



## Improving Quality in Liver Services Standards

### Full accreditation standards - level one and two

This document outlines the standards for accreditation. It shows both the level one standards (initial steps towards improving service quality) and the level two standards, which further enhance quality. Accreditation assessments are based on services meeting all of the level one and two standards.

<b>Domain 1: Leadership and operational delivery</b>
<b>1.1</b> The service has an operating plan which is reviewed annually <b>level 1</b>
<b>1.2</b> There is a comprehensive service description available on the organisation's website <b>level 1</b>
<b>1.3</b> The service has a leadership team that is visible, approachable and communicates regularly with all staff members <b>level 1</b>
<b>1.4</b> The service works collaboratively across health and social care boundaries <b>level 2</b>
<b>Domain 2: Person centred care</b>
<b>2.1</b> The service embeds principles of shared decision-making with patients <b>level 1</b>
<b>2.2</b> Patients/carers are encouraged to feedback on their experience <b>level 1</b>
<b>2.3</b> The service strives to improve as a result of feedback, complaints and concerns <b>level 2</b>
<b>2.4</b> The service supports person-centred care <b>level 2</b>
<b>2.5</b> The service has a documented procedure for patient scheduling <b>level 2</b>
<b>2.6</b> The service reviews and acts on did not attend (DNA) rates <b>level 2</b>
<b>2.7</b> The service has a procedure for managing patients being transferred in/out from other services <b>level 2</b>
<b>Domain 3: Risk and patient safety</b>
<b>3.1</b> The service sets and monitors safety improvement targets <b>level 1</b>
<b>3.2</b> The service has a procedure and reporting system for recording and investigating incidents, adverse events or near misses <b>level 1</b>
<b>3.3</b> The service uses incidents, adverse events and near misses to improve care <b>level 2</b>
<b>3.4</b> The service has a risk management policy and communicates this to staff members <b>level 2</b>
<b>Domain 4: Clinical effectiveness</b>
<b>4.1</b> The service monitors clinical performance <b>level 1</b>
<b>4.2</b> The service has a quality improvement plan based on the clinical metrics <b>level 1</b>
<b>4.3</b> The service has a research register <b>level 1</b>



<b>4.4</b> The service participates in local and national audit programmes <b>level 2</b>
<b>Domain 5: Workforce</b>
<b>5.1</b> A workforce skillmix review is undertaken a minimum of once a year, or whenever there is a significant change in the service <b>level 1</b>
<b>5.2</b> The service has an appraisal process for staff members <b>level 1</b>
<b>5.3</b> The service has training plans and development opportunities in place for staff <b>level 1</b>
<b>5.4</b> There is a service-specific orientation and induction programme <b>level 2</b>
<b>Domain 6: Systems to support clinical service delivery</b>
<b>6.1</b> The service assesses its facilities and equipment <b>level 1</b>
<b>6.2</b> There is a process for document management and control <b>level 2</b>