

## **REVIEW OF SEQOHS STANDARDS**

### **Report back on the responses to the consultation process**

Thank you to everyone who responded to the consultation process on the review of the SEQOHS standards.

This report sets out the background for the consultation process and the content of the responses received. There was a high level of engagement with 178 responses to the survey. The proposals for changes which were put forward have been through an extensive discussion process within the Faculty and with stakeholders. The draft revised standards will be presented for further and final stakeholder comment at the Faculty's Quality Improvement conference on 3<sup>rd</sup> September 2014 in Birmingham: <http://www.fom.ac.uk/wp-content/uploads/QI-conference-flyer-web2.pdf>

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# INTRODUCTION

## Background

SEQOHS is an accreditation system for occupational health services. It was developed by the Faculty of Occupational Medicine, in consultation with a wide range of stakeholders, in response to Dame Carol Black's report of 2008, 'Working for a healthier tomorrow'.

The [SEQOHS standards](#) were published in January 2010, and the accreditation system, which is managed by the Royal College of Physicians, went live in December 2010. During the last three and a half years, SEQOHS has become an established part of occupational health practice, with 143 services now accredited: <https://www.seqohs.org/AccreditedUnits.aspx>

When the standards were published there was a stated commitment to review them by January 2015. Beginning in the autumn of 2013, the Faculty undertook an extensive and open consultation process including:

- Scoping meeting involving broad range of stakeholders in September 2013
- Two open consultations, long and short versions, closing on 1 April 2014, eliciting 178 responses between them
- Meeting of stakeholders to discuss the outcomes of the consultation in April 2014
- Reports and discussions at the Faculty Board and Executive Committee meetings, and the SEQOHS Steering Group.

## Outcome

The outcomes of the consultation process are as follows:

1. Proposed changes to the standards arising from the consultation are currently being considered by the Faculty Board and other stakeholders, a draft version of which will be presented at the Quality Improvement conference on 3<sup>rd</sup> September in Birmingham:  
<http://www.fom.ac.uk/wp-content/uploads/QI-conference-flyer-web2.pdf>
2. Consideration is being given to integrating the separate NHS standards ('Domain G') into the generic SEQOHS standards. The NHS Health at Work Network Board and others are being consulted.
3. Comments relating to possible changes to the process of accreditation are being considered separately by the SEQOHS team.
4. The references will be updated and published separately online, to include reference to the Equality Act 2010 and a list of occupational health guidance documents
5. The evidence will be improved, clarified and published separately online.
6. Special guidance for single-handed practitioners will be developed.

## **RESPONSES TO THE SURVEYS**

- The surveys were developed over three months in late 2013.
- The consultation period closed on 1 April 2014.
- Two surveys were developed – one short survey, 'Themes and New Ideas', which was a general look at the current standards, and a long survey, 'Critique of the Current Standards', which asked for each individual standard to be evaluated.
- There were questions in both surveys for respondents to comment on the accreditation process.
- Both surveys generated largely positive feedback, both in evaluating the current standards and when commenting on the accreditation process.
- The free-text comments from both surveys have been carefully considered and proposals from them are being fed into the review of both the standards and the process of accreditation.

# Short survey – ‘Themes and New Ideas’

## Introduction

- Below is a summary of the main findings for the **short survey**, ‘Themes and New Ideas’, which was a general look at the current standards.

## Themes and new ideas

130 people completed the short survey.

### 1. The Current SEQOHS Standards

‘The current standards are generally appropriate for OH services’.

- 95% agreed or strongly agreed, 5% disagreed. Respondents were given the option to elaborate, which 13 people did.
  - 3 people said the standards were more appropriate for OH providers rather than in house services.
  - 2 people said there should be more focus on clinical standards.
  - One person commented that these standards were difficult for small or independent OH services to comply with.

### 2. Additional Standards

‘An OH service must undertake an occupational health needs assessment, based on a review of the employer’s business.

- 67% agreed, 22% disagreed.

‘An OH service must provide appropriate training for all staff.’

- 97% agreed, 1.5% disagreed.

‘Should the standards include clinical occupational health activities for all occupational health services?’

- 64% agreed or strongly agreed, 6% disagreed or strongly disagreed.

‘Are there any other new requirements you think should be added?’

- This was a free text answer, and 23 respondents answered.
- 4 people answered that there should be more focus on clinical standards, audit and quality improvement.
- 2 people said that standards should be included to assess the competency of the management.
- 2 people said that some of the standards should be removed. They did not say which ones.

### 3. The Evidence

'Generally, the examples of suitable evidence are clear.

- 65% agreed, 16% disagreed.

Respondents were given the option to elaborate in a free text answer, which 18 did.

- 6 people said that the evidence should be more comprehensive or that there should be more examples of suitable evidence included.
- 4 people said that the evidence should be more prescriptive or regimented, as there was a lack of consistency in its application by assessors.

#### 4. About you

In this section respondents were asked for name, occupation and contact information. 80 respondents provided this information and gave consent to be contacted to discuss their comments further.

Respondents were also asked whether they are working for OH units which are SEQOHS accredited, undergoing accreditation, or contemplating undergoing accreditation. It can be inferred that everybody who answered this survey has been involved with the SEQOHS accreditation process to a greater or lesser degree; of those currently working for a SEQOHS accredited unit, the majority led the process.

Respondents were asked to comment on the accreditation process in a free text answer, which 50 respondents did.

- Of those 50 answers, 18 comments were generally positive, 13 were generally negative, and 19 were mixed or neutral in tone.
- The positive comments described how SEQOHS accreditation is a good selling point to attract new business; an effective team building exercise; and increases awareness of internal standards and helps to improve administrative procedures. Several people also commented that the SEQOHS assessors and office staff were very helpful and informative during the accreditation process.
- The negative comments focussed on how time consuming, administratively demanding and expensive the accreditation process is. Several said that they received conflicting advice from assessors, and some said it was very difficult for independent or small OH units to complete. One person commented that the SEQOHS assessors were unfamiliar with the set up of the Scottish NHS.

#### 5. Other

'If you think the references quoted on page 26 of the standards document should be updated or added to, please give details.'

- 17 respondents answered this free text question.
- The majority said that the Disability Discrimination Act should be replaced with the Equality Act 2010.

'Do you think there is a need for special guidance for single-handed practitioners?'

- 48% agreed, 10% disagreed. Respondents were asked to elaborate if they wished, which 15 did.
- Suggestions for special guidance for single-handed practitioners included more peer support, more specific instructions about what to do, and a simpler set of guidelines than for larger OH services.

'Is your occupational health unit/employing body accredited with other systems?'

- 28% said yes, 61% said no.
- The majority of those that said yes said that their unit or employing body was also accredited by ISO. Several said Link Up and Constructing Better Health.

# Long survey – ‘Critique of the Current Standards’

## Introduction

Below is a summary of the main findings for the **long survey** which asked for each individual standard to be evaluated.

## Critique of the Current Standards

48 people completed the long survey.

### 1. The Current SEQOHS Standards

‘The current standards are generally appropriate for OH services’.

- 98% agreed or strongly agreed, 2% disagreed. Respondents were given the option to elaborate, which 6 people did.
  - One person said that the standards were more relevant to the NHS.
  - One person said that more emphasis is needed to demonstrate quality improvement to patients.
  - One person asked to see provisions for counselling, occupational therapy and physiotherapy, and quality assurance checks for technicians.

Respondents were then asked to comment on each of the individual standards, with the option to comment on Standards A – F in a free text answer.

#### *A - Business Probity*

- A1 – An OH service must conduct its business with integrity
  - 97% considered this standard to be fully or largely appropriate.
  - Standards A1.1 – A1.4 were considered fully or largely appropriate by at least 93% of respondents.
- A2 – An OH service must maintain financial propriety.
  - 95% considered this standard to be fully or largely appropriate.
  - Standards A2.1 was considered fully or largely appropriate by 90% of respondents; 10% of respondents considered it partly appropriate.
- 8 people commented on the standards concerning business probity.
  - 2 people believe that the Business Probity standards are not appropriate for in house providers.
  - 2 people, referencing A1.1, believe that quality is something that OH providers should be able to highlight on their marketing materials.
  - 2 people said that these standards do not require any research.

#### *B - Information Governance*

- B1 – An OH service must maintain adequate occupational health clinical records
  - 100% of respondents considered this standard to be fully or largely appropriate.

- Standards B1.1 – B1.3 were considered fully or largely appropriate by 95% - 100% of respondents
- B2 – An OH service must comply with systems to protect confidentiality
  - 100% of respondents considered this standard to be fully or largely appropriate.
  - Standards B2.1 – B2.4 were considered fully or largely appropriate by at least 95% of respondents.
- 8 people commented on the standards concerning information governance.
  - Two people commented on B1.3, saying there was too much emphasis on electronic information rather than paper-based information.
  - One person commented that Standard B1.2 is difficult to fulfil for those working in large multinational companies.
  - One person commented that B2.4 should be clear from the other standards and is thus unnecessary.

### *C - People*

- C1 – An OH service must ensure that its staff are competent to undertake the duties for which they are employed
  - 98% of respondents considered this standard fully or largely appropriate.
  - Standards C1.1 – C1.5 were considered fully or largely appropriate by at least 95% of respondents.
- C2 – An OH service must ensure adequate clinical supervision
  - 100% of respondents considered this standard fully or largely appropriate.
  - Standards C2.1 – C2.5 were considered fully or largely appropriate by at least 98% of respondents.
- 16 people commented on the standards concerning people.
  - 2 people commented on the use of the word 'adequate' in Standard C2, asking for guidance on what constitutes 'adequate' clinical supervision.
  - 2 people commented on Standard C2.3, believing it to be unclear and open to interpretation.
  - 1 person said that Standards C2.2 is irrelevant for the NHS.
  - 1 person said that qualified staff should be proportionate to the number of staff.
  - 1 person suggested a standard to check that those involved in audiometry, skin surveillance, tier 3 HAVS and spirometry have been on appropriate professional competence courses, not just in house training.
  - 1 person commented that Standard C2.5 may change with the NMC's proposals for revalidation.

### *D - Facilities and Equipment*

- D1 – An OH service must conduct its business in facilities that are safe, accessible and appropriate for the services provided
  - 95% of respondents considered this standard to be fully or largely appropriate.
  - Standards D1.1 – D1.5 were considered fully or largely appropriate by at least 95% of respondents.
- D2 – An OH service must ensure that medical equipment is safe and appropriate for the services provided



- 98% of respondents considered this standard to be fully or largely appropriate.
- Standards D2.1 – D2.3 were considered fully or largely appropriate by at least 98% of respondents.
- D3 – An OH service must ensure that any medicines are handled appropriately
  - 95% of respondents considered this standard to be fully or largely appropriate.
  - Standards D3.1 – D3.4 were considered fully or largely appropriate by at least 98% of respondents.
- 9 people commented on the standards relating to facilities and equipment.
  - 2 people commented on D2.3, asking why vaccines alone require dedicated storage and believing it to be unnecessary.
  - 1 person commented that although all of these standards are relevant, they felt that some of the wording (implement, monitor, well maintained) was subjective and open to interpretation.
  - 1 person believed Standards D2 and D3 could be moved into a clinical domain.
  - 1 person commented that not all OH services provide clinical services, and so these standards would not be relevant.

#### *E - Relationships with Purchasers*

- E1 – An OH service must deal fairly with purchasers
  - 90% of respondents felt that this standard was fully or largely appropriate.
  - Standards E1.1 – E1.4 were considered fully or largely appropriate by at least 90% of respondents.
  - Standard E1.2 was considered not appropriate by one respondent (2.5%).
- E2 – An OH service must be customer focussed
  - 92% of respondents considered this standard to be fully or largely appropriate.
  - Standards E2.1 – E2.4 were considered fully or largely appropriate by at least 90% of respondents.
- 17 people elaborated on the standards relating to relationships with purchasers.
  - Several people commented on the use of questionnaires to fulfil these standards, believing this to be a weak method of acquiring evidence.
  - Several people believed that this section is not applicable to in house providers.
  - Several people believed that some customers are not comfortable with contractual obligations, as per standards E1.1, E1.4 and E2.2.
  - 2 people commented that this section should be shorter.
  - One person commented that there should be a definition of 'customer focussed' on which to base these standards.

#### *F - Relationships with Workers*

- F1 - An OH service must ensure that workers are treated fairly
  - 98% of respondents felt that this standard was fully or largely appropriate.
  - Standards F1.1 – F1.4 were considered fully or largely appropriate by at least 95% of respondents.
  - Standard F1.4 was considered not appropriate by one respondent (2.5%).
- F2 – An OH service must respect and involve workers

- 98% considered this standard to be fully or largely appropriate.
- Standard F2.1 was considered fully or largely appropriate by 95% of respondents.
- Standard F2.2 was considered fully or largely appropriate by 80% of respondents; 20% of respondents considered it only partly appropriate.
- 13 people commented on the standards relating to relationships with workers.
  - Several people commented that these standards are appropriate but difficult to define and enforce.
  - 2 people said that F2.2 is difficult to demonstrate, and so informal feedback should be accepted.
  - One person said that F1.4 is appropriate for the NHS, but not for other OH services.
  - Several people commented that they employer has a responsibility to liaise with the workforce.

## 2. Additional Standards

'An OH service must undertake an occupational health needs assessment, based on a review of the employer's business.'

- 61% agreed, 20% disagreed.

'An OH service must provide appropriate training for all staff.'

- 90% agreed, 7% disagreed.

'Should the standards include clinical occupational health activities for all occupational health services?'

- 58% agreed or strongly agreed, 18% disagreed or strongly disagreed.

'Are there any other new requirements you think should be added?'

- This was a free text answer, and 18 respondents answered.
- Several questioned the additional standard relating to the provision of training, asking that it be made more specific; in particular, the frequency of training and which staff should be subject to training should be specified.
- 1 person asked that an additional standard assessing the management and leadership of OH services should be added.
- Several people felt that the standards should be streamlined as they felt assessors were not consistent in applying the standards to different OH units (some of the respondents have worked for several units that have undergone the accreditation process).

## 3. The Evidence

'Generally, the examples of suitable evidence are clear.'

- 59% agreed, 17% disagreed.

Respondents were given the option to elaborate in a free text answer, which 10 did.

- 2 people commented that the examples of evidence in the standards and the examples given in the training conflict, so the assessors are not consistent.
- One person commented that some of the evidence examples overlap and could meet multiple standards.
- One person commented that, in their experience, the examples of evidence change depending on the assessors, leading to a lack of consistency.
- One person commented that more examples of suitable evidence should be included.

#### 4. About you

In this section respondents were asked for name, occupation and contact information. 30 respondents provided this information and gave consent to be contacted to discuss their comments further.

Respondents were also asked whether they are working for OH units which are SEQOHS accredited, undergoing accreditation, or contemplating undergoing accreditation. It can be inferred that everybody who answered this survey has been involved with the SEQOHS accreditation process to a greater or lesser degree; of those currently working for a SEQOHS accredited unit, the majority led the process. The exact level of involvement was detailed in free text answers, which 25 people answered; 22 of them led the accreditation process.

Respondents were asked to comment on the accreditation process in a free text answer, which 24 respondents did.

- Of those 24 answers, 9 comments were generally positive, 6 were generally negative, and 7 were mixed or neutral in tone.
- The positive comments centred on how the accreditation process helped to tighten their working practices, helped to raise their internal standards, gave their OH service credibility, and was a good team building exercise.
- The negative comments centred on the expense and time consuming nature of the process. Two people did not believe there was any benefit to completing accreditation. Two people found the SEQOHS staff unhelpful or uncommunicative; by contrast, several people who completed the short survey commented on how helpful and informative they found the SEQOHS staff.

#### 5. Other

'If you think the references quoted on page 26 of the standards document should be updated or added to, please give details.'

- 4 respondents answered this free text question.
- One person said that the reference to the Disability Discrimination Act should be replaced with the Equality Act 2010.

'Do you think there is a need for special guidance for single-handed practitioners?'

- 57% agreed, 11% disagreed. Respondents were asked to elaborate if they wished, which 10 did.
- Suggestions for special guidance for single-handed practitioners included a simplified set of standards, clearer examples of acceptable evidence, and a mentoring service.

'Is your occupational health unit/employing body accredited with other systems?'

- 30% said yes, 61% said no.
- The majority of those that said yes said that their unit or employing body was also accredited by ISO

### **NEXT STEPS**

The draft revised standards will be presented for further and final stakeholder comment at the Faculty's Quality Improvement conference on 3<sup>rd</sup> September 2014 in Birmingham:  
<http://www.fom.ac.uk/wp-content/uploads/QI-conference-flyer-web2.pdf>

*Faculty of Occupational Medicine*  
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