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| **Oxford University Hospitals NHS Trust**  **FY2 Quality Improvement Project (QIP) Registration Form** | | | | | | | | | | | |
| **Completed form (all pages) to be sent to** [**wendy.washbourn@ndcn.ox.ac.uk**](mailto:wendy.washbourn@ndcn.ox.ac.uk) **who will forward it on to the appropriate Clinical Audit Lead for approval. Items Marked 🟋 MUST be completed** | | | | | | | | | | | |
| **🟋SOURCE of the clinical audit project**  (Please put an X next to the most relevant reason for the audit) | | National Clinical Audit | | | | Specified in CCG Contract | | | | | NICE Quality Standard |
| NICE Guidance | | | | CQC Essential Standards | | | | | NHSLA criteria |
| Incident/Complaint/ Claim | | | | Clinical Risk identified on risk register | | | | | Other concern re clinical practice |
| Note: The following Clinical Audits are **mandatory**   * National Clinical Audits on NCAPOP or Quality Account list * Clinical audits specified in CCG Contract * NICE Quality Standards for which compliance is declared * Trust wide audits of NHSLA criteria | | | | | | | | | | | |
| **🟋Reference Number** (Date-Division-Surname of Clinical Audit Lead) | | | | | | | |  | | | |
| **🟋Title**  (Include acronyms, NICE reference numbers and Datix IDs of incidents etc. where relevant) | | |  | | | | | | | | |
| **🟋Clinical Audit Project Lead**  (Include consultant lead and FY(s) undertaking project) | | |  | | | | | | | | |
| **Job Title:** | | | **Email:** | | | | | | | **Telephone/Bleep number:** | |
| **🟋Description**  1. The aspects of care the project is seeking to improve  2. The criteria that are being audited  3. The standard for each criterion | | |  | | | | | | | | |
| **Location(s) collecting / providing data** | | | | | | | | | | | |
| **🟋Hospital Site(s)** | | |  | | | | | | | | |
| **🟋Division(s)** | | |  | | | | | | | | |
| **🟋Directorate(s)** | | |  | | | | | | | | |
| **🟋CSU(s)** | | |  | | | | | | | | |
| **🟋Date audit report expected**  For National Clinical Audits this is the date the national report on this data will be published | | |  | | | | | | | | |
| **Methodology** | | | | | | | | | | | |
| Will the data collection be prospective or retrospective? | | |  | | | | | | | | |
| How will the data be collected? *(e.g. case note review, patient questionnaire, observation)* | | |  | | | | | | | | |
| Population to be audited | | |  | | | | | | | | |
| Sample size | | |  | | How selected? | | | |  | | |
| Resource implications  *Time (Person days); Other costs (e.g. Medical records, Questionnaires, Postage)?* | | |  | | | | | | | | |
| User involvement  *Are patients involved in the project design?*  *How will patients be informed of findings?* | | |  | | | | | | | | |
| How will any confidentiality issues be addressed | | |  | | | | | | | | |
| This form must be sent to the directorate clinical audit lead for approval | | | | | | | | | | | |
| **Approval (Directorate Clinical Audit Lead or designate)** | | | | | | | | | | | |
| **I confirm that this project is appropriate, has been quality assured and is to be added to the Trust Clinical Audit Programme** | | | | | | | | | | | |
| **Name** |  | | **Signature** | | | | **(Not needed if approval forwarded by e-mail/recorded on Datix)** | | | | |
| **Job Title** |  | | **Date** | | | |  | | | | |
| **Information labelled 🟋must be entered on Datix to register the Clinical Audit Project** | | | | | | | | | | | |
| **Enter the Datix ID number here** | |  | |  | | | | | | | |

**FY2 Quality Improvement Project (QIP) Registration Form**

(Facilitated by OxSTaR (Oxford Simulation, Teaching and Research))

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **FY name** | | | | | **Contact details** | | |
|  | | | | |  | | |
| **Title of Quality Improvement project** | | |  | | | | |
|  | | Name | | Job Title | | Contact | Responsibility/ Role in project |
| Project Leader | |  | | FY2 | |  |  |
| Other FY project members (if applicable) | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
| Supervising Consultant | |  | |  | |  |  |
| **Multidisciplinary team members** | | | | | | | |
|  | | Name | | Job Title | | Contact | Role |
| Other multidisciplinary team members (eg Occupational Therapist, Physiotherapist) | |  | |  | |  |  |
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| **Brief description of the methodology of each aspect of PDSA cycle.** For more information on PDSA, please refer to the OxSTaR website: <http://www.oxstar.ox.ac.uk/projects/qip>. | | | | | | | |
| Plan: - |  | | | | | | |
| Do: - |  | | | | | | |
| Study: - |  | | | | | | |
| Act: - |  | | | | | | |
| **Optional comments** *(eg further explanation of your project, additional help identified)* | | | | | | | |
|  | | | | | | | |

**Please forward these forms to** [**wendy.washbourn@ndcn.ox.ac.uk**](mailto:wendy.washbourn@ndcn.ox.ac.uk) **who will forward them on to the appropriate Clinical Audit Lead for approval**