinical roles and have received appropriate training as trainers.	
TR2.1	The role and responsibility of the training lead shall be defined and supported with clear lines of accountability.
TR2.2	The endoscopy service shall have processes and systems in place to ensure that trainers are competent to undertake the role.
TR2.3	The endoscopy service shall have systems in place to gather trainer feedback and to ensure that it is acted on.

TR3 – Assessment and appraisal	
The service shall ensure that trainees have access to the tools required to make an assessment of their performance; are appraised and released for training linked to learning needs; and are supported in providing evidence for certification of competence.	
TR3.1	The endoscopy service shall have systems and processes in place to ensure there is up-to-date information regarding the training and competency status of all trainees.
TR3.2	The endoscopy service shall have policies and systems in place to ensure safe and effective supervision of trainees inside and outside of the endoscopy service.
TR3.3	The endoscopy service shall support mandatory training requirements for all trainees.
TR3.4	The endoscopy service shall have systems and processes in place to define and monitor the independent practice of trainees.

Appendix 1 – Cross-references to Care Quality Commission (CQC) fundamental standards and key questions

The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety that everyone has the right to expect. They set out what good and outstanding care looks like and they make sure services meet fundamental standards below which care must never fall.

Reference	CQC fundamental standards *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
Regulation 9	Person-centred care: The care and treatment of service users must: (a) be appropriate (b) meet their needs (c) reflect their preferences.
Regulation 10	Dignity and respect: Service users must be treated with dignity and respect.
Regulation 11	Need for consent: Care and treatment of service users must only be provided with the consent of the relevant person.
Regulation 12	Safe care and treatment: Care and treatment must be provided in a safe way for service users.
Regulation 13	Safeguarding service users from abuse and improper treatment: Service users must be protected from abuse and improper treatment.
Regulation 14	Meeting nutritional and hydration needs: The nutritional and hydration needs of service users must be met.
Regulation 15	Premises and equipment: All premises and equipment used by the service provider must be: (a) clean (b) secure (c) suitable for the purpose for which they are being used (d) properly used (e) properly maintained (f) appropriately located for the purpose for which they are being used.
Regulation 16	Receiving and acting on complaints: Any complaint received must be investigated, and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
Regulation 17	Good governance: Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part [*Health and Social Care Act 2008*].

Appendix 1

Reference	CQC fundamental standards *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
Regulation 18	Staffing: Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part [*Health and Social Care Act 2008*].
Regulation 19	Fit and proper persons employed: Persons employed for the purposes of carrying on a regulated activity must: (a) be of good character (b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them (c) be able by reason of their health, after reasonable adjustments are made, to properly perform tasks which are intrinsic to the work for which they are employed.
Regulation 20	Duty of candour: Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

The CQC asks five key questions of all care services that they inspect. These questions are at the heart of the way they regulate and help them to make sure they focus on the things that matter to people.

CQC five key questions	
1 Are they safe?	Safe: you are protected from abuse and avoidable harm.
2 Are they effective?	Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
3 Are they caring?	Caring: staff involve and treat you with compassion, kindness, dignity and respect.
4 Are they responsive to people's needs?	Responsive: services are organised so that they meet your needs. Is it caring?
5 Are they well led?	Well led: the leadership, management and governance of the organisation make sure it is providing high-quality care that is based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

The CQC recognises the potential value of clinical service accreditation and peer-review schemes as information sources to support its inspections. Such schemes have the potential to provide useful intelligence and provide independent assurance that accredited services meet standards. The JAG accreditation scheme is now formally recognised as part of the CQC inspection programme.

The JAG standards for accreditation map closely to the CQC's requirements, and the purpose of Table 1 is to show how each domain maps across the fundamental standards and the five key questions. This information will support endoscopy teams and organisations undergoing CQC assessments.

Table 1 shows with a '•' where a JAG accreditation standard addresses one of the CQC's fundamental standards and key questions

TR3	TR2	TR1	WR3	WR2	WR1	QP7	QP6	QP5	QP4	QP3	QP2	QP1	CQ6	CQ5	CQ4	CQ3	CQ2	CQ1	Accreditation standard	
					•	•	•	•	•		•	•			•			•	9	CQC fundamental standards *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
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Terms and definitions

For the purposes of this document, the following terms and definitions apply.

Accreditation	The evaluation of an organisation's systems, processes or product that investigates whether defined standards and minimum requirements are satisfied
Audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change; clinical audits are central to effective clinical governance as a measure of clinical effectiveness
BSG	British Society of Gastroenterology
Clinical governance	A system through which healthcare providers and partners are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish
Clinical service leader	A named individual of a clinical service leadership team with responsibility for leading the clinical service
Clinical service strategy	An overarching approach of a clinical service that encompasses all plans, procedures and policies
Competence	Having the expertise, knowledge and/or skills, and in a clinical role the clinical and technical knowledge, required to carry out the role
DNA	Did not attend
Endoscopy service	A dedicated area where medical procedures are performed with endoscopes, which are cameras used to visualise structures within the body, such as the digestive tract and genitourinary system; endoscopy units may be located within a hospital, incorporated within other care centres, or may be stand-alone in nature
JAG	The Joint Advisory Group on GI Endoscopy
KPI	Key performance indicator
Lead clinician	A named clinical staff member for a clinical specialty with a remit for leading the clinical staff within a clinical service Note: The lead clinician might have a non-medical role, eg a nurse or other registered professional
Leadership team	Clinical and managerial staff members with responsibility for leading a clinical service
Organisation	A legal, regulated body and location where clinical care is governed and provided or coordinated

Patient centred	Providing care and support that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical and support decisions
Policy	A document that states, in writing, a course or principles of action adopted by a provider and/or clinical service
Procedure	A specified way to carry out an activity or a process *[ISO 14971:2007 Medical devices – Application of risk management to medical devices, 2.12]*
Quality	Quality is used in this document to denote a degree of excellence
Quality improvement plan	A document, or several documents, that together specify quality requirements, practices, resources, specifications, measurable objectives, timescales and the sequence of activities that are relevant to a particular clinical service or project to achieve the objectives within the timescales given
Risk assessment	A process used to determine risk management priorities for clinical service delivery, user treatment and/or care by evaluating and comparing the level of risk against healthcare provider standards, predetermined target risk levels or other criteria
Roster	A list or plan showing turns of duty or leave for individuals or groups in an organisation, clinical service or pathway
Skillmix	A combination of different types of staff members who are employed in a clinical service who have the required skills and competencies to carry out the work of the clinical service and deliver the pathway
Staff (workforce)	A person (clinically or non-clinically trained) working in the endoscopy service including those who are: > employed, clinical eg nurses, doctors, healthcare assistants and technicians > non-clinical eg administrative staff > agency/bank/voluntary
Service user	A person who receives treatment and/or care from the endoscopy service and the defined population for whom that endoscopy service takes responsibility: examples of endoscopy service users are patients, carers and advocates
Trainee	A trainee is commonly known as an individual taking part in a trainee programme (eg medical or nursing) or who is an official employee of an endoscopy service who is being trained to the job he/she was originally hired for: literally an employee in training

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Royal College of Physicians