



JAG accreditation scheme

Bespoke assessment policy

About this document

This policy defines the criteria for a service to be eligible for a bespoke assessment. It defines the process under which a bespoke assessment will be conducted. It is aimed at services who are eligible for a bespoke assessment and as an internal policy for JAG staff.

Definition and context

A bespoke assessment may be conducted where a service has undergone a full accreditation assessment (stage two assessment) and is unable to meet a standard (or two standards, where the non-compliance is a result of the same issue¹) but has achieved compliance with all other standards.

This most commonly arises where the service has an issue with waiting times or the environment. To reduce the burden in regaining full accreditation and to avoid a full stage two accreditation assessment being required, a bespoke assessment may be offered. A bespoke assessment assesses the service against the non-compliant standard, as well as additional standards which demonstrate that the service is maintaining safety, quality and a high standard of patient and staff experience.

Eligibility

Bespoke assessments are offered at the discretion of the JAG accreditation leadership team. The lead assessor will seek approval through the JAG office stating the reasons that a service is eligible. If approved, the service will be notified that they are eligible for a bespoke assessment when they receive notification that they will not be awarded accreditation.

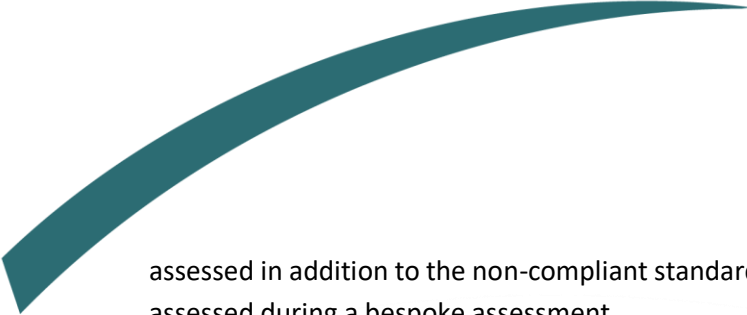
For a service to be eligible, the service must:

- Have only been unable to meet one (or two) standards (as per definition and context section)
- Have failed to gain accreditation after a full stage two assessment.

Standards for review

Because of the time that has passed between the bespoke assessment and the stage two/three assessment, the standards concerning quality, safety and patient and staff experience will be

¹ For example, a service has issues with waiting times and staffing, and so cannot meet X and X standards. Both standards are not met because of a staffing issue, and so a bespoke assessment is appropriate. However, if the service did not meet a further standard, X, a bespoke assessment would not be appropriate (even if the non-compliances all arise from the same issue).



assessed in addition to the non-compliant standard. The following standards are therefore assessed during a bespoke assessment.

Standard	Criteria
Safety	2
Quality	4
Patient environment and equipment	9
Access and booking	10
Productivity	11
Patient involvement	13
Workforce delivery	15

The patient environment and equipment standard may not be reviewed if this has been approved as part of the previous assessment (within 12 months). The latest JAG/IHEEM assessment report and action plan will be requested for review.


Timeframe

Bespoke assessments must take place within 6 months of the date that the service was not awarded accreditation (dated on JAG letter). Should this date not be met, then the service would require a full assessment as per stage two.

The assessment will need to be booked 12 weeks in advance by the service to allow for an assessment team to be assembled.

Assessment process

- To book a bespoke assessment, a service should email the JAG office at AskJAG@rcp.ac.uk with their intention, within the timeframes detailed above. The service must demonstrate that it is making significant progress against the non-compliant standard(s).
- The service will then be provided with access to the website tool to upload their supporting evidence. The deadline for submission is two weeks before the assessment is due to take place.
- Please use the JAG [GRS standards guide](#) as this will provide further information on the standards and evidence required above.
- An example agenda, including the service personnel required to be present for the assessment, is provided in appendix A.
- The service must continue to submit an up-to-date GRS return within a separate self-assessment during this period

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- The service may be assessed remotely once evidence is provided, or this may be with a site assessment. This will be communicated to the service when they are notified that they have not passed their assessment but are eligible for a bespoke assessment.
 - If a service requires a site assessment then one assessor will attend, depending on the standard(s) which are non-compliant. In exceptional circumstances a maximum of two assessors may attend. If a service is being assessed remotely, one or two assessors will assess the evidence.
 - Following the bespoke assessment, if a service is successful then the service gains/maintains accreditation. If unsuccessful, the service must undergo a full stage two assessment.

Cost

The JAG annual fee includes all assessment activity arising as a result of the normal assessment pathway, including the initial accreditation assessment and annual renewal. As bespoke assessments sit outside this pathway, bespoke assessments will be conducted at cost to the service. This is set at £700 where one assessor is required and £1300 where two assessors are required. This is payable by the service before the bespoke assessment can be booked.

Appendix A - template agenda for bespoke assessment

This will be modified if there are no environment issues to address.

Time	Activity	Attendees required
10:30am	<ol style="list-style-type: none"> 1. Initial meeting with key leads identified by site to discuss overall progress and achievements 2. Feedback from assessment team on uploaded evidence 3. Discussion to follow <p><i>Time allowed: 30 minutes</i></p>	<ul style="list-style-type: none"> – Endoscopy nurse lead/matron, clinical and management lead. – Executive lead or nominated other – Other key staff that may have led aspects of work.
11:00am	<ol style="list-style-type: none"> 4. Formal review of the environment and patient pathway 5. Discussion around changes in process 6. Separate review of decontamination and examination of practices and audits (if required) <p><i>Time allowed: 60 minutes</i></p>	<ul style="list-style-type: none"> – Endoscopy nurse lead to lead presentation of patient pathway. Clinical lead to support discussions around changes in process
11:30am	<ol style="list-style-type: none"> 7. Meeting with key leads to discuss in detail evidence requirements identified in table A 8. Review of any new supporting documentation 9. Discussion regarding last GRS return submission, 10. Feedback from assessment team on uploaded evidence 11. Discussion to follow <p><i>Time allowed: 90 minutes</i></p>	
12:30pm	<ol style="list-style-type: none"> 12. Assessment team private discussion <p><i>Time allowed: 15 minutes</i></p>	
12:45pm	<ol style="list-style-type: none"> 13. Final feedback and recommendation to service leads <p><i>Time allowed: 60 minutes</i></p>	<ul style="list-style-type: none"> – Endoscopy nurse lead/matron, clinical and management lead. – Executive lead or nominated other – Other key staff that may have led aspects of work.
1:00pm	Close of site assessment	<ul style="list-style-type: none"> – Report findings to JAG office and complete assessment report away from site



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