

**OBSTETRIC ANAESTHETISTS' ASSOCIATION**

**APPLICATION FOR QUALITY IMPROVEMENT AND INNOVATION GRANT**

**(Up to £20 000)**

**Submission closing date: Noon Friday 27 September 2024** (late applications will not be considered)

*Note: these spaces will expand as you type*

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| **Title of project** |
| **Name and address of principal applicant** |
| **At least one member of the application group should be an OAA member. If this is not the principal applicant please state their name, address, OAA number and their involvement with the project** |
| **Names and addresses of others involved in the project** |
| **Address of institution where the work is to be conducted** |
| **Which of the following dimensions of quality in healthcare does your project intend to address** (tick all that apply)   * Safety: Avoiding harm from care intended to benefit patients * Effectiveness: Providing care only to those that will receive benefit from it * Patient-centeredness: Providing care that focuses on individual patient need and preferences * Timeliness: Reducing delays in providing effective care * Efficiency: Minimising waste in healthcare * Equity: Providing equal and best care to all who will need it and who will benefit from it * Innovation: e.g. A new product, IT innovation or technique/solution to a problem |
| **Is this application for:**   * Initiation of a new project * Continuation of an existing project |
| **Problem description: *Provide details of the nature and significance of the problem to be addressed*** (no more than 500 words) |
| **Aims of project** |
| **What is already known about the problem that the project addresses** (no more than 500 words)**?** |
| **Project design: *Describe how you will conduct the project*** (no more than 500 words) |
| **Intervention impact: *How will you assess the impact of the project*** (no more than 500 words) |
| **Will ethical /Caldicott guardian approval be required?**   * Yes * Already obtained * No |
| **Benefit: *Describe the potential impact to patients and the quality of their healthcare*** (no more than 500 words) |
| **Organisational support: Please confirm that this project has the support of your organisation’s management and has been approved by your organisation’s quality improvement governance process.**   * Confirmed * Not confirmed |
| **State why the department or institution is suited to undertake this type of work** (no more than 500 words) |
| **Costings: State the amount for which you are applying for and outline in detail (with a breakdown of costs if appropriate) how the grant will be used**  **Have you previously received funding for this project?**   * Yes * No   **Please state any other potential sources of funding** |

**Please attach the following information:**

1. If appropriate, confirmation (*with documentation*) that the proposed project has been sent to or has been approved by the ethics committee or the Caldicott Guardian.

Please email your application to the Chairman of the Research and Grants Committee.