

SEQOHS

Safe Effective Quality Occupational Health Service

Occupational Health Service Standards for Accreditation



fom
Faculty of Occupational Medicine

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ACKNOWLEDGEMENTS

The Faculty of Occupational Medicine would like to thank those many individuals and organisations who first developed the SEQOHS standards; those who developed the accreditation process; those who contributed to the review of the standards; those who have ensured the delivery of the accreditation process; those who have supported the concept and practice of SEQOHS; and finally and most importantly, those occupational health services and the broader occupational health community which have embraced SEQOHS and made it an integral part of occupational health provision today.

www.seqohs.org
www.fom.ac.uk

FOREWORD

From the President of the Faculty of Occupational Medicine

SEQOHS is about setting, maintaining and raising standards in occupational health services. SEQOHS stands for 'Safe, Effective, Quality Occupational Health Service' and constitutes a set of standards for occupational health services in the UK and beyond. The standards are underpinned by a voluntary accreditation system which accredits services which meet the standards.

Background to the establishment of SEQOHS

SEQOHS is an innovation of which the Faculty of Occupational Medicine is extremely proud. The Faculty proposed the development of standards for occupational health services in 2008, and this was taken up in Dame Carol Black's review, *Working for a Healthier Tomorrow* (2008), which advocated clear standards of practice and formal accreditation of all providers who support people of working age. Following this the Faculty embarked on the process of establishing such standards.

Having brought together a large multidisciplinary, multiagency stakeholder group, and following consultation, the Faculty developed the new standards during 2009. They were launched by Dame Carol Black, in her capacity as National Director for Health and Work, in January 2010. This was planned as being one year ahead of the launch of the accreditation scheme, which was to be developed during 2010. The purpose of this was to permit occupational health services to acquaint themselves with the standards and start to put systems in place to collect the evidence required for the accreditation process.

The first five years

The accreditation scheme commenced in December 2010 and since then the SEQOHS standards have rapidly become an integral part of the occupational health service landscape, accepted in both the public and private sectors as the recognised industry standard.

At the time of the publication of these revised standards, in April 2015, more than 150 occupational health services have been accredited as meeting the SEQOHS standards, and many more are in the process of preparing, or being assessed, for accreditation.

Review of the standards

In 2010 the Faculty committed to reviewing the standards by 2015. In early 2014 we embarked on an extensive consultation process, comprising an open consultation which elicited 178 responses; two expert stakeholder meetings; consultation meetings with SEQOHS assessors and with physiotherapists; many discussions in Faculty and SEQOHS meetings; and a presentation at a Faculty conference on quality improvement. The upshot is that some changes have been made to the standards: some changes are about clarification; some have been made more specific in response to feedback from previous users; and there have been a few small but substantive changes which, having listened to the consultation responses, we think will improve SEQOHS. One such change is the introduction of a new requirement to undertake a systematic audit of clinical practice and provide evidence of action taken.

However, occupational health service professionals who are familiar with the original standards will find the revised standards largely the same and they will be able to see the changes highlighted in a document on the Faculty website: <http://www.fom.ac.uk/standards-for-occupational-health-services>.

Changes to note

An important change which the Faculty has agreed with the Board of the NHS Health at Work Network is that the NHS standards, previously an extra domain, have been incorporated into the other existing domains, A to F. This has been achieved through their integration into the core standards, or, where more appropriate, the specific evidence requirements. Achievement of the NHS requirements will be recognised in the SEQOHS certification.

A key difference in presentation from the publication of the original standards is that the supporting evidence requirements, guidance and references have been published separately electronically. This is based on our experience

of the first phase of SEQOHS operation, from which we have learned that we need to review and update the evidence guidance on a regular basis, to take account of new types of services which arise, and of changes to legislation and guidance.

Another issue arising from the standards review was a request for specific guidance for single-handed providers; this is being published separately during 2015.

Core principles

During the first phase of operation, the SEQOHS team and the Faculty adapted, learned, improved and refined many aspects of the accreditation system, including the evidence which is required to demonstrate compliance with the standards. In considering the key questions that have arisen, some core principles have been considered and decided by the Board, namely: the SEQOHS standards are intended to be applicable to all types and sizes of occupational health services; the SEQOHS standards remain constant for all types of services, but the evidence may be specific to particular sectors; services offering only a narrow range of occupational health services are eligible; and in 2015 the scope is being widened to allow services run by occupational health professionals other than nurses and doctors to seek accreditation, with occupational health physiotherapy services in the first wave of the widened scope.

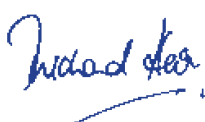
The revised standards

The Faculty is committed to improving practice in occupational health and SEQOHS is at the heart of this. We shall be continuing to provide support to our colleagues in occupational health who are seeking accreditation; we will continue to listen to our customers; and we will strive to continue improving our systems.

Occupational health services which are accredited or which are undergoing the accreditation process at the time of the publication of the new standards should be reassured that the standards remain substantially the same and that the revised standards will be implemented in a way which is manageable for current SEQOHS customers.

I would like to thank all those who helped to create SEQOHS; those who have worked to shape it and to make it the success it has become over the last five years; and to those many people who participated in our five year review of the standards.

I think we now have a usefully refreshed and very sound set of standards, and I am delighted to be presenting them to the occupational health community; to employers and employees; to commissioners of services; and to workers in the UK and beyond, whose health and well-being the SEQOHS standards are ultimately designed to protect and enhance.



Dr Richard Heron

President, Faculty of Occupational Medicine
April 2015

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The standards and further information including the supporting evidence can be found at:
www.seqohs.org

INTRODUCTION TO THE SEQOHS STANDARDS

Aim

The aim of the SEQOHS standards is to support the achievement of safe, appropriate and effective quality services by occupational health services, applicable throughout the UK and beyond.

Purpose

The purpose of this document is to set out the standards, as revised in 2015, for occupational health services. The standards are underpinned by the voluntary SEQOHS accreditation system which assesses occupational health services against these standards. Those services that meet the standards will be awarded SEQOHS accreditation.

Scope

The SEQOHS standards are designed for occupational health services in the public and private sectors, large and small, in the UK and beyond. They articulate the expectations of a safe, effective, quality occupational health service.

It is recognised that occupational health services constitute a 'broad church' and the intention is that SEQOHS should be applicable to all types of occupational health services.

Some occupational health services focus on a very specific area of work, such as the construction industry. Such services will, if seeking accreditation, be assessed against the same SEQOHS standards which are applicable to all services; however, the evidence against which they are assessed, will, where appropriate, be specific to their sector.

Some occupational health services are highly specialised and provide only a narrow 'slice' of the full range of occupational health services; such services are eligible for SEQOHS accreditation, but they will be accredited only for the scope of service which they are providing.

Services led by occupational health professionals other than nurses and doctors are, as from 2015, eligible for SEQOHS accreditation. Specifically, commencing in 2015, there is an agreed system applicable to occupational health physiotherapy services, and in due course consideration may be given to extending this eligibility to services in other areas of occupational health.

Complementing, not replacing, other standards and responsibilities

The standards relate to professional activities and do not extend to an employer's legal responsibilities, which are already addressed by existing laws and regulations. However, an occupational health service will not be accredited if it fails to meet all of the applicable statutory requirements.

The standards and accreditation scheme do not obviate the need for:

- an occupational health service to ensure compliance with all relevant legislation
- a purchaser to use due diligence when selecting an occupational health service

It is the responsibility of a purchaser to take reasonable steps to arrange for a competent assessment of their occupational health needs, whether that assessment is performed by the contracted service or by some independent competent adviser.

It is the joint responsibility of a purchaser and the occupational health service to agree, within their contract or service level agreement, the scope of services provided.

Occupational health professionals who deliver occupational health services are also bound by standards set by their respective professional bodies in relation to their practice. Providers of occupational health services must be committed, in addition to ensuring high standards of service delivery, to helping to ensure that their health professionals act in accordance with their own professional standards. Consequently the standards for occupational health services take into consideration and complement the professional standards set by the relevant professional bodies.

It is recognised by SEQOHS that some services will have worked towards or achieved other recognised accreditations, for example ISO 9001 or 27001 (terminology correct as at January 2015) or gained the Investors in People (IIP) Award. Evidence of internal and/or external audits can therefore be uploaded as supporting evidence for a number of SEQOHS standards in order to take account of work already completed by a service. Guidance on which standards can be cross referenced is available in the SEQOHS Resource Centre (www.seqohs.org) or from the SEQOHS office.

Definitions

A standard is something considered by an authority or by general consensus as a basis of comparison in measuring or judging adequacy or quality. These standards have been developed by the Faculty of Occupational Medicine with other health professional bodies, commercial occupational health providers, employer and worker representative bodies and government agencies.

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

Supporting evidence

To support their application for SEQOHS accreditation, occupational health services are asked to provide evidence to support their case. Examples of suitable evidence, which are published separately (www.seqohs.org), have been developed to illustrate the types of evidence which can be used to demonstrate compliance with the standards. The examples are indicative and are not intended to be either prescriptive or exhaustive.

Each standard can normally be met in more than one way. For each standard, a number of minimum requirements and examples of suitable evidence are described.

The accreditation process

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

Accreditation is a cyclical process; the certificate of accreditation is valid for five years, provided there are no significant changes in the service, and within this, there is also an annual renewal process.

The details of the accreditation process can be found on the SEQOHS website. Once registered with SEQOHS, occupational health services are offered guidance and training, following which they upload their supporting evidence on to the SEQOHS website; when this process has been completed, the evidence is assessed remotely and a site visit with two assessors is arranged to assess the service for accreditation.

Further information

Further information including the supporting evidence can be found at: www.seqohs.org

A. BUSINESS PROBITY

Standard A1	An OH service must conduct its business with integrity
Standard A2	An OH service must maintain financial propriety

Standard A1	
An OH service must conduct its business with integrity	
<i>The following minimum requirements apply to all OH services</i>	
A1.1	An OH service must only publish information about services which is factual and verifiable
<i>The following additional minimum requirement applies to all OH services except single-handed providers</i>	
A1.2	An OH service must take reasonable steps to ensure that all of its staff are honest and trustworthy
<i>The following additional minimum requirement applies to OH services that outsource work to another organisation</i>	
A1.3	An OH service must maintain systems to check the qualifications of, and monitor the standard of, clinical work that is outsourced to third party providers
<i>The following additional minimum requirement applies to OH services that undertake research</i>	
A1.4	An OH service must only conduct or participate in research compliant with published professional ethical guidance

Standard A2	
An OH service must maintain financial propriety	
<i>The following minimum requirement applies to all OH services</i>	
A2.1	An OH service must have appropriate systems of financial and asset control to protect the services that it provides to purchasers

B. INFORMATION GOVERNANCE

Standard B1	An OH service must maintain adequate occupational health clinical records
Standard B2	An OH service must implement and comply with systems to protect confidentiality

Standard B1	
An OH service must maintain adequate occupational health clinical records	
<i>The following minimum requirements apply to all OH services</i>	
B1.1	An OH service must ensure that occupational health clinical records, wherever held, are maintained to standards which meet legal and regulatory compliance and professional practice recommendations
B1.2	An OH service must ensure there are clearly defined arrangements for backing up computer data, back-up verification and a safe back-up system
<i>The following additional minimum requirement applies to OH services that sell their services</i>	
B1.3	An OH service must ensure that procedures exist for the transfer of clinical records on change of contract or closure of business

Standard B2	
An OH service must implement and comply with systems to protect confidentiality	
<i>The following minimum requirements apply to all OH services</i>	
B2.1	An OH service must ensure that staff understand their responsibility to protect confidentiality
B2.2	An OH service must ensure that paper occupational health clinical records, wherever held or transported, are accessed, stored and disposed of safely and securely
B2.3	An OH service must ensure there is an effective policy to control access to computerised data and to prevent unauthorised access at all times
B2.4	An OH service must ensure that the intellectual property of purchasers is protected

C. PEOPLE

Standard C1	An OH service must ensure that its staff are competent to undertake the duties for which they have been employed
Standard C2	An OH service must ensure appropriate clinical governance

Standard C1	
An OH service must ensure that its staff are competent to undertake the duties for which they have been employed	
<i>The following minimum requirements apply to all OH services except single-handed providers</i>	
C1.1	An OH service must ensure that its clinical staff are registered with the relevant regulatory body on the appropriate part(s) of its register(s)
C1.2	An OH service must ensure that its staff have the knowledge, skills, qualifications, experience and training for the tasks they perform
C1.3	An OH service must support its clinical staff in maintaining continuing professional development and revalidation
C1.4	An OH service must ensure that all staff have an annual appraisal and that their personal development plans for continuing professional development meet the needs of the staff member and the occupational health service
C1.5	An OH service must familiarise new staff with the OH service policies and procedures, duty of confidentiality, health and safety, the roles of others and accountability for service quality and delivery

Standard C2	
An OH service must ensure appropriate clinical governance	
<i>The following minimum requirements apply to all OH services</i>	
C2.1	An OH service must employ at least one occupational health professional who has a qualification in occupational medicine or occupational health
C2.2	An OH service must verify that all clinical staff are professionally indemnified
C2.3	An OH service must have access to a named occupational physician, listed as such on the GMC specialist register, for the purposes of seeking specialist advice and escalating cases
C2.4	An OH service must demonstrate clinical governance and compliance with evidence-based and consensus-based guidelines, as well as with professional and legal requirements. This includes compliance with the Faculty of Occupational Medicine's guidance on ethics
C2.5	An OH service must undertake systematic audit of clinical practice and provide evidence of action taken
C2.6	An OH service must have systems in place to detect and address, as early as possible, unacceptable clinical practice and concerns regarding the conduct, performance or health of a member of staff or a health professional with whom they are working to deliver a service

D. FACILITIES AND EQUIPMENT

Standard D1	An OH service must conduct its business in facilities that are safe, accessible and appropriate for the services provided
Standard D2	An OH service must ensure that medical equipment is safe and appropriate for the services provided
Standard D3	An OH service must ensure that any medicines are handled appropriately
Standard D1 is intended to apply to facilities that are provided by the occupational health service that is seeking accreditation, including mobile units. Where the occupational health service is a contractor and the premises are provided by the purchaser, both parties should work together to ensure that the facilities meet these standards.	

Standard D1

An OH service must conduct its business in facilities that are safe, accessible and appropriate for the services provided

The following minimum requirements apply to OH services that provide clinical facilities

D1.1	An OH service must implement and monitor systems to ensure the general health and safety of service users, staff and others
D1.2	An OH service must take all reasonable steps to ensure that services are delivered in facilities that enable access by persons with a disability
D1.3	An OH service must take all reasonable steps to ensure that the facilities are suitable with respect to design, layout and service users' rights to privacy and dignity
D1.4	An OH service must ensure that the facilities provided for service users are well maintained
D1.5	An OH service must provide hand hygiene measures in examination and treatment rooms

Standard D2

An OH service must ensure that medical equipment is safe and appropriate for the services provided

The following minimum requirements apply to OH services that make use of medical equipment

D2.1	An OH service must provide medical equipment relevant to the services provided
D2.2	An OH service must have systems in place to ensure that medical equipment is regularly inspected, calibrated, maintained and replaced and that it is safe to use
<i>The following additional minimum requirement applies to OH services that provide an immunisation service</i>	
D2.3	An OH service must ensure that dedicated vaccine refrigerators are provided and maintained if vaccines are stored

Standard D3

An OH service must ensure that any medicines are handled appropriately

The following minimum requirements apply to OH services that supply or administer medicines

D3.1	An OH service must ensure that staff follow a recognised framework for medicines management
<i>The following additional minimum requirements applies to OH services that provide an immunisation service</i>	
D3.2	An OH service must ensure that staff who give, or advise on, immunisation are clinically competent according to national minimum standards
D3.3	An OH service must ensure that, where appropriate, emergency treatment is always immediately available for anaphylactic reactions
D3.4	An OH service must ensure that staff follow national guidelines for storing, handling, administering and disposing of vaccines

E. RELATIONSHIPS WITH PURCHASERS

Standard E1	An OH service must deal fairly and ethically with purchasers
Standard E2	An OH service must be customer-focused in its relationships with purchasers

Standard E1	
An OH service must deal fairly and ethically with purchasers	
<i>The following minimum requirements apply to all OH service that charge purchasers directly for providing services</i>	
E1.1	An OH service must provide purchasers and potential purchasers with clear and user-friendly information on fees
E1.2	An OH service must agree with purchasers, at the outset and at contract reviews, the services to be delivered and the resources required to deliver the service; this should include the extent and scope of any business continuity planning that is required to protect service delivery
E1.3	An OH service must agree with purchasers, at the outset, the processes for referrals to the OH service; case management; reporting of cases of occupational disease and any onward referral of workers for further investigation
E1.4	An OH service must advise purchasers of the value of conducting an OH needs assessment and of active and timely management of work-related ill health

Standard E2	
An OH service must be customer-focused in its relationships with purchasers	
<i>The following minimum requirements apply to all OH services</i>	
E2.1	An OH service must understand purchasers' needs based on reliable and recent information
E2.2	An OH service must define an explicit service level agreement for each customer organisation so that purchasers understand from the outset what they can expect from the service
E2.3	An OH service must ensure ongoing familiarity with the hazards, risks, processes and controls for each purchaser's operations
E2.4	An OH service must use formal and informal methods to regularly seek feedback regarding service provision

F. RELATIONSHIPS WITH WORKERS

Standard F1	An OH service must ensure that workers are treated fairly and in line with professional standards
Standard F2	An OH service must respect and involve workers

Standard F1

An OH service must ensure that workers are treated fairly and in line with professional standards

The following minimum requirements apply to all OH services

F1.1	An OH service must inform workers about how their personal health information is recorded and used, how to access their personal information and their rights in relation to how their personal health information is used and shared
F1.2	An OH service must ensure that clinical staff obtain informed consent for procedures and for the use of workers' personal health information in accordance with professional guidelines
F1.3	An OH service must ensure that workers are informed of the professional role of clinical staff and the purpose of different interventions
F1.4	An OH service must promote a culture of equality and treat workers fairly

Standard F2

An OH service must respect and involve workers

The following minimum requirements apply to all OH services

F2.1	An OH service must use formal and informal methods to regularly seek information and feedback from workers and/or their representatives
<i>The following additional minimum requirement applies to in-house OH services</i>	
F2.2	An OH service must consult and involve workers or their representatives regarding the provision of OH services and material occupational health issues

DISCLAIMER

The Faculty of Occupational Medicine and SEQOHS will give consideration to any feedback received about an accredited occupational health service.

However, the Faculty of Occupational Medicine is not a regulatory body and where you are not satisfied with an accredited occupational health service you should follow the occupational health service's complaints procedure and/or seek legal advice. The Faculty of Occupational Medicine does not endorse or recommend any occupational health service and to the fullest extent permitted by law, the Faculty of Occupational Medicine accepts no liability for any loss or damage (whether direct, indirect or consequential) incurred by any person howsoever caused arising from any person acting, omitting to act, failing to act or refraining from acting in accordance with these standards whether accredited by the Faculty of Occupational Medicine or otherwise.

GLOSSARY

Audit	The evaluation of an organisation's systems, processes or product that investigates whether defined standards and minimum requirements are satisfied.
Clinical governance	Clinical governance provides a quality framework through which healthcare organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
Competent	Competent means that the individual can perform the task with the requisite ability.
Contract reviews	Contract reviews are periodic evaluations performed by the service provider and the customer to ensure that the agreement specifies all of the customer's requirements and that all of those requirements are being satisfied.
Customer focus	Customer focus is one of the keys to business success. It is an organisational attitude and behaviour of satisfying the needs of customers. Achieving customer focus involves ensuring that the whole organisation puts customers first.
Data	Data refers to all records and correspondence.
Equality	This means recognising that while people are different and need to be treated as individuals, everyone is the same in terms of having equal value, equal rights as human beings and a need to be treated with dignity and respect.
OH service/s	Occupational health service/s.
Minimum requirement	A minimum requirement is a characteristic that services must have and which affect the ability to satisfy legal or professional obligations or a customer's need.
Quality	Quality is used in this document to denote a degree of excellence.
Research	Research is the gathering of data, information and facts and aims to derive generalisable new knowledge.
Staff	The entire group of people who work at an organisation including those who are: • employed / agency / bank / voluntary • clinical e.g. nurses, doctors and occupational health technicians • non-clinical e.g. administrative staff.
Workers	Service users of an occupational health service.



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©Faculty of Occupational Medicine of the Royal College of Physicians
3rd Floor, Derwent House, 69-73 Theobalds Road, London, WC1X 8TA
t: 020 7242 8698 • f: 020 3116 6900 • e: fom@fom.ac.uk • www.fom.ac.uk

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