University Hospitals of Derby and Burton
NHS Foundation Trust

TRUST OPERATIONAL POLICY FOR QUEEN'S HOSPITAL BURTON AND SIR ROBERT PEEL ENDOSCOPY UNITS

Reference Number	**Version:** 8	**Status** Final	**Authors** Andy Potts Dr Nicholas Taylor Jane McEvoy
Version/amendment history	**Version**	**Date**	**Reason**
	4	April 2018	New updated & revised policy
	6	June 2018	Minor amendments Alerted section numbers, an additional paragraph at 3.2.6 about the safer surgery checklist and some minor wording changes to section 22 about the use of the safer surgery checklist in practice.
	7		Part of UHD&Bs endoscopy unit which has 3 sites Amendments to location and description of units at QHB and SRP Key staff updated. EUG meeting update 7.3 Amendment to filing of endoscopy reports. Now scanned onto V6 20.1 Addition of Clinical Facilitator and Lead sister. 22.1 Admission documentation amendment 22.1 Endoscopy reporting system now Medilogik not Unisoft Patient requiring admission, allow 6 hours not 4 before endoscopy.
	8	October 2023	Extensive revision of many sections to reflect SOPs and UHDB policies that are in current use. Closer alignment with current operational policy from RDH endoscopy with the intention to merge the two documents at the next review.
Intended recipients:			
Training and dissemination:			
In consultation with and Date: Endoscopy User Group - 10/10/2023			

EIRA stage One Completed Yes stage Two Completed No	
Approving Body and Date Approved	Trust Delivery Group
Date of Issue	October 2023
Review Date and Frequency	October 2025
Executive Lead Signature	 Andrew Hall, Interim Chief Operating Officer on behalf of Sharon Martin

University Hospitals of Derby and Burton
NHS Foundation Trust

Queen's Hospital Burton

&

Sir Robert Peel Tamworth

Endoscopy Unit

Overview and Operational Policy

ENDOSCOPY UNIT OPERATIONAL POLICY
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1. Introduction

This document describes the endoscopy service operating in Queens Hospital, Burton and Sir Robert Peel Community Hospital, Tamworth. These units are two of the three units operating within the University Hospitals of Derby and Burton NHS Trust.

The operating policy should be read in conjunction with other relevant policies and SOP's that are available on 'Neti' the trust intranet.

Endoscopy across UHDB is managed by the SMBU2 business unit within the Division of Medicine.

Queen's Hospital Endoscopy Unit, Burton on Trent:

The Endoscopy Unit is located at the front entrance of the hospital, near the revolving doors. It comprises of 3 procedure rooms, patient waiting area, 3 assessment/bowel preparation rooms, 3 pre assessment rooms, patient sub wait areas, an 8 bedded recovery area and separate discharge area.

Outpatients enter the unit via the reception area where the booking staff are based whilst in- patients arrive from the main hospital via the internal entrance of the endoscopy unit.
Patients requiring out of hours endoscopy (between 18:00pm hrs and 08.30am hrs) are currently transferred to RDH.

Services provided:

- Upper GI endoscopy (diagnostic & therapeutic)
- Lower GI endoscopy (flexible sigmoidoscopy & colonoscopy)
- Bronchoscopy
- ERCP in the x-ray department)

Sir Robert Peel Community Hospital Endoscopy Suite, Tamworth.

The Endoscopy Unit consists of 2 procedure rooms and operates lists from Monday to Friday, from 8:00am to 17:00 pm. Services provided:

- Gastroscopy
- Colonoscopy
- Sigmoidoscopy

The endoscopy suite is located in the main building of the community hospital within the operating theatres. The unit is closely integrated with the Day Case ward which provides the admission and recovery facilities for the suite. The day case ward and the oversight of the buildings and facilities are managed by the Division of Surgery.

Unit Philosophy

As a dedicated Multidisciplinary Team of health care professionals, we believe that patients have the right to receive up to date research based, high quality specialised nursing care, this is accomplished by providing support and advice that is clear and comprehensive from admission through to discharge. We aim to provide patient focused care in partnership with individual health care needs. Our delivery of care is continually re assessed and evaluated. Our Code of Conduct reflects the individuals' right to respect, dignity, privacy, and confidentiality, religious, cultural and personal beliefs.

We endeavour to provide an atmosphere that is conducive to patients' holistic needs and an atmosphere conducive to staff learning and development acknowledging and respecting each other as a valued member of the team.

2. Governance Structure

Endoscopy Management Team

Associate Clinical Director: Dr Nick Taylor
General Manager SMBU2: Caitlin Richens
Deputy General Manager: Jane McEvoy
Matron SMBU2: Susanne Johnstone
Training Lead: Dr Rajesh Krishnamoorthy
Clinical Governance Lead: Dr Riaz Dor
Polyp Surveillance Lead: Dr Said Din
Lead Nurse Endoscopist: Andy Potts
Senior sister, QHB: Jessica Smith
Admin Team Leader: Danielle Thompson

Significant contacts

Hospital Sterile Services Unit Manager Leanne Biggs
Lead Practitioner SRP Theatre Richard Young
Clinical Director of SMBU 2 Dr David Watmough

Roles and Responsibilities:

Endoscopy ACD (Clinical Lead)

Responsible for

- Clinical standards
- Clinical audits pertaining to Endoscopy
- Quality of endoscopy procedures (as defined by the National Endoscopy Team)
- Governance of appropriateness of endoscopic procedures
- Standards of consent and aftercare of patients having endoscopic procedures
- Governance of patients' feedback (shared with the unit manager)

Responsible to

- Clinical Director of Specialist Medicine Business Unit 2

Reports to

- Directorate of Medicine via the Directorate Board
- Endoscopist colleagues via the Endoscopy Users Group

Specific roles

- Chair – Endoscopy Users Group

Endoscopy Unit Managers / Senior Sisters

Responsible for

- Equality of access
- Management of IT within the endoscopy unit
- Governance of patients feedback (shared with the Lead Clinician)
- Governance of adverse events (clinical and non-clinical)
- Patients privacy and dignity

- Patients comfort
- Decontamination standards
- Nursing standards
- JAG standards
- Health and Safety

Responsible to

- Matron for SMBU2

Reports to

- Associate Clinical Director
- Matron for SMBU2
- Deputy General Manager

Unit Staff

- All staff are regarded as valuable members of the team
- Staff will be given access, where appropriate, to additional training
- All staff will have access to a regular forum where relevant issues may be discussed
- All staff within the unit will be clear about access to their immediate line manager
- All staff working within the unit will be competent in the roles they undertake
- Where staff are training within the unit appropriate supervision and support will be given
- The commitment to training and education of all staff is a high priority. The Unit has a dedicated Training and Development Sister who coordinates the nurse training on the Unit.
- Upon commencement nursing staff will be given a supernumerary induction period with a mentor.

Endoscopy Staffing

- Consultant Gastroenterologists
- Consultant Surgeons
- Nurse Endoscopists
- Consultants in Respiratory Medicine
- Matron
- Senior Nursing Staff
- Trainees – Medical and Nursing
- Staff nurses
- Assistant practitioners
- Healthcare assistants
- Administration staff
- Stock and Environment Lead
- Ancillary staff, domestic, porters, laundry etc.

Endoscopy Unit Administration

- There are waiting list booking clerks within the Endoscopy Unit, managed by the Admin Team Leader.
- We have reception and admin staff who welcome patients into the Unit and process their admission details.
- We have a pre assessment service. Endoscopy unit nursing staff will undertake the assessment of patients with varying degrees of complexity/safety issues/specialist needs. Consultant input will be requested if necessary for the booking of these patients.

- Admissions - waiting list staff are responsible for the day-to-day management of all waiting lists.

Responsibilities

- Adding patients to the waiting list.
- Arranging appointments for patients
- Managing urgent appointments i.e. cancer 2 week waits etc.
- Manage cancellations
- Booking patients into the Gastroenterology Unit
- Processing Did not Attends (DNA's)
- General Administration and clerical duties

3. Referral Pathways

Patients will be referred to the unit from:

- GPs
- Consultants

- Out-Patient referrals

Referrals from GPs for patients requiring a gastroscopy on the C2WW pathway are sent direct to the Trust. They are actioned by the Patient Access Centre and sent onto the Endoscopy admin team via the Patient Administration System, Meditech V6, where a procedure date is arranged.

All other referrals from GPs are sent to the Patient Access Centre who scan the referral onto the PAS. Following being clinically vetted, a clinic outpatient appointment or endoscopy procedure date will be arranged.

Endoscopy referrals requested within the Trust are electronically requested via Meditech V6.

- Inpatient referrals (from wards)

The referral guidelines are available for all common endoscopic procedures in **SOP UHDB EU 07– Vetting of Endoscopy Requests**
All referrals made for endoscopy should be made based on these referral guidelines.
In-patient referrals at QHB will be vetted for appropriateness by the Gastro Consultant who is on the rota for ward duty. In-patient referrals at SRP are very uncommon and would be discussed with the endoscopist on a case by case basis and with regard to the SOP ***UHDB EU 26 –Suitability Criteria for Endoscopy at Sir Robert Peel Hospital (SRP).***

Unit referral guidelines

Referral guidelines for all diagnostic and therapeutic procedures can be located on the Neti (intranet) by searching for Endoscopy SOPs and selecting **SOP UHDB EU 07– Vetting of Endoscopy Requests** . These guidelines also can be used as the targets for audit, i.e. any procedures not referred in line with the guidelines will be deemed 'inappropriate'.

4. Appropriateness of Endoscopy Practice

Unit referral guideline

National referral guidelines, such as BSG and NICE guidelines will be adopted within the endoscopy unit for all diagnostic and therapeutic procedures. These guidelines also can be used as the targets for audit, i.e. any procedure not referred in line with the guidelines will be deemed 'inappropriate'.

Surveillance procedures

The unit will follow the following SOP's or local guidelines, based on national guidelines (British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland, and Public Health England):

- **Barrett's Oesophagus - Summary Clinical Guideline -CG- GASTRO/2015/007 CG- ENDO/2018/011**
- **Lower GI investigation/Colonoscopy in older patients and those with comorbidity - Full Clinical Guideline - CG-ENDO/2018/009**
- **SOP UHDB EU-10– Endoscopy Polyp Surveillance**
- Referrals for all surveillance procedures will be reviewed at least two months prior to that patient's due date.
- This review will be performed by nominated endoscopists who are independently competent in those procedures. In practice, most requests for surveillance will be reviewed by the Clinical Endoscopist team.
- Any procedure deemed inappropriate will be logged and the referral returned to the consultant in charge of the patient with a cover letter. The referring consultant may communicate with the reviewing endoscopist if they believe that the conditions for a surveillance procedure have been met.
- Polyp surveillance: for complex cases or for patients in which there is ambiguity in applying the guidelines, the opinion of the Polyp Surveillance Lead Consultant will be obtained.
- The results of the vetting/validation process will be communicated to patients, the referring consultant and their GP by standard letters. If a discussion with the patient is required, this will be done by the referring consultant.
- If the person vetting the procedure deems the procedure appropriate it can go ahead

Non-surveillance procedure validation

The unit will follow the standard operating procedure: **SOP UHDB EU 07– Vetting of Endoscopy Requests**

- All referrals for endoscopy procedures will be allocated to a consultant on the V6 system for vetting.
- Referrals deemed to be inappropriate will be discussed with the referrer.
- Should any patient attend for endoscopy and the procedure found to be inappropriate, the procedure will be cancelled and the reason for this cancellation recorded on Meditech V6 or by letter.

Audit of the appropriateness

- The EUG will review the processes and compliance with the above vetting/validation policy.

5. Patient pathways

Access for new patients

Patients are referred by endoscopy referral form (electronic or paper) from all sources

Priority treatment List management and validation

UCR pathway and 62 day cancer patients are tracked by the cancer team and all tests in endoscopy are treated as UCR. Patients are monitored daily using a projection tool from Lorenzo waiting list data. Escalation is via endoscopy manager for any capacity issues. Endoscopy manager attends weekly upper GI PTL (Patient Tracking List) meeting. All potential breaches are checked and validated – for patient choice, relevant suspensions and DNA and patients who have attended but who have not had an outcome recorded.

6. Outpatient preassessment

Once patients are booked for an endoscopy procedure they will undergo pre-assessment by designated Endoscopy unit nursing staff. All outpatients will be pre-assessed prior to attendance including those with complex requirements, safety issues and specialist needs. This will deal with management of anticoagulants, diabetes, anti-hypertensives including ACE inhibitors, diuretics and advice about bowel preparation using the available local SOP; **SOP UHDB EU 24 – Anticoagulation Management** and relevant BSG guidelines.

For appropriate patients, bowel prep may be supplied using PGD **UHDB 106 Patient Group Direction (PGD) for use by nurses and practitioners for the supply of bowel cleansing agents for the bowel cancer screening programme & endoscopy**, only by qualified nurses and practitioners who have completed the relevant training and have been added to the signed list following the process described in the PGD document.

If there are any issues around whether the patient still wants to proceed with the endoscopy or there have been developments which mean the procedure may no longer be required the pre-assessment nurses will contact the requesting consultant by email to provide input if necessary for the booking of these patients.

Admission Process

- Once the patient has been contacted by the pre assessment nursing staff the endoscopy request is passed to the administration staff to agree an appointment
- Patients are informed by phone call and letter of their day of admission. Instructions regarding date, time, fasting instructions, medication queries and preparation procedures will have been provided via the patient information leaflets. These have been prepared in line with the Trust's policy on the publication of patient information
- There are staggered appointment times for attendance
- All endoscopy lists are available from the diary on the Unit, showing date, session, time, procedure to be performed and the correct appropriate patient details.
- Patient medical information is checked on the V6 EPR system and nursing records of the episode are made.

7. Appropriateness

- SOP UHDB EU 26 – Suitability Criteria for Endoscopy at Sir Robert Peel Hospital (SRP)

8. Results Reporting

- Breaking Bad News in Endoscopy - Full Clinical Guideline Ref No: CG-ENDO/2019/012

The service will follow the UHDB TRUST POLICY FOR INFORMATION GOVERNANCE.
We will not routinely request paper copies of case notes for outpatient endoscopy procedures and records of procedures and nursing care records will be stored on the electronic patient record (EPR)(Medilogik, Cito, Meditech V6).

Any paper records from outpatient procedures will be scanned onto Meditech V6 Medical Records within 48hours.

Results will be reported to the referring consultant following the procedure set out in - ***SOP UHDB EU 02v – Endoscopy Unit UHDB 13/9/2022 Responsibilities of Requesting Consultant and Endoscopist.***

When possible cancers are found in endoscopy the results will be communicated to the MDT and referring consultant following the procedure set out in - ***SOP UHDB EU 08 – New GI cancers found at Endoscopy.***

9. Endoscopist underperformance

All underperformance will be managed in line with the JAG document: ***A framework for managing underperformance and supporting endoscopists*** and, when further intervention is required, with the UHDB policies ***Managing Performance and Supporting Staff (Capability) - Trust Policy and Procedure*** and ***Trust Policy for Dealing with Concerns Relating to Medical & Dental Doctors.***

Underperformance in endoscopy can be identified through KPI electronic audits (using Medilogik and the National Endoscopy Database (NED)), directly reported by others (patients, colleagues including peers and allied endoscopy staff), indirectly from governance processes (e.g. complications, audits, Datix incident reports, or complaints procedures), or self-reported.

The root cause of underperformance of individuals will to be explored fully including technical, behavioural, health, extrinsic issues and endoscopy non-technical skills. A meeting will be held with underperforming endoscopists to explore these issues and to discuss their data, to ensure accuracy and validity and to discuss any extenuating or underlying circumstances.

Patient safety will be prioritised in any review of endoscopist performance. If there are serious or persistent safety concerns about an endoscopist, they will not perform any independent procedures until they have undergone a period of re-training to a satisfactory standard. If problems continue to be an issue with any particular endoscopist their permanent exclusion from performing endoscopic procedures would become a consideration following the above Capability Policy.

Most underperformance will be addressed by supportive measures dependent on the specific circumstances of the endoscopist. Individualised plans will be used to constructively address issues and may involve mentorship, supervised practice, retraining or occupation health advice, as required.

10. Training

New endoscopy staff (except endoscopists) are given a 4-week supernumerary training plan, working alongside a mentor/Educator and senior nurses. The member of staff will be signed off when they feel and the mentor feels they are competent to work independently. Any extra time required is supported by the Senior team. The skill mix is checked on a daily basis and support is given if required.

All Endoscopy staff have completed or are working towards completing the JAG ENDO1 JETS Workforce training package. The staff are assessed against the criteria and if required an action plan is put into place to be completed within a specified time frame. Evidence and DOPS are completed to show competence and stored on the JETS system.

All endoscopy staff will attend and participate in mandatory training and will work to keep their Training Passports up to date (the online system used in UHDB to monitor training compliance). All newly qualified nurses will be supported through a Trust preceptorship programme as well as local induction and training.

Our mission is that all staff consistently work to the high standards. We ensure our high standards by maintaining training, mandatory training and JETS Workforce competencies. On site training facilitator ensures continuity for all students, juniors, new staff and existing staff in all areas.

11. Booking

Procedures relevant to the booking process are described in the following documents:

- **SOP UHDB EU 05v2 – Endoscopy DNA**
- **SOP UHDB EU 16 – UHDB Endoscopy Unit Booking Process**

Prioritisation of Endoscopy Requests

Endoscopy requests are categorised as follow

- UCR

This is for patients on a cancer UCR pathway. If a requesting consultant assesses a patient as requiring prioritisation to a UCR category the required process to re-categorise the patient as UCR must be completed

- Urgent

This category is reserved for GI bleed patients being managed as an outpatient (Blatchford score 1), or patients with known or suspected acute colitis who require urgent OP sigmoidoscopy.

- Routine

All patients not on a UCR pathway and who do not meet "urgent criteria"

- Planned

All patients on surveillance pathways such as colonic polyps, Barrett's surveillance. These patients are managed as "routine" from the date that the surveillance procedure was due.

Booking and scheduling rules

Full lists will consist of 12 points am, 10 points pm. Diagnostic gastroscopy and flexible sigmoidoscopy 1 point, colonoscopy 2 points, BCSP colonoscopy or anticipated large polypectomy 3 or more (following points allocation by consultant vetting). PEG 2 points, Stent 2 points, ERCP 2 to 3 points. Variceal banding 2 points. Dedicated training lists will be reduced to 8 conventional points or pro rata. (Equivalent to gastroscopy 1.5 points and colonoscopy 3 points)

Pooling

Unless there are specific reasons in a given case- for example a particular procedure is needed- referrals will be pooled as agreed by the trust. However, UCR patients referred straight-to-test for gastroscopy by a GP will be allocated to consultant list.

Scheduling

The unit aims to fully utilise all procedure rooms daily. Patients are booked onto the scoping lists in accordance with the document "Endoscopists Competencies" which outlines the number of units per list to be booked for each endoscopist, and the type of endoscopic procedure that they are able to perform independently. These parameters have been agreed with the Head of Department.

12. Consent

Consent must be obtained for all patients in accordance with the UDB ***Consent - Including the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment) - Trust Policy***

Consent must be obtained prior to the patient entering the procedure room. Patient information sheets/consent booklets are available for all procedures conducted within the Units. These information sheets will be reviewed to schedule and will incorporate changes following patient feedback once this feedback has been reviewed on behalf of the EUG and deemed relevant.
Withdrawal of consent
Patients may withdraw consent at any time (providing they have the capacity to make this decision). Endoscopists and endoscopy procedure room staff will follow the guidance in ***SOP UHDB EU 13 - Withdrawal of Consent.***

Where there is suspicion from any member of staff that a failure to comply with the above SOP has occurred, the event will be reported and investigated on Datix as an adverse incident.

Patients who lack capacity

The principle of presumed capacity means that the patient can be considered not to have capacity only once it is shown, that they are unable to:

- understand the information needed to make a decision;
- remember that information long enough to make a decision;
- use or weigh up that information to make a decision;
- communicate their decision by whatever means

Where a patient lacks capacity and there is a proxy decision-maker then the decision taken for endoscopy must be taken in the patient's best interests. When assessing a person's best interests the endoscopist must take into consideration the prior wishes of the patient and the views of those caring for the patient or with an interest in his welfare, such as family members. Any intervention must be the least restrictive of the person's future options and freedom.
Endoscopists and referring consultants will follow the UHDB ***MCA Consent Process for Patients without Capacity - Clinical Guidelines*** which provides further information on issues of capacity and consent.

13. Safeguarding

- The units and staff will work in accordance with the ***UHDB Trust Policy for and Procedures For Safeguarding Adults - POL/RK/1795/2004***
- Clinical staff will attend Safeguarding training as part of their mandatory training.
- Clinical staff who suspect abuse or neglect of any patient will inform the nurse in charge, who will escalate the concern according to the above policy
- Nursing staff will complete *Safeguarding Adults & Children* training at a level appropriate to their job role, which is monitored via the *My Learning Passport* training compliance system.

14. Aftercare

Written information for post procedure care and advice will be available for all procedures and patients.
Helpline

All patients who have concerns or queries are asked to contact the Endoscopy Unit at which they had their procedure between the hours of 09.00 hrs and 17.00 hrs. Patients at SRP are given the phone number for the day case surgical ward as the point of first contact.
In cases of out of hours emergencies, patients are advised to contact the Queen's Hospital Emergency Department on 01283 511511 ext 5003 (as agreed with ED) or alternatively NHS 111. Contact numbers are provided in the information booklet for all procedures.

15. Patient feedback and complaints

- UHDB Trust Policy and Procedures on Handling Concerns and Complaints

16. Patient safety & adverse incident reporting

All adverse events must be reported and acted upon in line with UHDB **Trust Policy for the Management of Risk (Pol-Clin/4186/23)** and the local **SOP UHDB EU 04 – Patient Safety Incidents - Endoscopy Unit Governance Process Including Duty of Candour.**

Recording of adverse events

All adverse events must be recorded using an appropriate Trust form (e.g. IR1). This is electronically submitted. An electronic copy will be sent to the Endoscopy Senior Sister to investigate, escalate or sign off.

Reviewing of adverse events (graded as moderate harm and above)

All adverse events will be summarised by the Endoscopy Senior Sister or a senior leader reviewed at the Virtual Incident Review Panel (VIRP), to determine review/investigation process, following completion outcomes are disseminated in a divisionally approved Learning On One Page (LOOP) document through EUG, by email to relevant staff groups, or at nursing staff huddles within departments.

The Endoscopy Governance Lead will be responsible for taking additional action based on this review which has not already been instigated by the Trust clinical governance processes.

Reviewing of adverse events (graded low harm and under)

All adverse events will be summarised by the Endoscopy Senior Sister or a senior leader reviewed for themes and trends, if theme and trend identified incident will be reviewed through VIRP and an outcome of low harm review will be completed, outcomes are disseminated in a divisionally approved Learning On One Page (LOOP) document through EUG.

Recording Endoscopy Complications

Immediate endoscopy complications are recorded on the endoscopy reporting software and recorded on the endoscopy unit complication log and Datix completed.

Morbidity and Mortality monitoring

All deaths within 30 days and readmissions within 8 days of any endoscopic procedure will be identified by the trust information analysts on a regular basis.

Data for 30 days mortality and 8 days emergency procedures will be audited on behalf of the clinical lead and reviewed by the service clinical lead and audited appropriately annually.
The results of these audits will be reviewed at EUG and presented at the whole-service meeting, such as the annual training day.

17. Comfort

Comfort scores will be recorded following the procedure set out in **UHDB SOP EU 19 – Recording Comfort Scores**

Patients' views on comfort will be specifically sought in patient feedback questionnaires reviewing patient comfort.

Individual endoscopist's comfort scores will be audited as part of the KPI audit and feedback given to endoscopists via personal communication twice per year.

Where comfort scores are outside acceptable targets, sedation usage by that endoscopist will be reviewed by the Clinical Lead. If there is cause for concern regarding an individual endoscopists' performance, either because of over sedation or excessive discomfort, the process for supporting underperforming endoscopists will be used (see section 9).

18. Bronchoscopy

The QHB Endoscopy unit performs bronchoscopies and follows the British Thoracic Society Guidelines.

19. ERCP

The regular list for ERCP at QHB is on a Wednesday morning in the radiology department, with nurses provided by the endoscopy unit. Urgent in-patient ERCPs may be done at others times by arrangement with an ERCP endoscopist and the endoscopy sister's team.

There is an agreement for inpatients or outpatients requiring ERCP to have the procedure at Royal Derby Hospital in order to control waiting times.

The process for requesting all ERCPs and arranging transfer of care to RDH is described in the **SOP UHDB EU 18 – ERCP requesting**.

Audit of ERCP outcomes is done as part of the Trust-wide ERCP audit and reported to the EUG.

20. Privacy, Dignity & Gender segregation

Maintaining Dignity

All patients will be treated in accordance with Trust policies including the BHFT legacy policy: Eliminating Mixed Sex Accommodation Policy, UHDB Trust Policy and Procedures for Maintaining the Privacy and Dignity of Patients including children and young people, UHDB Trust policy for Violence, Aggression Reduction and Prevention.

Patient's privacy during procedures will be protected by closing doors and using curtains; and ensuring that the procedure rooms are not entered during procedures unless in an emergency.

Patient confidentiality

A room will be made be available for confidential conversations. The use of this room must be offered to all patients prior to taking clinical or personal information from them. Patient-identifiable information will not be openly displayed in public areas, or areas accessed by patients and relatives. Additionally a quiet room is available at QHB for the delivery of difficult news. At SRP the delivery of difficult news after a procedure will take place in an individual patient room in the recovery ward area.

Gender Separation

Gender separation is achieved by having separate male and female changed-waiting and recovery areas at QHB, and individual patient rooms in the recovery/ward area at SRP.

UHDB declares that it is "inclusive; we respect and value everyone" as part of Openness in Our Vision and Values, which includes LGBTQIA+ patients and carers. UHDB does not have specific guidance on the treatment of patients who are transgender, gender fluid or non-binary; however, the service is committed to maintaining the dignity of these patients by dealing sensitively and pragmatically with issues of gender, including involving the individuals in the decisions around their care.

Security

The service aims to maintain a calm, pleasant and secure environment where staff, patients and visitors are confident of their personal safety and their property is secure.

The service will follow the UHDB Security of Trust Staff, Patients, Visitors and Trust Premises - Maintaining and the UHDB Trust Policy for Patients' Property and Valuables.

Patients or carers are asked to sign a disclaimer during the admission process that states that UHDB "accepts no responsibility for the loss of, or damage to personal property of any kind, including money unless official receipt is obtained from staff for property which has been handed in for safe custody". In most cases patients will be expected to keep their belongings on their person, or in a bag or basket that remains with them or under their patient trolley (at QHB or SRP), or in their individual room in the day case ward at SRP.

21. Decontamination

Decontamination process

- The decontamination of endoscopes at SRP and QHB is performed and overseen by the Hospital Sterile Services Units within the Estates and Facilities Division of the Trust.
- Decontamination of endoscopes and equipment will be in line with Trust processes and in accordance with BSG and national guidelines.
- There will be a combined audit of these processes at least once a year by the Trust Infection Control and Decontamination teams.
- The results of this audit will be presented to the Infection Prevention Board annually.

The specific processes for the decontamination and traceability of scopes are detailed in the **Quality Process Documents** provided the HSSU team.

The unit follows BSG Guidance for **Decontamination of Equipment for Gastrointestinal Endoscopy** (updated 2020) in particular:

- Advice on decontamination is taken from the Trusts authorised person and decontamination lead. All staff using the Decontamination equipment are trained and assessed as competent in the procedure.
- Manufacturer's instructions will be followed for endoscopy equipment
- There is clear traceability of endoscopes throughout the decontamination process
- There is regular testing of the decontamination equipment.

22. Quality of Endoscopy Practice & Audit

An annual Staff Satisfaction Survey is carried out along with patient forums. Surveys are presented at the Endoscopy User Group and an action plan created where necessary.

New endoscopists to UHDB, who have already completed training and are accredited will be inducted to the Trust following the standards set out in SOP UHDB EU 24 – New Endoscopists (non-training grades).

23. Equality of access

The service will abide by the principles of equality of access set out in the **UHDB Exceptional Care Together Strategy 2020-2025.**

- The endoscopy service follows the **SOP UHDB EU 31 - Endoscopy use of Interpreters**
- There are information sheets for diagnostic procedures in Polish, Punjabi, Urdu and Slovak covering the most commonly spoken languages other than English in the East Staffordshire population.
- The need for these information sheets may be identified by the referrer, by preassessment or by the booking staff on the EPR system.
- The use of relatives or friends for interpreting is actively discouraged and the hospital interpreting services will be used in all but exceptional circumstances.
- BSL interpreters will be provided when required.
- Whenever patients needing interpreting services are identified, interpreters will be booked by booking staff prior to the day of the procedure.

The endoscopy service is committed to ensuring that patients and carers with accessibility needs can access our services. Information for disabled patients and carers regarding accessing the Endoscopy Unit at QHB and the Day Case Unit at SRP are available on the www.accessible.co.uk website which is linked to through the UHDB website.

Both departments have blue badge/accessible parking bays available near to the building, ambulant disability toilets, convenient seating near entrances and sloped or level access. Mobile hoists are available for patients that require them.

24. Emergency care and post-procedure complications at SRP

The process for caring for patients who become unwell or needs specialist intervention while at SRP endoscopy is set out in **SOP UHDB EU 27 - Transfer of Endoscopy Patients from SRP to QHB**

25. Out of hours endoscopy

- UGI Bleeds during 8-4 weekdays will be scoped at QHB that day.
- No inpatients are scoped at SRP
- UGI bleeds 16:00pm to 08:00am and at weekends will be assessed clinically by the on call doctor and if deemed that an urgent endoscopy required will be discussed with the gastroenterologist on call at RDH and transferred to RDH with completion of the Upper Gastrointestinal Haemorrhage Protocol, Upper GI bleed care bundle and transfer checklist
- Staff should refer to the Clinical Guideline **Gastrointestinal Haemorrhage (Upper) in Adults** (CG-T/2013/043)
- Any urgent in-patient GI bleeds that can wait until the following day will be allocated an urgent endoscopy slot at the next working day, following discussion with a consultant gastroenterologist.
- Lower GI bleeds will be managed in accordance with the **UHDB Clinical Policy for the Management Of Colorectal Emergency Admissions (QHB Site)** (Number 203).