Is my project …

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

IS MY PROJECT…	Research (including clinical trials)	Service Evaluation / Review	Clinical Audit	Quality Improvement / Service Improvement
Purpose Why?	To derive generalizable or transferable new knowledge to answer questions with scientifically sound methods, including studies that aim to generate hypotheses as well as studies that aim to test them, in addition to simply descriptive studies.	Designed and conducted solely to define or judge current care on a local, regional or national level.	Designed and conducted to produce information to inform delivery of best care with systematic analysis of the quality of healthcare provided, including the procedures used for diagnosis, treatment and care, the use of resources and the resulting outcome and quality of life for the patient	Designed to improve health services, systems, processes
What?	Quantitative research – can be designed to test a hypothesis as in a randomised controlled trial or can simply be descriptive as in a postal survey. Qualitative research – can be used to generate a hypothesis, usually identifies/explores themes.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"	Can be designed to test a series of change ideas to see if these result in the desired improvement
	Quantitative research – addresses clearly defined questions, aims and objectives. Qualitative research – has clear aims and objectives but may not establish the exact questions until research is underway.	Measures current service without reference to a specific standard.	Measures current patient care and outcomes against explicit audit criteria, usually derived from a national best practice guidance (e.g. NICE, Royal College) or agreed by expert opinion.	Systematic method, using Model for Improvement Projects have clear aims, measures and change ideas, tested in continuous change cycles.
	Quantitative research – may involve evaluating or comparing interventions, particularly new ones, or descriptive surveys of non-interventional aspects of care. Qualitative research – seeks to understand better the perceptions and reasoning of people.	Involves an intervention or care pathway in use only. The choice of treatment, care or services is that of the care professional and patient/ service user according to guidance, professional standards and/ or patient/ service user preference.	Involves an intervention in use only, measuring care against explicit standards. The choice of treatment, care or services is that of the care professional and patient/ service user according to guidance, professional standards and/or patient/ service user preference. Results in an action plan for service to meet best practice standards if suboptimal care is identified	Involves one or multiple interventions or "change ideas" – usually changes to the process
How?	Involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s). Note: if data are to be shared with external partners, the Information Governance team needs to be involved: chelwest.information.governance@nhs.net	Usually involves analysis of existing data and compare current practice with the explicit standards; but may include observational audits, administration of simple interview or questionnaire.	Involves collecting baseline data and then continuously monitoring a series of measures (outcome, process, balancing) to see improvement over time. Often data is plotted in a 'time series' on a run chart. Patient/ staff experience data (for example, through survey) can also be used to inform and design change ideas.
	Quantitative research – study design may involve allocating patients/ service users/ healthy volunteers to an intervention. Qualitative research – does not usually involve allocating participants to an intervention.	No allocation to intervention: the care professional and patient/ service user have chosen intervention before service evaluation.	No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.	No allocation of intervention
	May involve randomisation.	No randomisation	May involve randomisation.	No randomisation
Ethics?	An ethical opinion may be required from a Research Ethics Committee (REC). If you are unsure please first check here: http://www.hra-decisiontools.org.uk/ethics/ and contact the R&D department if you need further clarification.	No 'REC' opinion required. If you wish to publish your review then use and save the results from this tool http://www.hra-decisiontools.org.uk/ethics/ as evidence that no ethics review was required.	No 'REC' opinion required. If you wish to publish your quality improvement project then use and save the results from this tool http://www.hra-decisiontools.org.uk/ethics/ as evidence that no ethics review was required.	No 'REC' opinion required. If you wish to publish your quality improvement project then use and save the results from this tool http://www.hra-decisiontools.org.uk/ethics/ as evidence that no ethics review was required.
How to start?	Speak to your clinical or academic supervisor – or contact the R&D department (see below).	Speak to your local service leads, i.e. the Clinical Director and General Manager for your service area. They also need to be involved if you want to access Trust held digital data or share data with external partners.	Speak to Clinical Governance Team chelwest.clinicalgovernance@nhs.net or your supervisor.	Speak to your divisional quality improvement leads or the central improvement and innovation team if you'd like to discuss your ideas. Visit the RIQI portal for more information. You can also register your QI project.
What to do at the end?	The results of research should be reported, whether through publication in peer reviewed journals or other means of dissemination. Negative as well as positive results should be published, or at least made publicly available	Share through the improvement team or feedback directly to the service and division.	Published through Trust clinical governance	Write up your project as a case study/ poster (template available on the improvement hub) and share with the improvement team to post on the improvement and innovation hub.
Who to contact? Read more here	Contact R&D: chelwest.research@nhs.net Visit: https://www.chelwest.nhs.uk/research	Ensure your service leads and stakeholders are aware of the project	Register with your divisional clinical governance manager Visit: http://connect/departments-and-mini-sites/quality-clinical-governance/ on the Trust Intranet	Contact the improvement team to register your project or for advice/ support: chelwest.improvement@nhs.net Visit the improvement hub: http://connect/departments-and-mini-sites/riqi-portal/ on the Trust Intranet

Innovation (see: https://www.cwplus.org.uk/our-work/cw-innovation/)

Scalability	Consider if your project can be scaled up beyond the initial setting – i.e. if a new intervention or process can be rolled out in other departments or organisations.
Impact & Value	Consider if your recommended new intervention or process continues to deliver impact and value when it becomes the routine/ mainstream and no longer has the special attention and resource of a project. Consider also if there might be Intellectual Property (IP) implications.

Do you have idea that will improve patient care and experience? We want to hear from you! Email: chelwest.RIQI@nhs.net