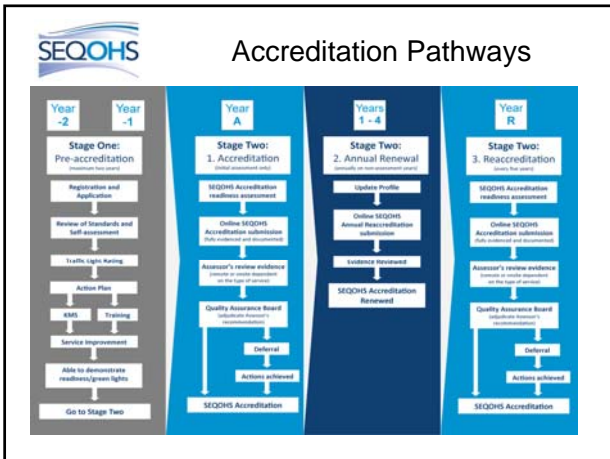


HEOPS
Higher Education Occupational Physicians / Practitioners

SEQOHS Accreditation Scheme

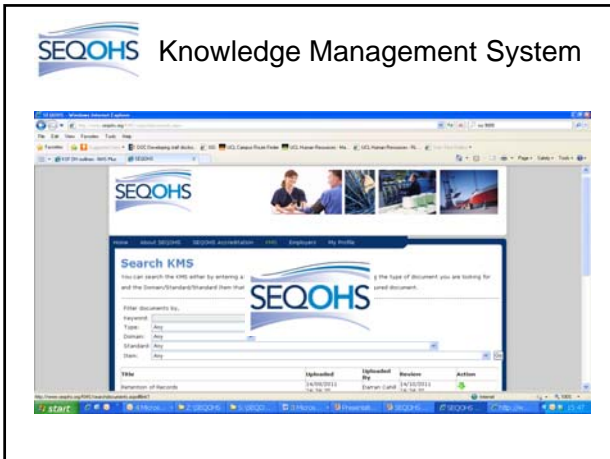
User Experiences



Pros & Cons of SEQOHS

Pros	Cons
University strategic commitment & endorsement	Needs executive buy in & budget allocation
Process gets your house in order	Readiness to register- baseline assessment essential
Training day gives direction	Resource constraints – fitting in the day job
Accreditation guide clearly sets out process	Dedicated time/individual to this task
Helpful on line Knowledge Management System (KMS) make use of it	Scope of documentation for review/drafting
Raises standards	Compliance with SEQOHS timelines

08/04/2014
3



Stage 2 Accreditation Visit

- Timing your visit (3 months from submission)
- Keep in touch with SEQOHS office
- Assessors require internet connection and a place to work
- You will be asked to put together a timetable
- Invite a Senior Management representative

Visit Timetable for UCL OHS

Time	Activity																													
09:30	Pre-visit meeting Final preparation and housekeeping arrangements. Visit team meet at service for pre-visit review to discuss any final items																													
10:00	Meet and greet Visiting team meet key site personnel																													
10:15	Welcome aboard The site personnel present 'welcome aboard'																													
10:30	Site Tour This is a tour of the unit with key site personnel and the visit team																													
11:00	Audience Validation Discussion The visit team will discuss the evidence submitted by the OHS with key personnel																													
	<table border="1"> <thead> <tr> <th>Clinical Lead</th> <th colspan="2">Nurse Lead / Nurse Team</th> <th colspan="2">Administration Lead</th> </tr> <tr> <th>Angela Crossen</th> <th>Head of OHS</th> <th>Angela Crossen</th> <th>Head of OHS</th> <th>Other Roles</th> <th>Practice Manager</th> </tr> </thead> <tbody> <tr> <td>Lee Patten</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Consultant Occupational Physician</td> <td>Michelle</td> <td></td> <td>CHS Consultant Occupational Phys</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Clare Redden</td> <td></td> <td>CHS Practitioner</td> <td></td> </tr> </tbody> </table>	Clinical Lead	Nurse Lead / Nurse Team		Administration Lead		Angela Crossen	Head of OHS	Angela Crossen	Head of OHS	Other Roles	Practice Manager	Lee Patten							Consultant Occupational Physician	Michelle		CHS Consultant Occupational Phys				Clare Redden		CHS Practitioner	
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		Clare Redden		CHS Practitioner																										
12:00	Working Lunch																													
13:00	Report collation																													
15:00	Feedback meeting Peer notes. This form is used by the visiting team to meet with further people, clarify issues, discuss findings, prepare feedback comments and sign a feedback report Site Process Operations has been invited to attend																													
16:00	Close of visit																													



Visit Format

- Give a presentation; provide context
- Involve team
- Ensure suitable facilities and refreshment
- Have outstanding evidence ready
- Vice Provost attended feedback session
- UCL OHS Passed on Day of Inspection; no deferral ☺




Top Reasons for Deferral

- Not monitoring work done by outsourced providers like counsellors and physio
- Not providing evidence that staff are competent to undertake the tasks that they are required to undertake
- Not demonstrating a system of clinical governance with suitable protocols
- Not demonstrating maintenance and calibration of equipment
- Not demonstrating proper cold chain for vaccines
- Not giving sufficient information to patients about what information is held on them and what will be the results of their visit to OH



How to Avoid Deferral


- You not only have to do things right you have to demonstrate to a stranger who knows nothing about your organisation that you are doing it right
- Give clear information about your organisation and how it works
- Look carefully at the suggested evidence for each standard and try to provide it
- You will still get lots of requests for clarification and further information. Don't get cross with the assessors. Don't argue with them. Try to provide it quickly and efficiently. If you can't provide it explain clearly why not.
- Clearly explain why the document provides evidence the the standard is met. Do not upload irrelevant documents. The assessor has to wade through hundreds of documents as it is. They will not appreciate irrelevant ones. If you are uploading a large procedure mark clearly the part that is relevant to the standard.
- If you provide the assessors with the evidence they ask for in a timely fashion you will not have a problem. If you upload 24 documents at ten o'clock on the day before the assessment then you will.
- Try to get as much done before the visit. If problems are found at the visit you will not pass.

 **Stage 3
Reaccreditation
One Year On**


Annual "Report Card" sent out automatically by SEQOHS approx 1 month prior to due date

Individually emailed to:-
Lead Consultant
Lead Nurse
Service Lead
Chief Executive

All to check it reflects the organisation accurately

 **Annual Checks Made on:**

1. Service Profile
2. Latest SEQOHS Assessment
3. Quality Improvement Recommendations (from assessment visit)
4. Annual Customer Survey (SEQOHS recommend this annually depending on size and scope of service)
5. Quality – relates to recent records audit (SEQOHS insist this is done at least annually)
6. Any adverse events / complaints

 **Timescales**

- Lengthy wait for outcome at present
- Reaccreditation submitted late November, confirmation finally received late February
- Panel process of reassessment being reviewed
- SEQOHS now advise this process should be faster and more seamless in future
