



JAG accreditation scheme

Stage two: assessment – service guidance



Introduction

To become accredited, an independent assessment team review the service’s evidence and undertake a site assessment to verify the standards are being met. This document summarises this pathway and what actions a service should undertake to ensure a successful assessment.

Phase timelines

The site assessment in stage two is divided into four phases, starting from the date that the service confirms that there is no conflict of interest with the assessment team. The deadlines for each of these phases are detailed on the webtool.

Phase	Description	Length
Phase one: lead assessor review	An initial review of the key pieces of evidence is completed by the lead assessor to ensure the evidence meets the minimum requirements. No action is required from the service.	1 week
Phase two: assessment team review	The assessment team performs a review of all evidence uploaded, provides feedback and requests any additional evidence. No action is required from the service.	2 weeks
Phase three: service response	The service responds to the assessor comments and provides further evidence, if requested.	2 weeks
Phase four: assessment team review	The assessment team reviews the evidence and service response from phase three prior to the site assessment. No further changes should be made to the evidence and no action is required from the service.	1 week

Before the site assessment

Assessment team and conflict of interest

Once the office has received the service's request for an assessment they will review the submission to ensure that the service is ready to be assessed. If the service is ready to proceed an assessment team will be proposed, comprising of a:

- Medical assessor, focusing on quality and safety and the clinical workforce including endoscopist training
- Nurse assessor, focusing on the environment, decontamination and nursing workforce
- Management assessor (only for larger services or where training is provided), focusing on booking, capacity and productivity and administration including the administrative workforce
- Lay assessor, focusing on the patient pathway and experience.

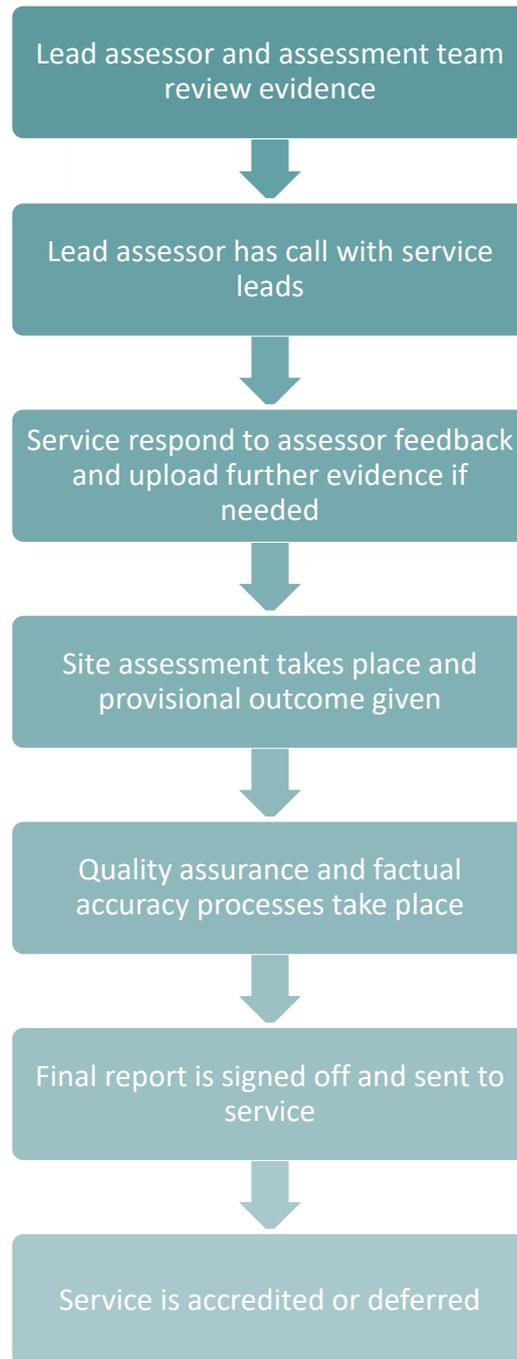
One of the first three roles will be assigned as lead assessor by the office team who are the main point of contact for the assessment team.

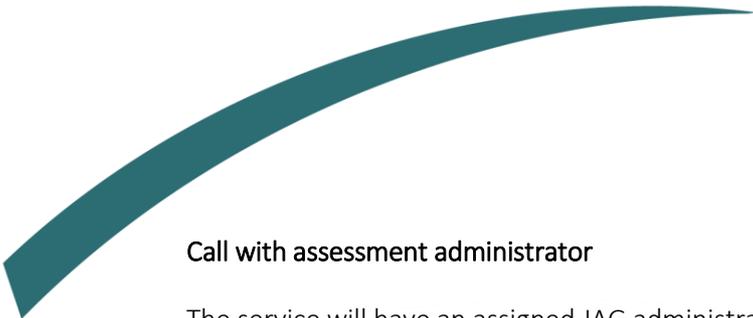
The service will receive an email notification with details of the assessment team and are asked to confirm any conflict of interest on the webtool. For more information on the conflict of interest, please see the [JAG support centre](#).

You can contact the assessment team via the messages tab on the webtool.

Patient pack

Services are asked to send a patient pack to the JAG office for the lay assessor to review. This should include all relevant information and documentation that a patient would normally receive before they attend for a colonoscopy procedure. For more information on the patient pack, please see the [JAG support centre](#).





Call with assessment administrator

The service will have an assigned JAG administrator to support them throughout the assessment process (see the webtool to see who this is and their contact details). The administrator will arrange a call with the service to ensure they are familiar with the assessment process and how to navigate the webtool.

Call with the lead assessor

Before a site assessment, the lead assessor will schedule a call with the service to talk through the uploaded evidence. This is an opportunity for the service to raise any issues or questions they may have before the assessment takes place. The service must ensure the service clinical, nursing and management leads join the call.

Assessment timetable

The lead assessor will complete and send a timetable for the site assessment to the service leads through the webtool, which will include the activities and timing, as well as the service leads the assessors would like to interview. Services should review this and provide names of those roles, as well as details of the rooms the interviews will take place in.

Service response to evidence (phase three)

The assessment team will provide comments on the evidence uploaded. Services should use this time to provide extra evidence and respond to queries as appropriate (see above section for details of the phase dates). This time is important for services to ensure that they meet the standards by the time of the site assessment and avoid deferring accreditation.

The site assessment

An example timetable for the site assessment is given below:

08:30	Meet and greet with assessment team
09:00	Presentation by service , followed by Q&A (see the webtool for a template presentation; presentation should be around 10-15 minutes)
10:00	Service tour , lead by up to two members of the service
11:00	Interviews
13:00	Lunch
13:30	Further interviews and validation of evidence
14:00	Assessment team collate report and request additional information if needed
15:15	Feedback meeting (services should ensure appropriate executive representation including, the CEO, hospital directors and service leads are present)
16:00	Assessment close

The full endoscopy team must be available throughout the site assessment (the assessors will work around the team's work commitments). This includes the clinical, management and nurse lead; should the three leads not be present, the assessment may not be able to continue. The service must be operating normally and have endoscopy lists running as normal throughout the day, though this may be reduced slightly.



The assessment team should be provided with a dedicated meeting room for the duration of the day, and provided with a laptop or computer with internet access. They should also be provided with a sandwich lunch (your assessment administrator will advise of any dietary requirements).

A provisional outcome will be given at the final feedback session. Any issues identified by the assessment team will be discussed throughout the course of the site assessment ahead of the final feedback session.

After the site assessment

Immediate safety actions

If there are any immediate safety concerns that need to be addressed then this will be fed back to the service leads during the site assessment. The service and CEO will receive a letter from the JAG office requesting action within 48 hours. If there are any serious safety concerns identified then the assessment may be stopped.

2-week actions

If there are a few minor actions required before accreditation can be granted then the service will be given 2 weeks to complete this. If the actions cannot be completed within the 2-week timeframe then the service will automatically be deferred for 6 months.

Quality assurance and factual accuracy

The provisional outcome will be dependent on approval by the quality assurance panel. This is where two assessors who are independent to the assessment team review the report and ensure that they agree with the outcome and that the assessment has been conducted to meet JAG's standards. Once complete, the provisional report will be sent back to the service to confirm the factual accuracy of the report. The report is then sent to the scheme chair for final sign off before being sent to the service.

Outcomes

Following the site assessment it should take no more than 8 weeks for the report to be signed off by the scheme chair. Depending on the assessment outcome the service will be issued with a report, a letter and certificate. The two outcomes following an assessment are:

Accredited - The service has met all standards necessary for accreditation. The service will be accredited for 5 years subject to annual reviews. See the stage three guidance.

Assessed: Improvements required - The service is required to complete further key actions identified in their report and have been deferred for up to 6 months to achieve this. The deferral process may involve a physical reassessment (where a second site assessment is required) or evidence reassessment (online submission of evidence). See the stage two: deferral guidance.



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