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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** **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 improve2. The criteria that are being audited3. 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)* |
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**Please forward these forms to** **wendy.washbourn@ndcn.ox.ac.uk** **who will forward them on to the appropriate Clinical Audit Lead for approval**