

Reaccreditation Policy and Process

SEQOHS accreditation lasts for a five year period. In order to maintain accreditation, services must undergo a reaccreditation assessment.

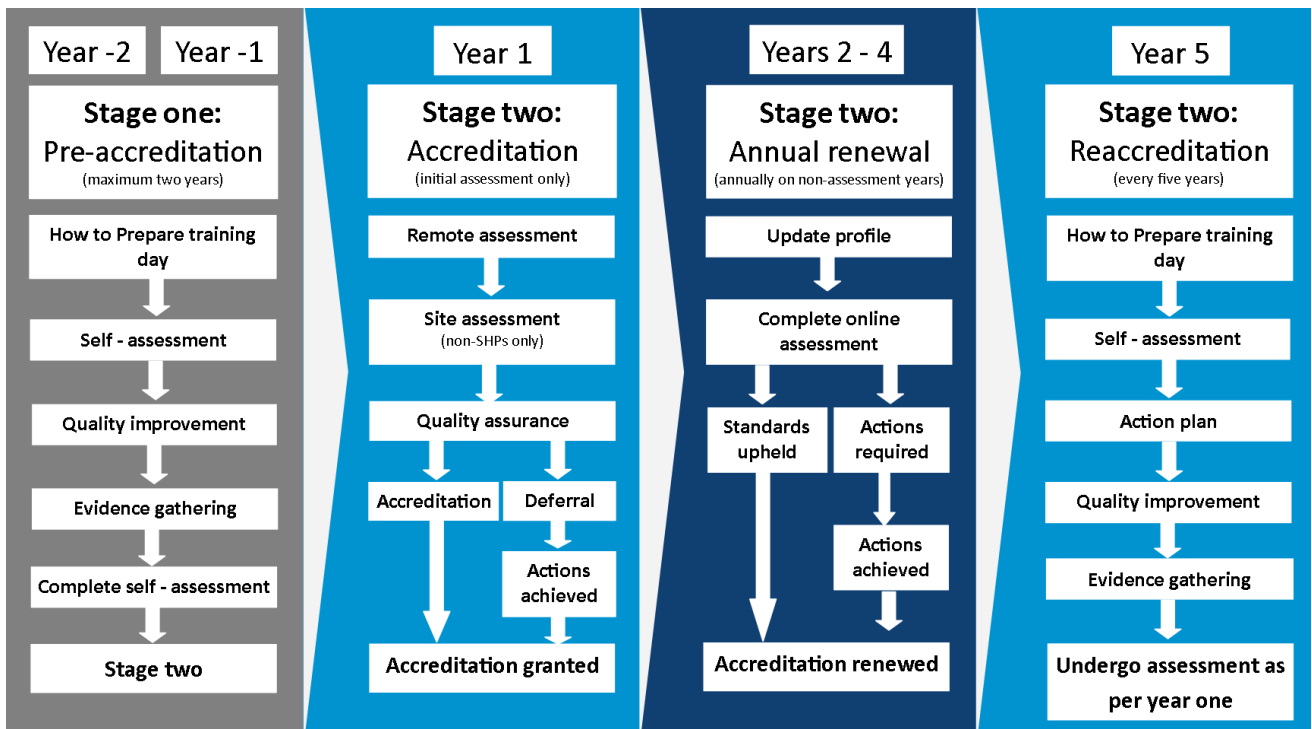
The reaccreditation assessment takes the same form as the original assessment, i.e. a remote assessment and a site assessment.

Purpose:

The purpose of this document is to:

- o assist the OH Service through the reaccreditation stage and to protect the service from risking the loss of-accreditation status;
- o address the position whereby an OH Service has failed to maintain the SEQOHS standards by outlining the reaccreditation process and potential outcomes;
- o ensure that all workers and commissioners of OH services are not misled in any way, for example, if an OH Service that had previously achieved SEQOHS accreditation is no longer working to the standards for which they were accredited.

The full assessment pathway is outlined below:



Timeframe for reaccreditation:

Having achieved the requirements of yearly renewals since being awarded accreditation, an OH Service is required to go through a further full assessment before the 5-year anniversary in order to maintain accreditation status.

It is the responsibility of the OH Service to evoke the process, however the SEQOHS office will send a reminder to the OH Service after their year four annual renewal assessment.

At this time services are advised to start planning their reaccreditation assessment. This includes gathering evidence and nominating the appropriate person to attend the next scheduled 'how to prepare' training day (stage B [training](#)).

Services are advised to access the guidance documents stored within the SEQOHS knowledge management centre (KMS) for further information regarding the standards, preparation for accreditation and who the OH Service should nominate to attend the stage B training day.

As per the original assessment, reaccreditation will consist of a remote assessment followed by an on site visit, except for single handed practitioners, where the 'site' visit will be undertaken remotely via telephone conference call with the assessors.

The OH Service should arrange their assessment visit at least three months prior to their year 5 anniversary in order to allow time for any additional work that may be required and minimise the risk of losing their accredited status.

After 5 years, accredited services will not be able to maintain their accredited status if they have not demonstrated that the SEQOHS standards continue to be met. Thus, services are required to undertake reaccreditation before the 5th anniversary of their last accreditation or reaccreditation.

The following flow chart outlines the process for a November accreditation anniversary:



Reaccreditation Process:

1. Sign off the **self-assessment around eight months before the year 5 anniversary**; then
2. Undergo a **remote assessment of evidence over a three to four month period** and
3. Have a **site assessment at least 3 months prior to anniversary date**.

If a service does not complete the reaccreditation by the 5th year anniversary, they will be deemed to have lapsed.

Lapsed services are removed from the SEQOHS web listing of accredited services and cannot use the SEQOHS logo or reference their SEQOHS accreditation to any party purchasing their services.

1. Self-assessment

To view the self-assessment, services should log into the webtool, hover over *Accreditation*:

Click *Self-assessment*.

You will then be able to complete the assessment and build your evidence portfolio.



2. Evidence

As the reaccreditation assessment follows the same process as the initial stage assessment, services should use the same support material available. This includes the current evidence guide, which details the evidence services should provide to show compliance against each standard. There is specific guidance also available against each standard.

This can be found within the KMS or by clicking on the standard within the self-assessment; for example, if you click on the standard A1.3, you will see:

Examples of evidence	Resources
<ul style="list-style-type: none">• Summary list of outsourced work and who that work is outsourced to• Agreements in place with third party providers, including GDPR requirements, such as sub-processor agreements if applicable• A process that documents how checks are undertaken against the qualifications, registrations and indemnity insurance of any third party providers• A process that describes how quality assurance is undertaken against their reports/outputs; the process should outline the frequency and the content of the review• Actual registration checks / qualification, feedback, meeting notes and /or audit <p>Mandatory for all OH services that use any clinical third party providers</p>	<p>A1.3 - Third Party Providers A1.3 - Counselling Feedback Form SEQOHS Standards A1.3</p>

As stated, and to support services through reaccreditation, a delegate must attend a 'How to Prepare for SEQOHS Accreditation' training day (Stage B) before the self-assessment can be signed off.

This will ensure that services have the most up to date information about the SEQOHS standards, the evidence guide and the assessment process, including what constitutes suitable evidence for uploading. It is recommended that a delegate attends the day as early on in the process as possible, and before they start gathering evidence.

For more information on the day and to register, please see the [SEQOHS website](#).

3. Remote assessment:

Once the OH Service has signed off their self-assessment, they will be allocated the assessment team and the remote assessment will commence.

The final assessment date will have been scheduled, and either a site visit arranged or remote telephone assessment, subject to the type and size of the OH Service

The following outlines the various stages of the remote assessment:

Time	Stage
Weeks 1 – 3	Assessors' first review
Weeks 4 – 6	Service's first response
Weeks 7 – 8	Assessors' second review
Weeks 9 – 10	Service's second response
Weeks 11 – 12	Assessment locked
End of week 12	Site assessment

(For further detail please refer to other guidance on the website and within the KMS including '[How to be successful' at achieving the SEQOHS standards](#)').

4. Site visit

As per the original assessment a site visit will take place, subject to the type of OH Service being assessed. The purpose of this includes enabling the assessors to speak with members of the OH team, verify practice, view any outstanding evidence and inspect the facility and equipment. It is advisable to make sure all relevant staff are available to speak with the assessors.

The assessors will start compiling their report and provide feedback as to their findings and whether or not they are recommending reaccreditation. This is subject to further assessment by QA assessors.

5. Outcome:

It is anticipated that the OH Service will have continued working in line with the standards as well as having undertaken some quality improvement activities; with this in mind the outcome of the assessment should be accreditation for a further 5 years subject to annual renewals.

If, however the OH Service are not able to demonstrate that the standards are being met, they will be given the status 'deferred'; this means the OH Service need to provide further evidence in order to maintain accreditation. The web-tool will be re-opened to allow for new evidence to be uploaded for review by the assessors once the OH Service have signed off their assessment.

So long as the anniversary of the original assessment has not passed, the OH Service can remain on the list of SEQOHS accredited providers and continue to display the SEQOHS quality mark.

If after that 3-month period, the OH Service are still unable to demonstrate compliance with the standards their accreditation status will change to 'assessed but improvements required' and the OH Service will no longer remain on the list of accredited providers.

At that point, the status will revert to 'working towards accreditation' and the OH Service will be given a further 3 month deferral period.

It is of course hoped that sufficient action can be taken to meet the standards and accreditation achieved.

In the unlikely event that an OH Service is still unable to demonstrate compliance with all the SEQOHS Standards, their status will be changed to 'not accredited'.

This means they will be unable to display the SEQOHS quality mark on any of their promotional material or documentation. Furthermore, they will be required to notify their purchasers who had stipulated SEQOHS accreditation, of the change to their status.

Frequently asked questions:

I. Does someone have to attend training?

Yes, it is part of the criteria of SEQOHS accreditation. It aims to equip Services to be able to meet all the evidence requirements and reduce the likelihood of deferral. You are given one free place as part of your fee.

II. What happens if a service does not have a site assessment within the site assessment period?

Services will lose accreditation when their original accreditation lapses (five years after accreditation). They will only be accredited once the service has undergone a full assessment, including the QA process.

III. Can services have an extension to the site assessment date and maintain accreditation?

No. SEQOHS is unable to grant an extension under any circumstance and the site assessment must take place in the period stated above in order to maintain accreditation. If Services are unable to meet the deadline, they should contact the SEQOHS office to agree how to proceed.

IV. What happens if a service does not become reaccredited?

The service will lapse, be removed from the list of accredited services on the SEQOHS website and will be unable to advertise that they are SEQOHS accredited.

The SEQOHS office team is available to help with any queries services have regarding the accreditation process or the evidence requirements.

They can be contacted by **telephone 020 3116 6912** or via **email askSEQOHS@fom.ac.uk**