

Quality Improvement Registration Form

February 2025

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 member of the community in this project?:

Date you intend on submitting your QI project summary: _____

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

Name and title of manager/clinical lead: _____

Date: _____

The service line Head of Quality and Professions or designate, must approve the addition of this Improvement Activity to the Service Line Plan. Visit [SolNet](#) for list of approval leads.

Please email your completed form plus any supplementary documentation to: clinicalaudit.evaluation@solent.nhs.uk