

Quality Improvement Registration Form

Name of Lead: _____

Names of others involved: _____

Service Line:

Adults Portsmouth

Adults Southampton

Child and Family

Mental Health

Primary Care

Specialist Dental

Sexual Health

Corporate

Service: _____

Project Title: _____

Why are you conducting this project?

How are you going to involve patients and members of the community in this project?

Submission Date of Summary: _____

Management approval should be obtained for this Improvement activity, including a commitment to review the summary and support appropriate actions for improvement.

Name/Title of Manager/Clinical Lead: _____

Date: _____

The service line Head of Quality Improvement and Professions or designate must approve the addition of this Improvement activity to the Service Line Plan. Visit the staff portal for the list of approval leads.

Thank you for completing this form. Please submit it, along with any supplementary documentation to: Quality.Improvement@Solent.nhs.uk