University Hospitals of Leicester NHS
NHS Trust

Endoscopy Service
UHL CHUGGS Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

None

KEY WORDS

Endoscopy, Gastroscopy, Flexible Sigmoidoscopy, Colonoscopy, Advanced therapeutic procedures (EMR's), ERCP, EUS, Bowel Cancer Screening, Bronchoscopy, EBUS, Thoracoscopy, Capsule Endoscopy, PEG/JEG, CHUGGS, CMG, Gastroenterology, Joint Advisory Group, Procedure, Endoscope, Consent, Decontamination

1. INTRODUCTION AND OVERVIEW

1.1. This document sets out the operational policy of the endoscopy service at the University Hospitals of Leicester (UHL). The Endoscopy Unit sits within Gastroenterology and is managed by the Cancer, Haematology, Urology, Gastroenterology and Surgery (CHUGGS) Clinical Management Group (CMG).
It incorporates the Local Safety Standards for Invasive Procedures (LocSSIPs) in Endoscopy and is compliant with all National Safety Standards for Invasive Procedures (NatSSIPs).

This policy aims to inform & support staff delivering procedures in the Endoscopy setting within the Trust.

This policy outlines

a. the framework and strategic overview of endoscopy in UHL
b. care of patients undergoing endoscopic procedure
c. staff roles and responsibilities within the endoscopy environment
d. management of patient referral for endoscopy

2. POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1. This policy applies to all areas of the Trust where endoscopic procedure is performed.

2.2. The policy applies to adult patients only.

2.3. This policy applies to medical & nursing staff deemed competent in endoscopic procedures, or those in training, who are being supervised by a suitably qualified individual.

2.4. This policy applies to nursing staff that care for patients who are due to have or had an endoscopic procedure.

2.5. The ongoing care of all patients undergoing endoscopy must be carried out in line with this policy.

3. DEFINITIONS AND ABBREVIATIONS

JAG – Joint Advisory Group which sets high quality standards for endoscopy units

Gastroscopy – A test to look into the oesophagus, stomach and first part of the duodenum.

Flexible Sigmoidoscopy – a test to look at the left side of the large bowel.

Colonoscopy - a test to look at the whole of the large bowel.

Advanced therapeutic procedures (EMR's) - Endoscopic mucosal resection: procedure to remove larger and complex polyps via endoscopic method.

ERCP - Endoscopic retrograde Cholangiopancreatography : technique combining endoscopy and fluoroscopy (radiology) to examine the biliary and pancreatic ducts.

EUS – Endoscopic Ultrasound – technique combining endoscopy and ultrasound to obtain images of adjacent structures/organs, helps evaluate lesions and for histology.

Bowel Cancer Screening - Same as a colonoscopy but done as part of National bowel cancer Screening Programme.

Bronchoscopy - A look with an endoscopy into the respiratory tract and the lungs

EBUS - same as bronchoscopy but connected to a ultrasound machine to look at and take samples of lung cancer

Thoracoscopy - A look into the plural cavity

Capsule Endoscopy - A small pill camera which is swallowed and produces videography of the small bowel/large bowel.

PEG/JEG - Percutaneous endoscopic gastrostomy or gastrojejunostomy placement of feeding device

Cytosponge – A non-endoscopic, non-invasive diagnostic tool that has dissolvable capsule attached to a string and which expands into a sponge in the stomach after few minutes. By pulling the sponge out it collects superficial cells of the oesophageal and proximal stomach and these cells when checked in the laboratory helps in diagnosing different upper gastrointestinal conditions.

GRS - Global rating scale: JAG standards to be met to achieve JAG accreditation

JETS - JAG Endoscopy Training System

DOPs - Direct observation of procedural skill

DNA – (Patient) Did Not Attend

RN – Registered Nurse

HCA – Health Care Assistant

Scopes – Camera Equipment used to assess the upper/lower GI tract

4. ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility.

4.1. Responsibilities within the Organisation

a) Executive Lead - Chief Operating Officer

Ensure Endoscopy resources are used to maximum efficiency through Trust-wide compliance with Policy.

b) The Clinical Management Group (CMG) / Head of Service / General and Service Managers

Responsible for implementing this policy and ensuring that all employees are aware of it and adhere to its requirements.

c) All Endoscopy staff

Must adhere to the contents of this policy with support and guidance, where needed, by their direct line manager.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1. Service Delivery Model

University Hospitals of Leicester NHS Trust (UHL) is a three-site hospital with endoscopy suites at each one; Leicester Royal Infirmary (LRI), Leicester General Hospital (LGH) and Glenfield Hospital (GGH).

In total there are 7 endoscopy rooms providing 84 sessions per week excluding planned weekend sessions. 8 of these sessions are dedicated to Respiratory Medicine for Bronchoscopy and Thoracoscopy. Bowel Cancer Screening at GH utilises 8 sessions increasing to 9 per week in November 2022 and then more as there is further age extension. There are 2 TOE sessions per week.

UHL is a training hospital and as such training lists are provided for registrars and Nurse Endoscopists as well as regular JAG accredited training days/weeks.

Out of hour's emergency service is provided daily by Gastroenterology consultants and senior nurses across all three sites.

The unit provides both in-patient and outpatient services for patients requiring endoscopic procedures, comprising:

- Gastroscopy
- Flexible Sigmoidoscopy
- Colonoscopy
- Advanced therapeutic procedures (EMR's)
- ERCP
- EUS
- Bowel Cancer Screening
- Bronchoscopy
- EBUS
- Thoracoscopy
- Capsule Endoscopy
- PEG/J
- Research Bronchoscopy
- Cytosponge

5.2. Mission Statement and Values

University Hospitals of Leicester purpose is to provide 'Caring at its best'. Staff are expected to display behaviours that are in line with the Trust values.

The UHL Trust values are:

- We focus on what matters most
- We treat others how we would like to be treated
- We are passionate and creative in our work
- We do what we say we are going to do
- We are one team and we are best when we work together

These values are embedded within our Endoscopy service. Our patients are at the heart of all we do and 'Caring at its Best' is not just about the treatments and services we provide, but giving our patients, relatives and carers the best possible experience.

5.3. Unit Environment

5.3.1. Endoscopy Opening Times

	LRI	GGH	LGH
Mon-Fri	7.30am-6.00pm	7.30am-9.30pm (6pm Fridays)	7.30am-6.00pm
Sat & Sun	7.30am-6.00pm	7.30am-6.00pm	CLOSED

5.3.2. Accommodation and facilities

There are 8 procedure rooms and the use of an x-ray room at GGH for ERCP. Each room is fully equipped to undertake diagnostic & therapeutic procedures. Endoscopists and staff work across site for list utilisation. An overnight and weekend emergency on call service is provided.

The unit accommodation across the sites consists of:

- Reception
- Administration office
- Sisters office
- Out-patient consulting rooms (LRI only)
- Admission/discharge rooms
- En-suite side room facilities
- Gender segregated 1st stage recovery
- 2nd stage recovery; discharge rooms
- Dedicated consumable storage rooms
- Scope storage
- Kitchen
- Staff changing facilities & WC
- Staff room
- Sluice
- Domestic store

The endoscopy departments are fully accessible to all and have side rooms with wheelchair accessible toilets. These rooms are also utilised for patients who require a carer to attend and stay or for patients with a known infection and isolation as per trust guidelines is recommended.

The reception to the clinical environment is separated by double doors which state no entry. Only staff and patients accompanied by a staff member are allowed past this point unless there is a specific reason for a relative to accompany a patient. Endoscopy staff members will ask to see ID of anyone staff member they are not familiar with.
The doors are locked and alarmed out of hours.

UHL Facilities and Estates department is responsible for the regular maintenance, cleaning and environmental audit of each unit

5.3.3. Equipment

Olympus scopes are used for all procedures.

Digital imaging is in place, along with photographic availability and video equipment for training purposes. There are also scope guides available in many of the rooms as well as CO2 insufflation.

The equipment is regularly serviced and is supported for replacement by the UHL Capital bid-rolling programme. Equipment faults or breakages or decontamination failures must be reported by the person who finds the fault to the Nurse-in-Charge (NIC) and or the Ward Sister who will initiate repair or replacement depending on service level agreements and maintenance contracts & a Datix form completed.

Each unit will submit information for GRS and JAG accreditation to ensure continually high standards are maintained.

5.3.4. Off Unit Endoscopy

Occasionally patients will require a procedure in ITU or theatres by a Gastroenterologist or Surgeon accompanied by 2 nurse assistants. In an emergency this will be done at the earliest possible opportunity.

Each unit is equipped with a spare stack and emergency trolley which are mobile and will be moved to the patient area.

All off unit endoscopy procedures are recorded on the endoscopy reporting tool and in the emergency procedure record book.

5.3.5. Emergency/ Out of Hours Endoscopy

Emergency cover is provided by a consultant and two senior nurses are rostered for on call duties and cover all 3 sites. An emergency on call service is available at weekends where a consultant can be contacted via switchboard.

5.3.6. Resuscitation equipment and checking schedule

Resuscitation equipment and trolleys are checked daily as per UHL policy. The Matron will carry out bi-monthly inspections and report the data to the CMG Deputy Head of Nursing.

5.4. Endoscopy Workforce

5.4.1. Skill Mix and Staffing Allowance

Endoscopy's team model includes Consultants, SPRs, Surgeons, Nurse Endoscopists, Band 5, 6 and 7 Nurses, Band 2 HCA's and bands 2 and 3 administrative staff.

Endoscopy works closely with the Bowel Cancer Screening service and wider Multidisciplinary Teams i.e. Hepatobiliary, Respiratory, Cardiology, Colorectal Specialist Nurses, Imaging, Pathology, Estates& Facilities, Laundry and Catering.

Electronic rostering is provided for substantive nursing staff and is available 6 weeks in advance of time tabled shifts (minimum) and is managed by the ward sister of each unit, in line with electronic rostering guidelines.

Staff rostering incorporates time for room and equipment preparation and clear up post procedure.

The first patients arrive at 8am. The procedure rooms and the endoscopist should be ready to start at 8.30am. The morning sessions commence at 08.30am until 12.30pm or 9am-1pm and 12 equivalent units allocated for the session. This may be adjusted depending on experience of individual endoscopists. The afternoon session commences at 1.30pm to 5pm with 10 equivalent units and may be adjusted depending on the experience of individual endoscopists. The evening session will run from 6pm-9pm.

A system is in place whereby identified nursing staff will remain on duty should lists over run and time is given back in lieu.

An overnight on call emergency bleed rota is in place commencing at 6pm until 8am 5 nights a week and the weekend rota - 6pm Friday night till 8am Monday morning.

Job plans are provided to the medical staff by the medical staffing management team. Clinicians are job planned into endoscopy sessions. Clinician timetables are held within the Medirota system and then also on the Unisoft system. The aim is to for the roster to be built 6 weeks ahead. This is managed by the service manager.

See Non- Medical Staff Rostering Policy & Procedure Trust ref:B5/2013
See Medical Staff Rostering Policy & Procedure Trust ref: B7/2019

Procedure rooms will be cleaned and stock replenished daily. It is the responsibility of the Nurse in Charge co-ordinating the shift to ensure duties are carried out effectively and in a timely manner.

The minimum staffing allowance and skill mix per procedure is as follows:

- Colonoscopy, Flexible sigmoidoscopy and Gastroscopy = 1 RN, 1 HCA and the Endoscopist
- Bowel Cancer Screening (Colonoscopy) = 1 RN, 1 HCA, 1 Specialist Screening Practitioner and a Bowel Cancer Screening Endoscopist
- ERCP = 2 RN's, 2 HCA's , Radiographer, Consultant Endoscopist
- EUS = 2 RN's, 1 HCA, Consultant Endoscopist
- Bronchoscopy = 1 RN, 1 HCA, 1 Endoscopist, 1 Registrar
- Emergency On call = 2 RN's, x1 = band 6 or above (evenings) , 2 Rn's and 1HCA weekends

These are minimal staffing levels based on JAG guidelines.

5.4.2. Staff Etiquette

Within Endoscopy we will ensure:-

- All staff are regarded as valuable members of the team.
- Staff wear UHL identification as per Trust policy
- Staff wear uniform appropriately in line with the Trust uniform policy. As a result of Covid 19 staff will wear scrub suits as uniform due to the level of exposure and the associated risk of AGP contamination

- Staff undertake all clinical procedures in line with the Trust Infection Prevention policies
- Staff are given access, where appropriate, to additional training via a mentor, UHL e-learning, mandatory training and other appropriate or essential to role courses.
- All nursing staff complete an endoscopy specific competency package and receive a yearly appraisal. Staff will provide evidence for these in the form of completed JETS, DOP's.
- All staff will have regular access to forums where relevant issues can be discussed.
- All staff receive information regarding the management structure and access to their immediate line manager is provided.
- All staff within the unit will be competent in the roles they undertake or will be adequately supervised and have a named mentor.
- The commitment to training and education of all staff is a high priority.

5.5. Patient Pathway

5.5.1. Bowel Preparation

Bowel Preparation is prescribed by the clinician or Nurse Endoscopist using the ICE referral system, most of which is dispensed and delivered by the Trust pharmacy to the patient or dispensed by registered nurses on the unit. For Bowel Cancer Screening patients, the Specialist Screening Practitioners (SSPs) assess the patient's fitness for oral bowel cleansing agents and administer the bowel preparation using a patient group directive (PGD).

The requesting clinician documents the patient's fitness for oral bowel cleansing agents when completing the ICE referral.

5.5.2. Pre-assessment

From winter 2022, the service will be using a digital pre assessment tool called, MYendo.

This will allow patients to complete their pre-assessments themselves online and be reviewed by the nurses before their admission.

Should the nurses feel more information is required or the patients cannot complete the digital tool themselves, the pre-assessments will be done either over telephone or face-to-face using the same programme.

Bowel Cancer Screening patients are pre-assessed by the SSPs.

5.5.3. Patient Admission

Patient admission runs as follows:

- A morning safety huddle takes place before patients are admitted to discuss any relevant or foreseeable problems including skill mix.
- A team brief will take place in the procedure room before the commencement of each session. This is to include all members of the multidisciplinary team
- On arrival to the unit patients are welcomed by a receptionist at the main reception desk, where details will be confirmed on Patient Centre.
- Relatives are invited to wait in the reception area or return later dependant on the time.
- A nurse will escort the patient to a private admission room to check relevant documentation and complete the patient pathway
- Consent is confirmed and the patient prepared for the procedure.
- Baseline observations are taken along with any INR or BM test as required.
- Private changing room facilities are available if there is a requirement for the patients to do so. Privacy style gowns and dressing gowns are available however patients are encouraged to bring their own. They are then invited to wait in gender separated areas
- Patients who are not required to change can wait in the waiting area
- If an enema is to be administered private en-suite rooms are available (GH and LRI only). Patients attending the LGH for Colorectal procedures are prescribed oral bowel preparation prior to their appointment/admission.
- On arrival to the procedure room the team will undertake a pre procedural safety briefing
- Monitoring of oxygen saturation is recorded throughout the procedure along with vital signs as appropriate. All nursing documentation including tracking of scopes and equipment is completed.
- The nursing team will be responsible for all aspects of nursing care and will assist the endoscopist. Where possible staff will work in the rooms allocated per session to ensure minimal interruption. Any changes to staff during the session will be coordinated taking into consideration skill mix. Full handover will be given and the endoscopist must be informed.
- On completion of the procedure a post procedure checklist (sign out) will be completed. Items retained will be recorded. Specimens taken will be checked as per the endoscopy biopsy protocol.
- All consumable items e.g., guide wires and biopsy forceps are traceable, and the corresponding item sticker must be recorded in the patient pathway and procedure book.
- Sterile instrument trays must be checked pre and post use against the tray checklist by the RN responsible and the HCA or endoscopist. The checklist will be signed and recorded in the register and patient pathway document.

5.5.4. Consent and Withdrawal of Consent

All patients are asked to sign a consent form before entering the procedure room and will be confirmed on admission by a trained nurse and or the endoscopist performing the procedure. Patients and carers are given sufficient time to ask any questions they may have or express any concerns.

Inpatients will be consented where possible prior to their procedure on the ward by a gastro registrar or consultant. Failing this they will be consented on the endoscopy unit before they go into the procedure room by the endoscopist undertaking their procedure.

Any patient having a high-risk procedure will be seen in clinic first by the consultant performing the procedure, the risk and benefits will be explained to the patient and this will be documented.

Bowel Cancer Screening Patients are consented during their pre-assessment appointment.

If patients can verbally consent then they will need to make any mark on the paper, if they do not have capacity then a Consent 4 will need completing with 2 doctors, in the patient's best interest or with a family member if they have power of attorney for health. These patients are usually seen in clinic first.

Staff must abide by the following:

Withdrawal of consent by a patient to any procedure, even while that procedure is being performed must be taken seriously. The suggestion that sedation limits the capacity to withdraw consent does not stand up to critical and legal review. In addition, published research confirms that at least 50% of sedated patients expect their wishes to be complied with. This includes the withdrawal of consent to a procedure. Anyone who continues with the procedure despite withdrawal of consent risks an accusation of assault.

Good practice during endoscopic procedures includes explaining what is happening, discussing discomfort and its causes as well as likely duration. This reassures patients and will help encourage people to tolerate certain levels of discomfort.

The following proposals are a practical approach to withdrawal of consent. This should be discussed with patient before any sedation is administered:

- Explain that if the patient asks you to stop during the procedure that you will stop and talk to the patient about whether this means “Please I need a rest” or “I do not wish you to continue.”
- If the patient says that they do not wish you to continue, you will explain that the test will be incomplete and fail to give the desired outcome.
- Explain that if the patient still wishes you to stop then you will stop and terminate the procedure without further discussion.

It is important to establish the rules clearly before administering sedation. You need also to explain that you will follow these rules rigidly. This means ignoring a pre-test request by a patient “to carry on regardless of what I say”.

Your practice needs to be informed by the fact that performing a procedure after withdrawal of consent is assault. It also needs to be informed by the fact that your assistants may well view your approach as assault and report you for inappropriate behaviour.

In compliance with the Endoscopy Global Ratings Scale Measure, failure to comply with withdrawal of consent must be registered as an adverse clinical incident and formally reported through Medicine and ED Directorate / Trust reporting structures.

See Consent to Examination or Treatment UHL Policy Trust ref: A16/2002

5.5.5. Comfort Monitoring and Reporting

There is the following process in place for every procedure:

- Patients will receive timely information during their admission providing realistic description of the level of discomfort the procedure may cause.
- Patients comfort score, sedation and analgesia given will be monitored throughout the procedure.
- The results are documented in the patient pathway which follows the patient and procedure book which is located in the procedure room
- The Endoscopist will also complete the patient comfort score on the GI reporting tool after the procedure.
- A yearly comfort audit will be completed by the endoscopy staff and nurse endoscopist's for all Endoscopists. The results will be presented at the Endoscopy Users Group.
- For any underperforming Endoscopists, action plans will be implemented to monitor performance. KPI's are monitored every 6 months and action plans are reviewed as required for the individual.

5.5.6. The Sedated Patient

Patients are offered the choice to be sedated or not. It is the endoscopist decision and responsibility to administer the sedative before the commencement of the procedure.

Sedation Techniques used are as follows:

- Local Analgesia
- Conscious sedation - Midazolam
- Analgesia - Fentanyl
- Entonox
- General Anaesthesia

If concerns are raised by the patient or safety is compromised the endoscopist must assess the patient and proceed or not accordingly. In some instances, it will be in the patients' best interest to continue or complete a specific aspect of the procedure. If this occurs, it must be fully explained to the patient and fully documented.

The DOH (2004) reference guide to consent emphasizes that if a patient wishes the procedure to stop whilst under sedation the Endoscopist should try to establish whether the patient has the capacity to withdraw consent. If capacity is lacking, it may be justified to continue in the patient's best interest.

High risk patients for procedures deemed as high risk will be seen in clinic first to assess their suitability for the test and the risks/benefits explained.
Patients for General anaesthesia will be pre assessed in the Trusts dedicated pre assessment clinic

See UHL Policy on Safety Standards for Invasive Procedures Trust ref: B31/2016

5.5.7. Capsule Procedures

Capsule procedures are undertaken at LRI Endoscopy. There are 3 types of capsule procedures:

- Small bowel capsules (Endocapsules)
- Colon Capsules (Mainly large bowel views but can be small and large bowel views)
- Patency capsule (This is a dummy capsule to ensure its safe to proceed with the other capsules.

This is done in a nurse led clinic following referrals from clinic or GP. The capsules are swallowed in the morning and Endocapsules and colon capsule recordings will normally be removed the same day for video download. Patency capsule come back to the hospital the following day for an abdominal XRAY to ensure it has safely passed the small bowel to proceed with the real capsule.

Each procedure has a care plan designed for the procedure and a specific patient pathway which is designed and outlined for patients to read and available on YOURHEALTH. The patients are consented and discharged home by the nurse on the day.

5.5.8. Recovery

The patient is transferred to the recovery area and hand over is given to a registered nurse along with the patient pathway documentation. Gender separated recovery areas are available for patients in gowns.

Patients will be monitored post procedurally and offered refreshments before discharge.

5.5.9. Discharge and Aftercare

A registered nurse will discharge the patient in a private room and give appropriate advice both verbally and written (see discharge policy). A copy of the procedure report will be provided along with contact telephone numbers for the unit

The endoscopy report is sent to the patient's GP and referring consultant.

The discharged patient's notes are taken to the administration office where the patients are electronically discharged and any next steps organised.

Inpatients will be transferred back to the ward where a handover will be given to the ward nurse looking after the patient.

On discharge all patients will have a discussion re their procedure outcome, findings and next steps. Relevant advice and unit contact numbers including out of hours will be given, which is a 24 hour a day phone line.

5.5.10. Specimen Collection and Results

Specimens taken for histology are double checked in the procedure room by 2 staff members for correct labelling with the histology form.

As a minimum the patient name, DOB & S number are confirmed as identifiable data. The information is also recorded in the procedure room specimen book and signed by the staff member delivering the sample to the histology lab.

Urgent and 2ww samples are placed in an orange bag for easy identification by the labs.

Pathology results will be sent to the endoscopist for them to report to the GP/patient via letter within 5 days.

Should an endoscopist be on annual leave, Pathology will send results to the consultant secretary who discusses with another consultant available in the office, who will action the results accordingly. In the event where no suitable consultant is available it is referred to the Inreach consultant to action.

All results will be sent to the referring consultant or GP and accessible on the ICE system. Patients will be contacted with results or seen in the out-patient clinic. Routine samples may take up to 6 weeks before results are reported.

SSPs check the histology for Bowel Cancer Screening patients, inform the patients and act on the results accordingly.

5.5.11. Informing patients of suspected/diagnosed malignancy

Patients with a suspected/diagnosed malignancy will be informed on the day of procedure. The endoscopist, or a specialist nurse, will discuss the procedure findings privately with the patient in the presence of a family member or nominated friend informing them of the 'next steps 'process allowing time for discussion.

The next steps process involves the patient being referred to the MDT and an appointment for a scan being made if required before they leave the department.

A specialist upper GI nurse or colorectal nurse will come and speak to the patient if available (LRI). At GGH the specialist nurse details will be given to the patients in case they have any worries or concerns.

Biopsy results will be made available to the GP in 2 weeks.

See UHL Cancer Access Policy

5.5.12. Patient Cancellations and DNAs

On the day patient cancellations are recorded on the HISS system. Cancellations are classed as either patient (unwell, not able to attend, poor/no bowel prep etc.) or hospital (patient unfit and cancelled by endoscopist, endoscopist unavailable etc.) The next available date is offered or given if appropriate or recommended follow- up.

Did Not Attends (DNA) – efforts will be made by the admin team to contact the patient on the day of the procedure to ascertain the reason for the DNA. Patient's may be rebooked or removed from the waiting list dependent upon the outcome of this call. If a patient has indicated they no longer wish to have the procedure the listing consultant will be informed of this via email.

If the patient is not available by telephone then a letter will be sent to the patient asking them to contact the service. Failure to contact the department within 14 days will result in the waiting list episode being cancelled and the listing consultant and GP informed.

DNA figures are reported centrally on the trust website; they are also included in the department's dashboard and monitored monthly. The service manager is to report on the figures and action any deterioration in position.

5.5.13. Privacy and Dignity

- The patient will be treated with privacy and dignity throughout the patient pathway.
- When in gowns the patient will sit in a dedicated male/female area
- Transgender patients will be offered a side room or the area they wish to conform to
- Relatives will not be allowed into the clinical area unless there is a specific reason for them to do so
- Whilst the patient is in the procedure room no one will enter unless in an emergency
- Private rooms will be used for admissions, discharge and for giving bad news.
- Patients will be offered dignity shorts if they wish to use them
- Patients requiring a carer/family member to be with them for specific reasons will be given a side room
- It is all employees' responsibility to protect patient's privacy and dignity at all times.
- After admission patients still dressed will wait back in the reception for their procedure or in the dressed recovery area if needed.
- Those in gowns will wait on chairs in the male/female recovery area or in the side rooms pre procedure.
- Post procedure all patients in gowns will be taken to the dedicated male/female area or back to the side room.
- Dressed patients post procedure who are un-sedated will go straight to the dressed recovery area. Those sedated on trollies will go to the male/female recovery bays.
- The service Matron is the nominated Dignity Champion.

5.5.14. Relatives within the clinical area

Relatives are discouraged from the clinical area unless in exceptional circumstances to protect patients' privacy and dignity (as per JAG).

Restrictions are also in place due to Covid-19 and relatives are informed to wait at home and return when contacted to do so. Exceptions are made if attending with a vulnerable patient. If so, permission must be obtained from the ward Sister or Nurse in Charge prior to the admission. A risk assessment must be completed and documented.

Post procedure - relatives or the nominated adult are telephoned when the patient has been discharged and is ready for collection

5.5.15. Implantable Devices

All patients with ICDs will be booked at the Glenfield Hospital where the cardiology pacing clinic is based. The pacing clinic will be contacted when booking the patient to be aware of the patient and need for switching the ICD on and off.

On the day the nursing staff will contact the pacing clinic 15 mins before procedure to come to the patient.

Endoscopy trackers will not be used with patients with Implantable devices and diathermy will only be used in short bursts with pacemakers.

Nursing staff are to contact the pacing clinic to clarify the type of implantable device if unsure.

5.6. Embracing Patient Diversity and Equality

5.6.1. Supporting Patient with mental or physical disabilities

Patients with a mental of physical disability will be allowed a carer/friend/relative to be with them.

They will be given a side room and a nurse to be with them if needed. Side rooms have access to disabled toilets and plenty of space for hoists and commodes if needed

These patients will be treated with dignity and respect at all times and extra time taken into account for their care.

The learning disability team is available to support patients if required.

5.6.2. Adult Safeguarding

We all have a duty to safeguard adults who may have care and support needs and are experiencing, or at risk of, abuse and neglect. All adults have the right to live their lives free from abuse, neglect and exploitation. This right is underpinned by the duty on all University Hospitals of Leicester NHS Trust employees, through the Human Rights Act and the Care Act 2014, to intervene to protect adults at risk from abuse.

See UHL Safeguarding Adults Policy and Procedures Trust ref: **B26/2011**

5.6.3. Access to hospital interpreter and support services

Interpreters are available for all patients and should be booked through Language Line Solutions for face-to-face interpreting or D A language line for telephone interpreting.

Sign language translation can be organised if necessary.

The use of relatives to interpret is discouraged unless the patient has expressed this as a preferred option. (This must be clearly documented in the patients' notes).

See UHL Interpreting and Translation Policy Trust ref: B30/2015

5.7. Patient Involvement

5.7.1. Patient Feedback

All patients are given the opportunity to complete a patient satisfaction survey post procedure or online if preferred. All responses are collected by the patient satisfaction team and fed back to the endoscopy unit. Action plans are put in place and acted upon for any problems highlighted. These will be discussed at the Endoscopy User Group meetings.

5.7.2. Patient Complaints

The UHL Patient Information liaison Service (PILS) will respond to formal verbal or written complaints. Further actions and or meetings will be coordinated by a representative of the team and feedback given after the inquiry.

Information leaflets on the PILs service and contact numbers are located in each Endoscopy unit.

See UHL Policy for the Management of Complaints Trust ref: A11/2002

5.8. Patient Referrals

5.8.1. Referral Process

Patients access the endoscopy service via inpatient and outpatient referrals.

- Referrals are received from clinics within the hospital and also directly from GPs.
- All inpatient and outpatient requests are made electronically via the ICE desktop software.
- The administration team ensure the patient waiting list is activated upon the HISS system upon receipt of the ICE referral.
- Referrals for BCS are made and validated by the BCS team.

5.8.2. Vetting Referrals

GP referrals are vetted by one of the consultant team and triaged appropriately.

All referrals generated on ICE for both inpatient and outpatient requests are vetted every 24 hours and if deemed urgent will be done the same day. Any inpatient requests received overnight are actioned by the on-call team.

All new Endoscopy referrals from specialities other than Gastroenterology and General Surgery are vetted by the In reach Consultant.

All EUS referrals are reviewed by the lead EUS gastro consultant.

New GP referrals are triaged and then appropriate for direct to test are booked accordingly.

If a referral is incomplete, the referrer will be contacted by administrative staff under the instruction of the vetting GI Consultant and asked to complete the referral or provide necessary information. A compliance rate of 100% is expected for re-completed referral forms on the second submission.

5.8.3. Patient Tracking List Management and Referral Validation

Validation of referrals and monitoring of patient bookings occur weekly by the administration team and the Endoscopy Service Manager. The process is overseen by the UHL performance team providing reports by exception.

To meet inpatient 48 hour deadline and tracking for colonoscopy and 24 hours for ERCP, there are daily inpatient lists ran at LRI (and GGH for ERCP) and an on call service every night, which covers all three sites. Therefore, any urgent patients have their procedures the same day.

5.8.4. Surveillance Referrals

The following groups of patients are booked for surveillance Endoscopy

- Polyp Surveillance
- Barretts
- Inflammatory Bowel Disease
- Family history of cancer
- The follow up of patients with a history of bowel cancer is coordinated via the cancer services.
- Bowel Cancer Screening surveillance – these referrals are made and validated by the BCS team.

These referrals are validated by a member of the Nurse Endoscopist Team on a daily basis which is done on rotation.

5.9. Decontamination

A bedside clean will be performed on used scopes. Scopes are wiped down and flushed through as per company (Olympus/Fujinon) instructions.

All tracking documentation is completed fully.

Scopes will be transported to the decontamination unit in a red covered tray (indicates a used scope) which is placed into the dedicated transport trolley.

External decontamination staff will clean and reprocess the scope as per manufacturer's guidelines and UHL decontamination policy.

Scopes will be transported back to each department by the decontamination team.

See UHL Decontamination of Flexible Endoscopes Policy Trust ref: B18/2015
See BSG Guidelines for Decontamination of Equipment for Gastrointestinal Endoscopy

5.10. Infection Control

The UHL is committed to ensuring patients are protected from acquiring infections whilst being cared for in their hospitals. In order to achieve this, Endoscopy staff will be responsible for providing quality care, maintaining standards in line with the Trusts Infection Prevention policy & strategy therefore:

- Staff will adhere to the UHL uniform policy. Scrub suits are worn when undertaking procedural room work; Long hair must be tied back and off the shoulder and all staff are required to be bare below the elbow.
- ANTT technique is used when cannulation and IV medication is administered.
- Appropriate topical skin cleaning preparation is applied before PEG insertion or placement
- Gowns are provided to patients having lower GI procedures
- Antibiotic prophylaxis is provided where appropriate as per BSG guidelines
- Patients with known infection are scheduled for the end of the list minimising the risk of cross infection e.g. patients with MRSA infection
- Scopes are decontaminated in line with UHL policy
- Standard precautions are taken
- Rooms and equipment is routinely cleaned pre and post use by the nursing staff and a daily schedule of additional work as agreed is provided by UHL Estates department
- PPE is available and used when appropriate
- Staff will attend yearly mandatory Infection Prevention training & complete online e-learning modules

5.11. Health and Safety

Health & Safety matters are reported to the ward Sisters, Matron and Head of Service if necessary and action to resolve the issue is taken.

- All incidents are reported via the Trusts Datix reporting system
- Regular Environmental audit is completed and concerns highlighted
- Full training on new equipment is provided to staff
- Risk assessments are undertaken in line with UHL COSHH requirements
- All staff must attend mandatory Fire training
- Decontamination of scopes is undertaken in line with Trust policy

5.12. Booking and Scheduling patients

5.12.1. Booking and Scheduling Process

The aim is to book all planned/surveillance cases within 6 weeks of their due date.

Validation and administrative review is completed in the 3 months prior to the date the patient is due to have their procedure.

Patients are booked using the electronic scheduling software system - Unisoft.

Primarily patients are contacted by telephone to arrange their appointment and in writing with appropriate notice if verbal contact cannot be made. Some direct booking (via post) is undertaken for specific lists and procedures. All patients are offered dates and times to suit them.

Each type of procedure is given a 'unit weighting' as per JAG recommendations and formulates the planning of each session.

Lists are organised in units of 15 minute sections, and the majority of lists run at 12 units. The lists are booked dependant on the skills of the endoscopist, and the rules for booking for each Endoscopist are built in the Unisoft scheduler booking system. Training lists are identified as 8 units per list

Capacity and demand at all 3 sites is coordinated by the administration team supported by their manager. The team co-ordinates endoscopist's list cover and flexible sessions in conjunction with the Sisters and clinicians via the use of MediRota and week ahead meetings with the ward sisters.

The Bowel Cancer Screening team co-ordinates the BCS list cover on a rolling 6 weeks in advance basis via Medirota and through regular communication with the screening consultants and the endoscopy admin team and manager.

The department operates a list pooling system, under which patients are assigned to an Endoscopist as per their clinical need, not the referring clinician. However, particular patients require various input/treatment, and consequently there are some specifications as to which clinicians perform the procedure.

We use Patient Tracking Lists (PTLs) and are dated in order of both referral date and urgency (booking in turn).

5.12.2. COVID-19 Booking Protocols

All patients will be asked Covid 19 screening questions at the time of booking and on the day of the procedure. Any non-urgent procedures will be delayed if the patient is Covid positive or has signs or symptoms of Covid.

For urgent positive patients and those with symptoms the UHL latest Covid advice will be followed including PPE and fallow time.

Matron and sisters will attend the weekly Covid meetings and follow the latest IP advice.

5.12.3. Operational Meetings

A weekly waiting list meeting occurs, chaired by the General Manager, and attended by the service manager and admin manager.

A weekly look forward meeting is held between the unit sisters and the administration team to review the coming weeks lists identifying any issues, over/under capacity etc.

5.12.4. Escalation Process

Staff are to seek advice and support for any operational issues from the Service Manager and/or Admin Manager, where appropriate, who are contactable via email and/or telephone.

5.12.5. Confidentiality

UHL and its employees are bound by legal duty of confidentiality to all patients which can only be set aside to meet an overriding public interest, legal obligation, or similar duty. The data protection act applies to all staff, contractors and volunteers working for the Trust. The policy sets out how UHL meets its legal obligations and requirements under confidentiality, data protection and information security standards.

See UHL Confidentiality and Data Protection Policy

5.13. Endoscopy Staff

5.13.1. Managing Underperformance and Support

Underperformance is identified or reported through a variety of methods. These are:

- Electronic Audits i.e. from NED
- Feedback from patients/colleagues
- Concerns raised by patients/colleagues
- Complaints raised by patients/colleagues
- Through Governance processes
- Self-Reported

The Endoscopy Clinical Lead has overall responsibility for reviewing Endoscopist Performance Data.

Once underperformance has been identified this will be shared with other members of the leadership team and the individual endoscopists.

The process for escalation and supporting endoscopist performance is as follows:

- A confidential meeting with the endoscopist to discuss their data and/or circumstances, making sure that it is conducted in a non-judgemental and empathetic manner.
- Depending on the underlying cause and avoiding detriment to patient care a personalised action plan will be completed.
- The action plan will include measurable objectives and appropriate timescales for performance review, agreed by both the clinical lead and the endoscopist.
- The action plan will be reviewed in line with these timelines.
- If underperformance persists after a review point, further training for technical issues or other additional support will be considered.

The review will be discussed and recorded anonymously within the minutes of the quarterly EUG meetings.

5.13.2. Recruitment and Selection

Any vacancies are reviewed, advertised via TRAC Recruitment system and at the regular Trust corporate recruitment events, DeMontfort University clearing house for student nurses and overseas recruitment. Bank staff are booked to cover vacancies where possible until filled.

See UHL Recruitment and Selection Policy Trust ref: B43/2009

5.13.3. Induction and Training New Staff

All new nursing, clinical and admin staff will complete a local induction. If not already working for this Trust they will also complete a Trust Induction and Mandatory training day before commencing.

All nursing staff will be assigned a mentor and given an endoscopy specific competency book to work through and objectives will be set. This will be reviewed after 3 months and at appraisal annually.

Non substantive staff are provided with the Endoscopy External Provider overview policy and are required to complete the temporary staffing induction record logbook.

Admin staff complete an admin induction booklet during their first 6 weeks of joining the team and receive an admin training manual to refer back to as and when required.

Senior staff members have a cross over period to allow for a sufficient handover and have supernumery time to shadow before commencing their role full-time.

Mandatory and essential training is identified on e-UHL staff member's personal log and must be completed in a timely manner. The Ward Sisters/Matron/Service and General Manager/Head of Service have access to staff training records and will send reminders for anyone showing not completed or overdue.

Student nurses will be assigned a practice assessor and practice supervisor and will work alongside competent members of staff at all times. They will be contacted before they start with the names of their mentors and at least two weeks off duty.

All students, trainees and admin staff will have a local induction to the unit and sign the local induction book

Staff will be given the time to attend mandatory and essential training

See UHL Staff induction policy B4/2003
See UHL Core Training (Statutory and Mandatory) Policy Trust ref: B21/2005

5.13.4. Appraisals and Staff Development

All staff will have an appraisal three months after commencement and then yearly (more regularly if required).

See UHL Improving Performance (Capability) Policy and Procedure Trust ref: B12/2014
See UHL Appraisal and Pay Progression Policy Trust ref: B16/2015

5.13.5. Student Nurses

Each endoscopy unit has a student link nurse who attends regular meetings and contacts students prior to commencement. We have a student welcome pack and students will be assigned two mentors.
Students are rostered to go across site to see different procedures and also spend time with bowel cancer screening, the gastro ward and to go and see some gastro surgery if they wish.

All staff nurses are mentors and undertake the trust mentorship training.

Students work with their mentor or a competent member of staff at all times whilst in endoscopy

5.13.6. Staff Communication

Staff are encouraged to attend a variety of meetings and access online communications as follows:-

- Monthly UHL Leadership Team huddles (online) - band 6/7 staff and above are encouraged to attend. The information is cascaded verbally, and electronic copies are sent out Trust wide.
- Unit Sisters will attend the CMG specific Professional Nursing Forum.
- All staff will be invited to attend a 3 monthly Endoscopy Users Group (EUG) meeting at their own site.
- The Sisters, Endoscopists, Operational Manager and Head of Service will attend a monthly Gastroenterology meeting followed by the Digestive Diseases Meeting where audits are presented
- Monthly Sisters meeting with Matron
- Regular staff meetings are held at each site-(1 per quarter)
- Monthly one to one meetings are held with the Sister and Matron
- Monthly infection prevention meetings to be attended by the Infection Control Lead for site.
- Regular decontamination meetings to be attended by the Decontamination Lead for site.
- Ward Sisters are required to complete their monthly housekeeping log identifying financial issues
- Admin manager, service manager and general manager meet weekly to review and manage the waiting lists
- Admin staff meetings
- Quarterly Bowel Cancer Screening full team meetings

5.13.7. Staff Wellbeing

Staff well-being is important and as such the Trust provides a number of initiatives for staff to access at work or from home.

Wellbeing at work offer recreational activities either free or at a reduced cost. Staff have access to Amica either by self-referral or via a management referral.

The freedom to speak up guardian is available to discuss particular concerns.

Ward sisters, deputies and matrons and the management team support staff professionally & personally.

The Trusts online Junior Doctor Gripe tool is available for appropriate feedback and observation.
There are various network groups in development across the organisation which staff are encouraged to attend for example BAME groups, and Leicester Women in Medicine.

5.13.8. Management of Sickness and Absence

Sickness absence is managed in line with the UHL Sickness Absence Management Policy and guidelines.

See UHL Sickness Absence Management Policy Trust ref: B29/2006

5.13.9. Use of Temporary Staff

Bank staff will be used to provide cover whilst vacancies exist. All new bank staff will complete a specific Bank staff induction to the unit and will only work in areas that they have been deemed competent.

The use of regular bank staff is encouraged due to the specialist nature of the area.

5.13.10. Staff Leaving the Service

A UHL Trust exit interview is offered to staff leaving Endoscopy & or the Trust conducted by the line manager if they so wish. This is also available for completion anonymously online if preferred.

See UHL Leavers Exit Questionnaire Guidance

5.13.11. Current Budget for Staffing and Service

Each sites budget is checked monthly by the ward sister and the matron has the overview. This is the same for the administration side which is overseen by the service manager and general manager

6 EDUCATION AND TRAINING REQUIREMENTS

Competencies and Training

All Endoscopists will be supported until signed off as competent. UHL is a teaching hospital, therefore training and education is an important element of our service. Dedicated training lists are provided for registrars who are supported by the consultant endoscopy training lead. Trainee Nurse Endoscopists are managed and supported by the lead Nurse Endoscopist. Training lists are reflective and contain minimum of 8 equivalents dependent on the trainee. Trainees will be supervised at all times

The trainee will be registered with JAG Endoscopy Training System (JETS) and complete Direct Observation of Procedure or Skills (DOPS) assessment forms.

Nurse Endoscopists will complete theoretical work in conjunction with Hull University or other accredited sites.

UHL is a recognised JAG accredited colonoscopy and gastroscopy training centre providing internal and external courses. A range of teaching aids and video links are available and supports trainees nationally.

We have 6 monthly endoscopy training days along with regular updates and training from reps, this takes into account the needs and requests from the staff of what they wish to learn or improve their skills on.

All staff will complete mandatory and essential training as identified on HELM.

All staff will be encouraged to attend appropriate training relevant to endoscopy. This includes university modules i.e. Nutrition, Gastroenterology, Surgical modules.

All staff nurses should complete mentor training and support new staff and students.

The training lead role for endoscopy department at UHL, responsibilities include:

- Co-ordination of the allocation of training lists with the managers
- The allocation of appropriate training lists to the trainees level of training
- Ensure that all trainees have an endoscopy induction including an appraisal at the start and end of their attachment and are given an induction booklet
- Responsible for the running of a monthly endoscopy journal club and monthly simulation sessions with the use of the Symbionix Simulator
- Encourage trainees to attend mandatory JAG courses.

See JETS website for training accredited centres

7 PROCESS FOR MONITORING COMPLIANCE

7.1. Monitoring Service Performance

7.1.1. Audit Schedule

The endoscopy Audit Schedule is completed yearly or as required. All audits will be presented and discussed when completed at the monthly Digestive Diseases Centre (DDC) meetings and or at the Endoscopy user Group. Action plans will be put into place as a result if necessary.

7.1.2. Audits

The productivity of the department is measured in the following ways -

- Endoscopy Metrics report, including DNA & Cancellation rates
- Start and Finish Times Audit
- Room Turnaround audit
- Waiting Times and backlog size

The Endoscopy Metrics are discussed at DDC on a monthly basis and at the EUG Quarterly meeting. A service update is also taken to the CMG Board Meeting on a monthly basis.

Inpatient Waiting Times
Inpatient wait times are audited every 4 months. This is presented at the Endoscopy User Group Meeting. If there is a decline in performance in wait times it is discussed during this meeting to identify factors effecting this and actions moving forward, and acted upon.

PCCRC's
Our trust is involved in the national Post Colonoscopy Colorectal cancer (PCCRC) audit. This is presented every 6 months during a monthly DDC meeting. Cases are identified from a national database and each case is reviewed individually with feedback given to relevant individuals involved.

GI Bleeds
A GI bleed audit is undertaken yearly to track that patients presenting with GI bleeds are managed appropriately and undergo endoscopy in a timely manner which is conducted by a nominated registrar. This audit gets presented every 6 months at the Endoscopy User Group Meeting, to ensure that we meet the NICE Guideline and JAG standards. The Endoscopy Lead is responsible for acting upon this data.

Mortality & Morbidity
The data relating to unplanned endoscopy and deaths is collected from the CMG business analyst and is reviewed annually. Incidents are reported using the Datix reporting system and lessons learned are cascaded at the monthly DDC meetings.

7.1.3. Safety/Adverse Events

Any safety or adverse events will be reported on the DATIX reporting system and actioned by the unit sisters who will escalate higher if needed. These will be discussed at our staff meetings and sisters meetings and also at the gastro meetings if thought necessary. These are also fedback to individual endoscopists through the Endoscopist Feedback Forms.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

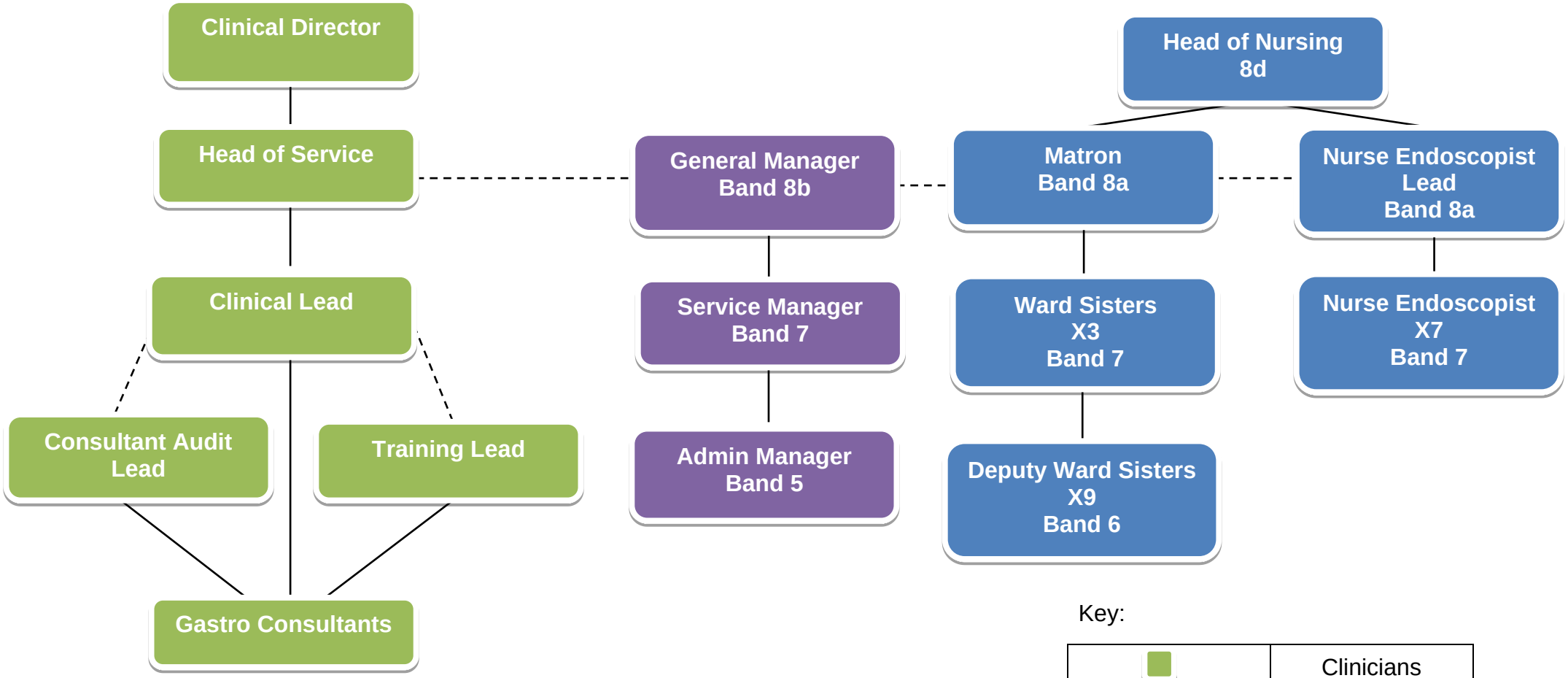
Non- Medical Staff Rostering Policy & Procedure Trust ref: B5/2013
Medical Staff Rostering Policy & Procedure Trust ref: B7/2019
UHL Leavers Exit Questionnaire Guidance
UHL Sickness Absence Management Policy Trust ref: B29/2006
UHL Appraisal and Pay Progression Policy Trust ref: B16/2015
UHL Improving Performance (Capability) Policy and Procedure Trust ref: B12/2014
UHL Core Training (Statutory and Mandatory) Policy Trust ref: B21/2005
UHL Endoscopy Induction Document
UHL Staff induction policy B4/2003
UHL Recruitment and Selection Policy Trust ref: B43/2009
UHL Confidentiality and Data Protection Policy Trust Ref: A6/2003
UHL Decontamination of Flexible Endoscopes Policy Trust ref: B18/2015
BSG Guidelines for Decontamination of Equipment for Gastrointestinal Endoscopy
Decontamination Training Package for Endoscopy Staff within UHL
Endoscopy Vetting SOP
UHL Policy for the Management of Complaints Trust ref: A11/2002
UHL Interpreting and Translation Policy Trust ref: B30/2015
UHL Safeguarding Adults Policy and Procedures Trust ref: B26/2011
UHL Cancer Access Policy Trust ref: B8/2021
UHL Policy on Safety Standards for Invasive Procedures Trust ref: B31/2016
Consent to Examination or Treatment UHL Policy Trust ref: A16/2002

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The policy will be reviewed every 2 years or sooner as required to address significant change. The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Endoscopy Organisation Chart

Appendix 1



Key:

	Clinicians
	Operational
	Nursing

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.