



## JAG accreditation programme Stage two: deferral pathway



### Introduction

Following a site assessment, services are ‘accredited’ if they meet the JAG standards or ‘deferred’ if there are standards that have outstanding requirements and more time is required to achieve them. Services will receive their report outlining the key actions that must be met to achieve accreditation. This document summarises the deferral pathway and the actions services must take to gain accreditation.

### Types of deferral assessments

The assessment report and letter will detail the type of deferral assessment the service must undertake:

#### 1. Site reassessment

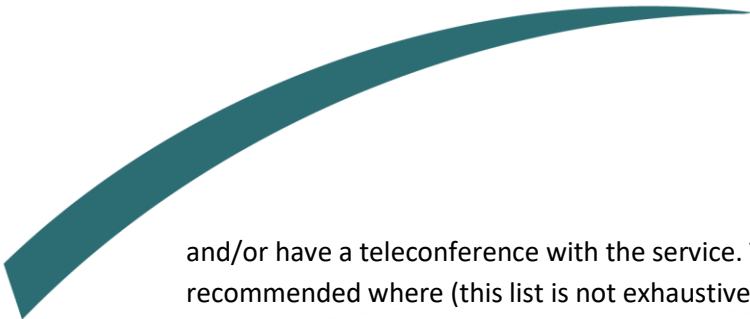
This is a physical onsite assessment by at least one member of the original assessment team. This is normally recommended where (this list is not exhaustive):

- Physical changes to the environment need to be observed and validated by the assessment team
- There are multiple key actions that require remote evidence review and service staff interviews
- Where interviews with service personnel are needed.

All site reassessments will be accompanied by an online submission of documentation to support all the key actions in the report.

#### 2. Documentation review

This is an online submission of evidence to meet the key actions in the report. The assessment team will not physically re-attend the service but review evidence remotely



and/or have a teleconference with the service. This is normally recommended where (this list is not exhaustive):

- There are minor physical changes to the environment that can be supported by photographic evidence and a description
- Waiting times targets need to be met or audits need to be updated
- Policies, guidelines and processes need to be updated
- Business cases or plans need to be presented.

### Following the site assessment

A new assessment will be opened on the webtool containing the deferred standards. This can be viewed on the assessment dashboard. The deferral period will start on the date the service receives their official documentation. Services must upload the evidence requested in the report to the dashboard. The team will review the evidence at the end of the deferral.

### Action plans

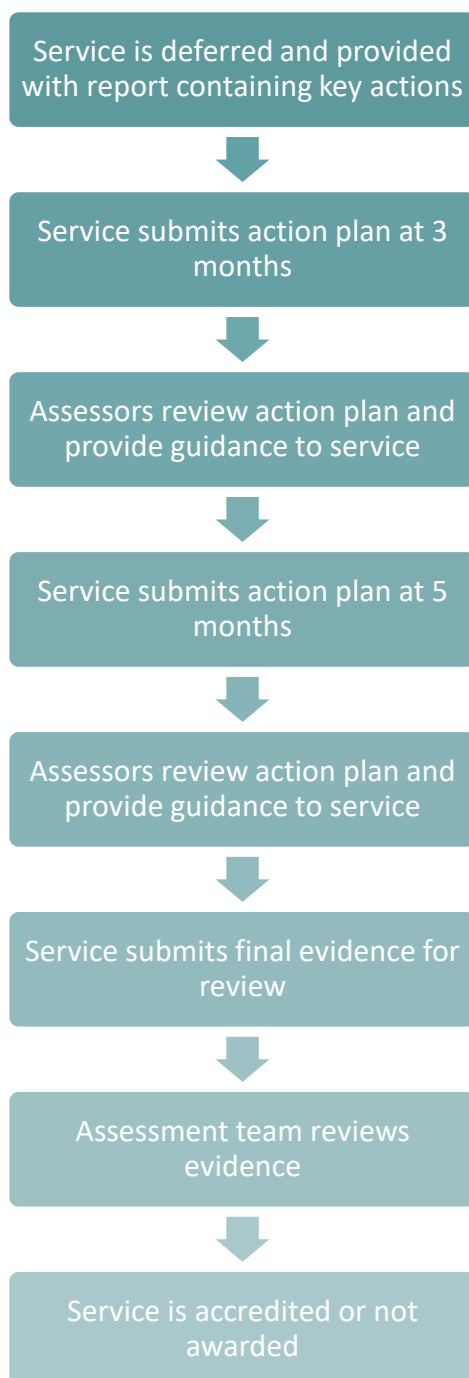
During the full 6-month deferral period the service must upload two action plans to show their progress towards meeting the key actions. This will happen at 3 and 5 months after the date the service receives their official documentation, and the assessment team will agree the deadlines for this. The aim of this is to support the service in meeting the key actions and to provide feedback on any further actions required to meet the standards.


Services must upload the action plans as specified or the assessment team may end the deferral period ahead of the 6 months and move the service's accreditation status to 'accreditation not awarded'.

A service that can meet their outstanding requirements before 6 months (ie 3 months) should only provide one action plan.

### Teleconference

Following the submission of the action plans the lead assessor may wish to have a teams call with the service. Services will have the opportunity to ask any questions and receive guidance from the assessment team. However, is it not possible for the assessment team to provide a quality improvement service. The administrator for your assessment will organise





the teleconference with you, and it is suggested that clinical, nursing and managerial leads are present on the call.

### **Deferral assessment**

The deferral period will finish 6 months after the date the service receives their official documentation. The reassessment will then take place shortly after the deferral period has closed.

If the assessment is a documentation review, the assessment team will review the evidence remotely through the webtool. The assessment team may clarify aspects of the evidence, but they will not provide online commentary as with the initial assessment. The final decision will be made on the submitted evidence.

If the assessment is a site reassessment then your assigned administrator will contact you to organise a suitable date for the reassessment. This date must be within two weeks of the checklist deadline. Usually only one assessor is required to return to the site, however this will depend on the nature of the key actions. The service and the assessment team will agree a timetable to support the reassessment. The timetable will outline the relevant service personnel who need to be present on the day of the reassessment.

### **Outcomes**

Following the documentation review or site reassessment, the assessment team will aim to send the final report within 1 week of the assessment. The outcome of this will be:

*Accredited:* if the key actions are met and the service has continued to adhere to the JAG standards then accreditation will be granted. To maintain accreditation services must complete an annual review every year and undergo a reaccreditation assessment after five years.

*Accreditation not awarded:* if the key actions are not met within 6 months, accreditation will not be awarded. The service will be offered the option of a call with the assessment team to discuss the reasons for accreditation not being awarded and the actions required. To gain accreditation, services will need to undergo a full assessment. Some services may be eligible for a bespoke assessment (please request a copy of the bespoke assessment policy from [AskJAG@rcp.ac.uk](mailto:AskJAG@rcp.ac.uk)).

### **Further information**

For further information please see [www.thejag.org.uk/support](http://www.thejag.org.uk/support).



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