OSCAR KILO

NATIONAL POLICE WELLBEING SERVICE

FOUNDATION OCCUPATIONAL HEALTH STANDARDS FOR POLICE FORCES

ALAMA
ASSOCIATION OF LOCAL AUTHORITY MEDICAL ADVISORS

NAHOPS
Occupational Health Nurse Advisors to the Police Service

PREFACE

By Chief Constable Andy Rhodes – National Director, National Police Wellbeing Service.

Launched in April 2019 as part of a Police Transformation Fund (PTF) Grant, the National Police Wellbeing Service (NPWS) has been delivering live services across eight areas of capability as well as developing capability through projects to enhance wellbeing support to police officers and staff. Just seven months after it went live, it is my privilege and a great pleasure as the National Director, to introduce a key development to the NPWS that will broaden and deepen support to the front line.

The professionals who work in policing are facing new challenges which involve increased exposure to complex need and traumatic events. To enable them to thrive in this environment and provide a high quality compassionate service to the public, our support for them must adapt in terms of both capability and capacity.

Under the guidance of the Senior Medical Advisor to the NPWS, Professor Doctor John Harrison, and the Chair of the Occupational Health Nurse Advisors to the Police Service (OHNAPS), Penny Fuller, the NPWS has developed '*Foundation Occupational Health Standards for Police Forces'*. This significant initiative has been conducted in consultation with key stakeholders - OHNAPS, the Association of Local Authority Medical Advisors (ALAMA), which supports Occupational Health (OH) provision to the police as well as the Faculty of Occupational Medicine (FOM), which owns Safe, Effective, Quality Occupational Health Services (SEQOHS) standards and the Faculty of Occupational Health Nursing (FOHN). I am grateful to them all for their outstanding support.

This initiative represents a significant enhancement to our ability to support police officers and staff by adapting nationally recognised SEQOHS standards for a policing context and constitutes stage one of three. It is intended that subsequent stages will recommend increasing levels of capability and forces will advance from Foundation- through Enhanced- to Advanced-levels of capability with concomitant enhancements to the clinical and wider governance of OH services. The latter will represent a 'gold-plated' service, which I hope, will provide all forces with an aspirational goal to further develop their occupational health support to the benefit of wellbeing across policing.

Further details on this and other Wellbeing-focused offerings, which are part of a suite of live services, continuous improvement and/or wellbeing capability development, as well as more general NPWS news, information and wellbeing resources can be found on the NPWS web-site – 'Oscar Kilo'. Oscar Kilo can be accessed at this link: www.oscarkilo.org.uk.

The '***Foundation Standards for Occupational Health for Police Forces'*** is a great step forward in embedding wellbeing for the benefit of all. It supports our hard-working occupational health professionals and through them, our police officers and staff; but it is not just for OH professionals - any police officers or staff members who have line management responsibility for personnel will wish to familiarise themselves with this document since, at its core, wellbeing is a function of leadership. Senior leaders must therefore support their OH teams in the delivery of these standards. Introduced at the OHNAPS Training Event in November 2019, I see it as 'win' for all delivering and supporting policing in England and Wales.

I commend it to you and ask for your support in rolling it out for our collective benefit.

Kind regards,

Chief Constable Andy Rhodes
National Director, National Police Wellbeing Service.

1. The NPWS capability delivery areas (live services) are: Leadership for Wellbeing: Executive & Line Management; Individual Resilience; Peer Support for Wellbeing; Psychological Risk Management; Trauma Management ; Wellbeing at Work; Wellbeing Outreach Service; and Benefits Realisation. NPWS is also running capability development projects to enhance police strategic health partnerships and occupational health standards for policing as well as wider work connected to the development of the Police Covenant.

FOREWORD

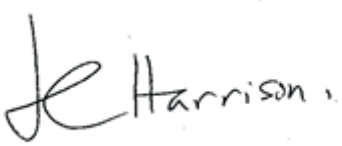
By Professor Doctor John Harrison, MD FRCP FRCP (Edin) FFOM FFOM (Ireland, Honorary), Senior Medical Advisor to the National Police Wellbeing Service and Penny Fuller MA SCPHN-OH PGCE, Chair of the Occupational Health Nurse Advisors to the Police Service.

On behalf of Association of Local Authority Medical Advisors (ALAMA)[2] and Occupational Health Nurse Advisors to the Police Service (OHNAPS)[3], we have pleasure in introducing these '*Foundation Occupational Health Standards for Police Forces*'. They are part of a suite of measures designed by the National Police Wellbeing Service (NPWS) to promote and support wellbeing at work. Good occupational health is integral to promoting and maintaining work ability, which is central to the operational resilience required by Forces to meet policing demands. For too long, police occupational health has lacked investment, direction and cohesion across the 43 Home Office Forces in England and Wales. Occupational Health (OH) practitioners have worked in relative isolation. Through our respective organisations, we know that a paucity of national guidance for OH practice perpetuates silo working despite the best efforts of colleagues to establish discussion fora and practice networks. The launch of the '*Foundation Occupational Health Standards for Police Forces*' is a recognition of this policy vacuum and represents the first step in creating a national clinical governance framework for police OH services.

As the name implies, these standards are intended to establish a benchmark for the structure of OH services and for policies that will be a springboard for future development. They are intended to put in place the building blocks for services that will be understood by their host Forces and which will deliver quality-assured services that reflect local OH needs as well as the national agenda. The standards draw on the previously published SEQOHS[4] standards and we are grateful to the Faculty of Occupational Medicine (FOM) for their cooperation with this project. Compliance with the Foundation standards will not be equivalent to being an accredited SEQOHS occupational health service; however, the work undertaken to achieve compliance will be excellent preparation for services considering accreditation.

We know that some OH services will need assistance in interpreting the standards and in providing evidence of compliance. ALAMA and OHNAPs will work with the NPWS to provide assistance and information will be accessible via the Oscar Kilo website[5].

The inclusion of initiatives to improve occupational health provision as part of the national wellbeing proposition is an exciting opportunity for OH practitioners to develop the capability and capacity to lead transformative changes that will underpin the *'Policing Vision 2025'* and *'A Common Goal for Police Wellbeing'*.



Professor Doctor John Harrison MD FRCP FRCP (Edin) FFOM FFOM (Ireland, Honorary),
Senior Medical Advisor to the National Police Wellbeing Service.

Penny Fuller MA SCPHN-OH PGCE,
Chair of the Occupational Health Nurse Advisors to the Police Service.

2. The Association of Local Authority Medical Advisors (ALAMA) provides a forum for Occupational Health physicians providing services to Local Authorities, including Police and Fire and Rescue Services as well as the NHS, the Civil Service, the Forces, Central Government and Further Education establishments. It seeks to improve the communication, education, consistency and quality of clinical practice of doctors providing occupational health services for the benefit of local authority employees and employers and also has a lot to offer doctors who practice occupational health in the civil service, central government and further education establishments.

3. The Occupational Nurse Advisors to the Police Service (OHNAPS) provides a forum for Occupational Health Nurses working to support police forces across England and Wales.

4. As previously noted, SEQOHS stands for Safe, Effective, Quality Occupational Health Service and is a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond. SEQOHS accreditation is the formal recognition that an occupational health service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS standards. The scheme is managed by the Faculty of Occupational Medicine in partnership with the Royal College of Physicians of which the FOM is a faculty as the professional and educational body for occupational medicine in the UK. However, from 1st July 2019 the running of SEQOHS ceased to be outsourced to the RCP and was brought in-house to the FOM's new premises in Greenwich, which also provides on-site training facilities. Further organisational details can be found at https://www.seqohs.org/Default.aspx

5. Accessed at www.oscarkilo.org.uk

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Part 1: Context

Introduction

By Mrs. Elisabeth Eades, BSc (Hons) RN SCPHN-OH CMIOSH,
OH Advisor to the NPWS and *'Foundation Occupational Health Standards for Policing Forces'* project lead.

The development of '*Foundation Occupational Health Standards for Police Forces'* was driven by the identified need, referenced in the Foreword, to develop underpinning best-practice benchmarks specifically designed for police services. It represents a significant and positive step in contributing to the National Police Wellbeing Service aims. These foundation standards will provide a solid base on which to build and develop towards enhanced and advanced levels, as clinical and wider governance is developed and introduced in 2020.

The FOM's SEQOHS model was chosen to provide the template from which the foundation standards have been developed as it provides the range of benchmarks that form a good basis for police OH standards. The standards have however, been adapted to reflect specific aspects of OH services in a policing context, specifically how an OH service might respond in an evolving policing environment.

The '*Foundation Occupational Health Standards for Police Forces'* are for the guidance of OH professionals and police officers and staff members who line manage personnel. Clarification and assistance if required can be accessed through the NPWS website – Oscar Kilo at **oscarkilo.org.uk.** Suggestions for improvement can be submitted to the same forum.

Guidance Notes

1 - Context

1.1. The NPWS is set out against *'A Common Goal for Police Wellbeing'* announced by the Minister for State for policing in July 2018 and the '*Policing Vision 2025*' announced at their second joint conference in 2016 by the Association of Police and Crime Commissioners (APCC) and the National Police Chiefs' Council (NPCC). These goals have been endorsed by all police organisations who have committed to ensuring that by 2025 every member of the police service feels confident that their welfare and wellbeing is being supported by their force, that everyone understands their personal responsibilities and that a culture supporting this aim is embedded into every force.

1.2. OH services have an important role in the achievement of this goal. OH is a preventative speciality that focuses on the relationship between work and health to promote health, wellbeing and work ability. Chief Officers in police forces must be confident that their OH services are properly constituted and comply with national standards. In addition, they also need reassurance that investment in OH services will ensure compliance with legislation and meet the challenges of the national wellbeing agenda. All members of the police service need to understand the role of OH in supporting their health needs, how to access it and be confident that the clinical services offered to them are quality assured, consistent and underpinned by the best available evidence.

2 - Background

2.1 Leading up to the launch of NPWS, there was clear evidence that exposure to occupational hazards associated with modern policing is causally linked to the development of ill health, in particular psychological ill health. Therefore, steps must be taken to address the known issues. If progress is to be made in addressing this, police forces must have access to specialist occupational health professionals, physicians and nurses, who will effectively lead and facilitate robust services that are designed to prevent, detect and manage ill health.

2.2 OH supports the health and wellbeing of members of police services throughout their 'journey' from the assessment of fitness at recruitment through the lifecycle of their career, including for a small cohort, management of the ill health retirement process. It is important that OH provide cost efficient and effective clinical assessments. For this to happen OH services need to be staffed appropriately with a skill mix to meet the health needs of the organisation. Consideration should be given to locations and equipment required to deliver services. The relationship between OH, the line manager, human resources and the individual are critically important. Credibility and trust are essential for effective functioning. These five critical areas are addressed in the standards that will be set out for forces and which align to national safe, effective, quality OH services (SEQOHS) standards, which are endorsed by the FOM.

3 - Principles of the Occupational Health Standards

3.1 There are a number of principles that should underpin OH provision, namely:

3.1.1 There should be a strong focus on clinically led evidence based practice;

3.1.2 They should be equitable;

3.1.3 They should be accessible;

3.1.4 They should be impartial;

3.1.5 They should be accountable;

3.1.6 They should be approachable and receptive to both the employer and the users of the services;

3.1.7 An additional key element is innovation, leadership and working in partnership with the organisation to contribute to productivity and organisational effectiveness.

3.2 As previously noted, the standards set out below are grounded in the national quality assurance framework (SEQOHS), set out by the FOM, but also capture the principles of the additional requirements set out for the National Health Service (NHS), mindful that they will need to be a strategic partner in the delivery of an optimised service. Whilst standards can be generic in relation to inputs, processes and output, it is critical that they reflect the specific circumstances within the police which sets them aside from other service industries. In addition, the standards must also reflect the principles of the Blue Light Wellbeing Framework (BLWF), in particular a tiered approach to reflect the evolution of services over a period of time and these Foundation Standards will be developed and enhanced to reflect this in due course (see Section Five).

4 - The Occupational Health Standards

4.1 OH Standards for the police are grouped in the following categories:

4.1.1 **Business Probity.** This includes conducting services with integrity and maintaining financial propriety;

4.1.2 **Information Governance.** This includes maintenance of clinical records and client confidentiality;

4.1.3 **People.** This includes competencies of clinical staff and clinical governance;

4.1.4 **Facilities and Equipment.** This includes providing facilities and equipment that is safe and appropriate for the services provided;

4.1.5 **Relationships with the organisation.** This includes engagement with the organisation regarding assessing health needs and interactions with the organisation as an in-house service or a provider;

4.1.6 **Relationships with workers.** This includes engagement with everyone employed within the organisation to ensure that fairness, respect and involvement is promoted and maintained.

5 - Development of Police Occupational Health Tiers of Service

5.1 **Foundation.** The *'Foundation Occupational Health Standards for Police Forces'* articulated here represent the core level which will become the basic mandatory standard of services that all forces will be expected to deliver by 2021. Only these standards are captured in this document.

5.2 **Enhanced.** The *'Enhanced Occupational Health Standards for Police Forces'* are under development and will be able to be achieved by OH services that demonstrate additional elements of prevention, detection and rehabilitation consistent with the aims of NPWS. It is anticipated that the majority of forces should be able to achieve this level by 2025.

5.3 **Advanced.** The *'Advanced Occupational Health Standards for Police Forces'* remain aspirational and are also in development. It is envisaged that these OH standards will be achieved by forces that wish to be seen as exemplars and position themselves in the vanguard of policing wellbeing capability development, delivery and assurance.

6 - Guidance for completion

6.1 With support from the Home Office, the NPWS is seeking to accelerate change across wellbeing support to the police. Therefore, Foundation OH standards for the categories outlined above have been developed in consultation with key strategic stakeholders and will form part of the BLWF in due course. When directed, forces will be requested to complete these as part of the self-assessment process in order to ensure that wellbeing is embedded and to provide opportunity for peer support and NPWS assistance for forces that request it. Initially, self-assessment will be against these *'Foundation Occupational Health Standards for Police Forces'*. As wellbeing initiatives and OH support programmes become embedded across police forces then the *'Enhanced Occupational Health Standards for Police Forces'* and *'Advanced Occupational Health Standards for Police Forces'* currently in development, will be published and forces will have an opportunity to self-assess their OH service beyond the core level; thus allowing forces judging themselves as 'Fully Developed' to gain Enhanced and Advanced status and recognition for their efforts in wellbeing support.

6.2 When required, it is expected that the assessment of the standards will be coordinated by the same personnel responsible for current BLWF reporting in forces with guidance from the head of the OH Service, whether they are an in-house or contracted asset.

6.3 Each category carries an explanation in detail and examples of the type of evidence that is required.

6.4 There may be some areas where a force cannot meet a standard, e.g. some forces do not provide in-house vaccinations and therefore these standards will not apply; however, there should be evidence that the force is monitoring any outsourced provision.

6.5 Results will not be published and there will be no 'league table'; the ultimate aim of this initiative is to support continuous improvement in OH services across policing in England and Wales. Where forces have assessed themselves as 'Under-developed' key stakeholders standby to be engaged further and provide direction, guidance and assistance in order to enable them to achieve compliance with the *'Foundation Occupational Health Standards for Police Forces'*.

6.6 This guidance will be reviewed, amended and communicated as required to ensure that all forces are given the opportunity to continue the development of their OH services for the benefit of their police officers and staff.

Part 2: Foundation Standards for Police Forces

STANDARD	SEQOHS REF	EXPLANATION	EVIDENCE EXAMPLES
BUSINESS PROBITY			
An OH service should publish information about its service. It must be current and factual.	A1.1	Consider any material you use to publish or give information about your services whether in paper or electronic formats; There should be evidence of regular reviews; Material should contain information about the range of services and be factual and current.	A file containing all information about the service published in leaflets or on a website; A system of regular content review to ensure that the information is factual and verifiable; A system of document control; Promotional leaflets/literature; Website/intranet.
An OH service must take reasonable steps to ensure that all of its staff are honest and trustworthy.	A1.2	The service needs to demonstrate that when you recruit staff you have made suitable checks on them, and continue to ensure their ongoing honesty etc. once they are employed.	A documented recruitment and selection procedure that includes clearly defined vetting criteria; All OH personnel must have satisfactorily completed the police vetting procedure at the appropriate levels.
FINANCIAL PROPRIETY			
An OH service must have appropriate systems of financial and asset control to protect the services that it provides.	A2.1 G2.2[1]	Demonstrate that the OH service is financially viable, show who looks after the budget, and how the finances are tracked etc. Procedures and processes may be included in one core document about the service; Do you have a business plan? This does need not follow a set format, it may consist of a statement about planned activities and areas for improvement.	Written procedure for budgetary control and auditing; Demonstration of clear lines of budget responsibility including demonstration that income and expenditure are tracked; Business plan or service development plan for the OH Service with evidence that it is reviewed and updated regularly. The plan should be for a minimum of 12 months and up to five years.
INFORMATION GOVERNANCE			
An OH service must maintain adequate clinical OH records.			
An OH service must ensure that OH clinical records, wherever held, are maintained to standards which meet legal and regulatory compliance and professional practice recommendations.	B1.1	Services need to demonstrate that they ensure all the clinical records are written/recorded in line with NMC/GMC/FOM/FOHN guidance by undertaking record keeping audits. The audit should assess the standard of record keeping, including but not limited to: that entries are legible and documented in such a manner that they cannot be erased; are dated and signed or otherwise identified with the name of the author; not inclusive of abbreviations, jargon and speculation. This needs to include all clinicians and be proportional to the number of records created, i.e. the audit should cover a representative sample size of occupational health clinical records/reflect the size and type of service e.g. single or multi-site structure. The audit approach might be a monthly audit of records (e.g. 10 per month) or six-monthly with a larger sample size (e.g. 50-100). A definition of clinical records is contained in the FOM Ethics Guide.	A documented process; Template/criteria used specific to record keeping; The audit cycle; Action taken/report. Note: This applies to both written and electronic notes.
An OH service must ensure there are clearly defined arrangements for backing up computer data, back-up verification and a safe back-up system.	B1.2	Demonstrate that any electronic records are securely held and backed up, that you have a suitable policy in place, and that all staff are trained and compliant. It may be advisable to have one core information security policy, subject to the type of organisation, which covers all standards relating to IT requirements, which can then be cross-referenced to the relevant standard.	An information security policy or documented procedure for managing the risks associated with clinical records in all electronic media, including how it is backed up; A records management policy which includes a description of the duties and legal obligations that apply to records; A process for creating, tracking, retrieving and backing-up records; A process for retaining and disposing of records; A process for monitoring compliance with all of the above; Proof of registration with the Information Commissioner's Office – certificate from ICO.

1 This references the SEQOHS NHS Domain G Standards (June 2011).

An OH service must ensure that procedures exist for the transfer of records on change of contract or closure of business.	B1.3	Procedures for the transfer of records e.g. if a service needed to transfer notes to or from another OH service.	A documented policy for transferring records; For outsourced services, contract highlighting the transfer process; Evidence of compliance where a transfer has taken place, i.e. demonstration that each party involved had a nominated individual responsible for the transfer process; In the case of an in-house OH service, a written procedure covering what would happen to the records in the event of closure of business, service outsourcing and Transfer of Undertakings (Protection of Employment) (TUPE) transfer of personnel in or out of the organisation.
An OH service must implement and comply with systems to protect confidentiality.			
An OH service must ensure that staff understand their responsibility to protect confidentiality.	B2.1	Demonstrate that your staff understand about confidentiality, through training/signed agreements, not only medical confidentiality but also any client confidential information, i.e. confidential police business, or intellectual property (see also B2.4). For in-house OH services this might be included in contract of employment.	A documented confidentiality policy; Individually signed confidentiality agreements for clinical and non-clinical contracted or employed staff; Records to demonstrate that all staff, including admin, have been trained/updated in relation to confidentiality.
An OH service must ensure that paper OH clinical records, wherever held or transported, are accessed, stored and disposed of safely and securely.	B2.2	Evidence of where and how clinical records are kept e.g. if paper records are kept, that they are in suitably locked cabinets and that the keys are also kept securely; If you take records off site, how they are transported must be recorded; How any records are destroyed must be recorded.	A GDPR compliant record management policy, including safe transportation, access, storage, retention and disposal of records; Evidence that OH clinical records are kept in lockable rooms or coded cabinets e.g. photographs; A signed declaration that only OH staff have access to the keys; Evidence that access codes are securely managed, i.e. included in the record management or security policy; Evidence of a suitable method for transporting records, i.e. photograph of lockable bag/ case, the method should be included within the procedure. Note: This applies to all sites where records are kept.
An OH service must ensure there is an effective policy to control access to computerised data and to prevent unauthorised access at all times.	B2.3	This standard is about ensuring IT access is securely managed, e.g. how passwords are kept, that data is secure, encrypted etc. This includes emailing reports or other sensitive data.	A policy to show the governance of user access to IT systems and programs; A documented procedure, which defines how password protection and encryption of sensitive data on devices has been implemented; Procedure for emailing reports; Signed agreements of understanding/ compliance; Note: It is expected that Police Forces will have an existing IT security policy and procedures that incorporate this evidence.
PEOPLE			
An OH service must ensure that its clinical staff are competent to undertake the duties for which they have been employed. **There is a need for suitable and sufficient clinical expertise to meet the specific needs of a police service, e.g. offering timely interventions in relation to psychological trauma and major and critical incidents, rehabilitation back to work and health assessments for work.**			
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).	C1.1	Produce a list (or matrix) of all clinical staff, with dates of registration and systems to show how it is monitored and maintained.	A list of all clinical staff with annual verification of registration for every employed, self-employed associate or contracted health care professional (e.g. locum) who works within the OH business, which is held on file; A summary table of all registered staff, with the dates of checks and the process used to undertake those checks.

An OH service must ensure that its staff have the knowledge, skills, qualifications, experience, training, capacity and motivation for the tasks they perform. In addition there must be evidence of OH involvement in the strategic leadership of the force.	C1.2	A list of all clinical staff, the clinical tasks they undertake and evidence to show they have appropriate skills/qualification/ knowledge/experience to undertake those tasks[2]. Is your OH Manager/Head of Department a part of the force's senior leadership team?	A list of all clinical staff and documentary evidence of qualifications, training, and how this links to their scope of practice; Job descriptions or defined roles and responsibilities for all staff; Evidence of competencies to support staff practices and a system to check their use and adherence; Strategic meeting minutes and agendas.
An OH service must support its clinical staff in maintaining continuing professional development (CPD) and revalidation.	C1.3	Demonstrate what CPD has been undertaken for each clinician.	A list of all clinical staff and documentary evidence of adequate participation in CPD for each; Show evidence of CPD participation.
An OH service must ensure that all staff have an annual appraisal and that their personal development plans for CPD meet the needs of the staff member and the OH service.	C1.4	Demonstrate that all staff have annual appraisals, and that development plans have been agreed, which are in line with the needs of the service.	A list of all staff and dates of last annual appraisals; Personal development plans that link continuing professional development to the needs of the individual, the OH service, and its clients; Where a service has self-employed associates, a documented procedure to annually review their competencies to ensure their skills, knowledge and behaviours continue to match the needs of the OH clients.
An OH service must familiarise new staff with the OH service policies and procedures, duty of confidentiality, health and safety and their roles and the roles of others and accountability for service quality and delivery.	C1.5	You need to demonstrate that any new members of staff/ new recruits to the OH service, have had a suitable induction, including all things related to the OH service. It should be local to the department if in-house/part of a larger organisation.	Staff orientation manual and records of completion which must be specific for the OH service; Completed induction checklist; Completed and signed a confidentiality agreement, which also references the organisation's whistle blowing policy. Note: It is acceptable to have core induction activities in a large organisation e.g. fire training.
An OH service must ensure appropriate clinical governance.			
An OH service must employ at least one OH professional who has a qualification in occupational medicine or OH.	C2.1	You need to provide evidence that you do employ a qualified OH professional, whether a doctor or a nurse.	Evidence of a recognised qualification in occupational medicine together with demonstrable experience, i.e. CV for a doctor; The name and qualification of at least one nurse with a recognised qualification in OH Nursing together with demonstrable experience, i.e. CV; Printed verification of GMC and NMC registration; Evidence of ongoing preparation for revalidation.
An OH service must verify that all clinical staff are professionally indemnified.	C2.2	This includes professional and public liability insurance.	Valid insurance/indemnity certificate(s) that cover all clinical staff and subcontracted services; A process to ensure that the OH service checks professional indemnity and public liability insurances of all subcontractors regularly.
An OH service must have access to an identified occupational physician, listed on the GMC specialist register, including for the escalation of cases.	C2.3	Services need to demonstrate they have access to a named OH physician who is on the Specialist Register, i.e. MFOM or FFOM. You may actually employ one, though if not, you should show that you have an agreement in place and how you would escalate cases if required.	A signed agreement (where the OH service does not directly employ a specialist OH physician), which includes the arrangement where a consultation would be made; An agreed method or procedure for each OH contract for the involvement of an accredited specialist in occupational medicine, should the need arise; A contract of employment where the OH service does directly employ a specialist OH physician; Evidence of having previously accessed an OH physician for nurse-led services.

2 The foundation for quality OH provision is a rich mix of skills and expertise drawn from different specialist disciplines. This will include specialists in occupational medicine, nursing and other healthcare disciplines, such as counsellors and physiotherapists. OH should be able to provide the widest range of services either directly or through external contracts. *NHS Commissioning OH Services* (2013). The needs of the organisation should be reflected in the staffing of the OH team.

An OH service must demonstrate clinical governance and compliance with evidence-based and consensus-based guidelines, as well as with professional legal requirements. This includes compliance with the FOM's guidance on ethics.	C2.4	Evidence of having suitable protocols in place, e.g. a list of all clinical activities, written templates and/or clinical protocols covering the range of work carried out. Each protocol should have a reference number/review date or other way to demonstrate document/version control. Furthermore the protocol should reference any appropriate external guidance document/evidenced based practice; Plus then demonstrate how you ensure compliance and understanding of the protocols, and a system to review as required.	A summary list of all clinical protocols with dates of issue and planned review; Some example protocols/policies; Evidence of audit of practice/checks to ensure that these are being applied.
An OH service must undertake systematic performance monitoring and demonstrate activity supporting clinical quality improvement.	C2.5 G4.2[3]	How do you ensure the clinical practice is safe, appropriate and in line with your protocols? Is there an audit cycle, with action taken as required, e.g. further training?	Evidence of regular clinical audit (local biannual process), audit plans and results; Evidence of recommendations and feedback; Evidence of implementation.
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 health professional with whom they are working to deliver a service.	C2.6	Identify and have measures in place to mitigate the risk of vicarious trauma for OH teams; List all associated policies, plus any evidence of action taken etc. if any complaints have been made.	Documented complaints procedure, grievance, job performance and capability and disciplinary process/procedure and performance appraisal process; Copy of a whistle-blowing policy or equivalent and a process which allows employees to raise concerns about the manner in which services are delivered; Arrangement with an independent OH service for OH provision for own staff; Evidence of systems in place to provide regular support and clinical supervision for the OH Team and access to internal trauma support.
FACILITIES AND EQUIPMENT			
An OH service must conduct its business in facilities that are safe, accessible and appropriate for the services provided.			
An OH service must implement and monitor systems to ensure the general health and safety of service users, staff and others.	D1.1	This standard demonstrates how you ensure your own staffs' safety, both within the department and when going off site to client sites, as well as that of your service users; What risk assessments do you have in place? What emergency plans are in place, e.g. fire evacuation?	Documented relevant risk assessment(s) identifying risks, hazards and control measures; Documented procedures that cover: Fire safety; Emergency plan for evacuation; Health and safety policy; Lone working policy.
An OH service must take all reasonable steps to ensure that services are delivered in facilities that allow access by persons with a disability.	D1.2	You will need to provide evidence that you have considered/assessed disability access, both for your own site and client sites where workers are seen. If access is not possible, describe what arrangements you have in place. Note: Under equality legislation, adjustments must be made where disabled people experience a 'substantial disadvantage'. This means that service providers may have to make more adjustments or alternative arrangements. Service providers must think ahead and take steps to address barriers that impede disabled people. In doing this, it is a good idea to consider the range of disabilities that actual or potential service users might have.	Documented assessments of each facility's compliance with relevant equality legislation along with any improvement plans; Photographic evidence of compliance; Spreadsheet matrix that shows self-assessment; Appointment letter that covers alternative arrangements if required.
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.	D1.3	Evidence needs to demonstrate the assessment that the facility is suitable for OH use, respecting worker privacy and dignity, e.g. can conversations be overheard?	Records of inspection shows that consulting rooms provide privacy, e.g. doors and walls are adequately soundproofed and people are unable to see in through windows; A report on the annual customer feedback undertaken by the service outlining the results, recommendations and actions.

3 This references the SEQOHS NHS Domain G Standards (June 2011).

An OH service must ensure that the facilities provided for service users are well maintained.	D1.4	Customer satisfaction questionnaires.	A report on the annual customer feedback undertaken by the service outlining the results, recommendations and actions.
The OH service must provide hand hygiene measures in examination and treatment rooms.	D1.5	System in place to check hand hygiene facilities are available in all clinical areas.	Inspection or peer review confirms that the facilities have hand hygiene measures available in examination and treatment rooms; A list of examination and treatment rooms and details of the hand hygiene measures made available.
An OH service must ensure that medical equipment is safe and appropriate for the services provided.			
An OH service must provide medical equipment relevant to the services provided.	D2.1	Demonstrate that there is a sufficient quantity of the right equipment to deliver the services offered. This could be a matrix incorporating the services offered with the calibration/ maintenance due dates.	A summary list (spreadsheet) of all equipment.
An OH service must have systems in place to ensure regular inspection, calibration, maintenance and replacement of medical equipment and that it is safe to use.	D2.2	How do OH services assure their calibration and equipment maintenance requirements?	Records and audits that cover inspection, calibration and validation of medical equipment; A summary list (spreadsheet) of all equipment used with dates of calibration checks and maintenance; A process for the inspection of equipment; Maintenance contracts and certificates for medical equipment; Services can provide their certificate if they are ISO accredited, but this needs to backed up by other evidence.
Medicine Management. Note: This will not apply to OH services that do not carry out vaccinations.			
An OH service must ensure that nurses follow a recognised framework for medicines management.	D3.1	Depending on the type of service, describe processes with regards to medicines management, e.g. signed Patient Group Directive (PGD) or written instructions. Note: PGDs cannot be legally used in non-NHS organisations providing OH Services. The exemptions in the Human Medicines Regulations[4] are the only legal mechanism which can be used in these non-NHS services.	A procedure or protocol for medicines management signed by a doctor, which addresses: ordering medicines; safe custody; administration; disposal; and in the case of immunisation, consent and documented evidence of audit; A suitable and sufficient procedure for storing, handling and administering vaccines and documented checks' compliance with the procedure; Examples of patient group directive PGD or equivalent; A comprehensive paper or electronic audit trail of ordering, receipt, supply and disposal of medicines; Peer review or clinical audit of practice. Note: Procurement arrangements are clear in relation to business and clinical governance.

4 Human Medicine Regulations (2012) are the result off a review and consolidation of UK medicines legislation by the Medicines and Healthcare products Regulatory Agency (MHRA).

An OH service must ensure that staff who advise on or give immunisation are clinically competent according to national minimum standards.	D3.2	Records of training in line with national minimum standards. Note: Further information can be found in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners Guide which can be found online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf	A list of all staff that perform immunisations; Records of training from either an external provider, online approved trainer or train the trainer in-house provision; Records of internal training against a policy or protocol for vaccination management which addresses: Receiving vaccines; Maintaining correct temperature of stored vaccines; Handling vaccines during immunisation sessions; Disposal of vaccines; Actions in the event of interruption of the cold chain and the treatment of anaphylaxis; Peer review or clinical audit of practice.
An OH service must ensure that emergency treatment is always immediately available for anaphylactic reactions whenever immunisation or injection therapy is undertaken.	D3.3	What arrangements do OH services have in place in case of severe allergic reactions?	A list of equipment; Evidence showing the presence of in-date drugs, which are available to deal with anaphylaxis, i.e. photographic; Evidence of basic life support training that includes treatment for anaphylaxis.
An OH service must ensure that staff follow national guidelines for storing, handling, administering and disposing of vaccines.	D3.4	This may be a stand-alone procedure or form part of a wider medicines management policy.	A suitable and sufficient procedure for storing, handling and administering vaccines; Documented checks.
RELATIONSHIPS WITH THE ORGANISATION			
An OH service must ensure that it builds and maintains constructive and confident relationships.			
Whether outsourced or in-house a force must agree with the OH service, the services to be delivered and the resources required to deliver it. This should include business continuity planning.	E1.2	For in-house services, this might be meetings with management where the service provision is agreed and reviewed, plus the arrangements for business continuity; For out-sourced services this refers to the agreement/contract with the purchaser.	Example of signed agreement with review dates where applicable; Evidence of regular review of contract if out sourced, via meeting minutes or email etc.; An in-house OH service should be able to demonstrate that it has costed out its own service provision; Business continuity plan.
An OH service must agree with the organisation, at the outset, the processes for referrals to the OH service, case management and reporting of cases of occupational disease and any onward referral for further investigation/ intervention.	E1.3	Demonstrate that the organisation knows how to use the service including the process for it to make a referral, how cases will be managed, what happens if they need to be referred on to another specialist?	Information provided in HR and/or OH systems outlining the management referral process and guidance on making referrals/outcomes/onward referral etc.; Anonymised examples of management reports; Signed contract(s)/service level agreements (SLA), or another document with the organisation if applicable; Record of an audit within the last 12 months showing that the mean waiting time for access to a service are within the criteria set out in the SLA or contract (to demonstrate KPIs are being met and managed); Record of an audit within the previous 12 months showing the mean time for dispatch of reports are within the criteria set out in the SLA or contract are being met and managed.

An OH service must be "customer-focused" in its relationships with the organisation and be able to provide clinical care to a standard that meets the requirements of policing and be able to provide suitable and sufficient clinical resource and expertise to offer timely interventions in relation to psychological trauma, major and critical incidents, rehabilitation back to work and health assessments for work.			
The OH service must ensure that it is aware of the needs of the organisation based on reliable and recent information. The OH service must also be familiar with hazards, risks, processes and control measures; particularly they must be aware of emerging policing agendas, and have or be developing clinical capability to provide services and resource to meet these specific needs.	E2.1 E2.3 G1.1	Demonstrate how you stay abreast of the OH needs in relation to policing agendas. Are you up to date in relation to the hazards and risks? How are you meeting the needs of the organisation? There are four core foundation level clinical services that an OH service within the police must provide: **Prevention:** The prevention of ill health caused or exacerbated by work. This applies to both mental and physical health. There should an understanding of the potential risks of police work and how OH can contribute to the mitigation of risk; **Timely intervention:** Providing access to OH services to assist in the management of health issues as a result of police work such as trauma and mental health support, Blood Borne Virus (BBV) advice and major incident support; **Rehabilitation:** Providing prompt access to OH advice to provide advise with regard to adjustments to assist return to work after illness or injury or remain at work; **Health assessments:** This covers medical assessment at recruitment and fitness assessments for specific roles such as firearms and diving and blue light driving.	Evidence that OH has been included or considered in strategies related to emerging issues, e.g. the Policing Covenant in relation to recruitment; Policies/procedures/protocols to cover the areas below: **Prevention:** Risk assessment matrix or log; Health surveillance procedures, mental health and physical health; Information about health surveillance for specific groups, such as Firearms and Disaster Victim Identification (DVI) Teams. **Timely intervention:** Mental health management; Trauma support procedure; BBV policy; Management of major and critical incidents for OH. **Rehabilitation:** Case management procedure; Information for managers on return to work; Information on any access to early interventions such as physiotherapy/mental health support/ Employee Assistance Programme (EAP); Anonymised examples of a management report advising on return to work adjustments and remain at work advice; Advice relating to officers on adjusted duties/ limited duties. **Health assessments:** Understanding of medical standards for recruits; Having a medical assessment process optimising the expertise in the OH team, e.g. who does what; Firearms curriculum medical standards; Agreed protocols for Firearms medicals; Other specific assessment examples for other specialist groups.
An OH service must define a SLA with the organisation so that there is understanding about what can be expected from the service.	E2.2	SLAs should be in place for outsourced services; For in-house OH services, this is about a documented agreement regarding the service provision, what is required by the organisation and scope for development or inclusion of other services etc.	Evidence that OH as communicated to the organisation its processes and timescales; SLAs that stipulate the range of services including, the services that are included and excluded in the contract; For in-house services, notes of internal review meetings and review of progress with the service level agreement; Evidence of OH consultancy with regards to new and emerging issues in the service provision.

An OH service must use formal and informal methods to regularly seek information about 'customer' satisfaction from the organisation and referring managers.	E2.4 G1.2	Demonstrate feedback from both the organisation e.g. at a contract level, and also from referring managers using the Service; Questionnaires or review meetings can be demonstrated.	Customer feedback, which should be undertaken by the service and the results; An alternative to a questionnaire is documented feedback of the customer satisfaction from the service through review meetings.
RELATIONSHIPS WITH WORKERS			
An OH service must ensure that workers are treated fairly and in line with professional standards.			
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.	F1.1	Review your chosen media – information sheets/leaflets/ appointment letters/intranet etc. to ensure all requirements are covered. This particular standard states you must inform workers about their information and their rights in line with data protection legislation/GDPR, e.g. that they have a right to access their entire OH record and how; Consider whether you are sharing data with third party clinicians, outside of your own IT systems. If so, whether your privacy statement covers it or whether a Sub-processor Agreement is required. How you inform the worker that their data is being shared to third party providers also needs to be considered; Make clear to workers about reports and their right to view any report written about them.	Documents that are given to workers containing explicit statements to describe how personal health information is used and how workers may access that information: Health questionnaires and other health forms; Leaflets; Posters; Handouts; Appointment letters. Note: You should include the data protection information required (GDPR) including your privacy notice and subject access request process.
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.	F1.2	How do you ensure that consent is obtained, in any format? Do you have a policy/procedure for your OH team to follow?	Procedures or protocols for consent so clinicians understand all aspects of consent; Include evidence of the process for the withdrawal of consent.
An OH service must promote a culture of equality and treat workers fairly.	F1.4	Provide evidence that workers are treated fairly and in line with your diversity and equality policy; Such a policy must be in place and you must ensure your team are familiar with it/have received training etc.; Feedback should be obtained from the worker to confirm they did feel fairly treated.	A diversity and equality policy; Documented evidence of adherence to that policy e.g. records of training of all staff and signed statements of understanding of the policy; Link to training matrix used as evidence for other standards; Feedback from workers, their representatives or work.
An OH service must respect and involve workers.			
An OH service must use formal and informal methods to regularly seek information and feedback from workers and/or their representatives.	F2.1	This includes all feedback, including complaints; Services should seek feedback from the worker and provide evidence of the complaints procedure.	Feedback or customer satisfaction surveys from workers; A folder containing relevant e-mails and other informal feedback; A complaints procedure, which defines the circumstances in which workers may make a complaint, to whom workers should complain, and how complaints will be managed; A comprehensive paper or electronic audit trail of all complaints received, the investigations performed, responses to workers, and any remedial measures.

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