

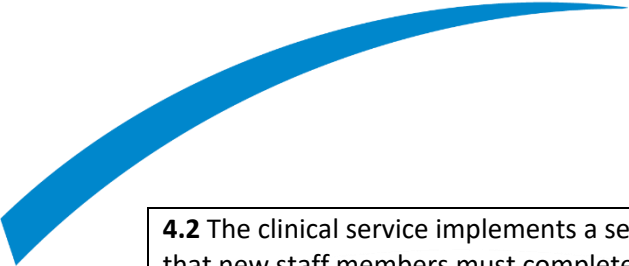


Improving quality in allergy services standards

This document outlines the standards for accreditation based on the April 2019 revision. The full set of standards, guidance and evidence requirement to achieve accreditation are provided to registered services, to support them in improving their service.

The standards have been released alongside a set of clinical quality and workforce metrics census, to be captured annually by participating services.

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| Domain 1: Leadership |
| 1.1 The clinical service has a service description |
| 1.2 The clinical service leadership team is visible and responsive to service needs and uses a variety of methods to communicate regularly with staff |
| 1.3 The service develops and implements an annual plan |
| Domain 2: Service user experience |
| 2.1 The service provides users with information about their rights and what they can expect from the service |
| 2.2 The clinical service has a public-facing document explaining how service users can navigate the clinical pathways |
| 2.3 The service documents person-centred treatment/ care plans, based on the needs of the individual service user |
| 2.4 The service enables users to provide feedback on their experience of the service confidentially |
| Domain 3: Clinical care and performance |
| 3.1 The service sets, monitors, and reports on metrics, and has an improvement plan |
| 3.2 The service monitors journey times across clinical pathways |
| 3.3 The service identifies and participates in local audit/assessment programmes and national audit programmes, where relevant |
| 3.4 The clinical service has a risk management policy, which includes a process for carrying out risk assessments |
| 3.5 The clinical service has a procedure outlining how incidents, adverse events and 'near-misses' are reported and investigated |
| 3.6 The clinical service communicates lessons learnt from incidents, adverse events and 'near-misses' to the wider team and uses this information to improve the service |
| Domain 4: Clinical care and performance |
| 4.1 The clinical service carries out a skill mix review of the workforce at least once a year, or whenever there is a significant change in the clinical service |



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| 4.2 The clinical service implements a service-specific orientation and induction programme that new staff members must complete and document |
| 4.3 The clinical service implements an appraisal process for staff members |
| 4.4 The clinical service has training plans in place for staff members |
| 4.5 Team members are supported in providing feedback on how the service is performing and implementing ideas for improvement to the service, team, and environment |
| Domain 5: Facilities and equipment |
| 5.1 The clinical service regularly conducts an assessment of the facilities and equipment required to deliver the service |
| 5.2 The service has a process for document control |