

# MENTAL HEALTH GUIDELINE COVER SHEET

<b>NAME OF DOCUMENT</b>	Quality Improvement Initiatives in the Mental Health Service
<b>TYPE OF DOCUMENT</b>	Guideline
<b>DOCUMENT NUMBER</b>	SESLHDGL/126
<b>DATE OF PUBLICATION</b>	September 2025
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance
<b>REVIEW DATE</b>	September 2030
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR</b>	General Manager, Mental Health
<b>AUTHOR</b>	Stephanie North Service Development Manager, Mental Health Service
<b>POSITION RESPONSIBLE FOR DOCUMENT</b>	Policy and Document Development Officer <a href="mailto:SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au">SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au</a>
<b>FUNCTIONAL GROUP(S)</b>	Mental Health Service
<b>KEY TERMS</b>	Quality Improvement
<b>SUMMARY</b>	The purpose of this guideline is to provide a consistent and coordinated approach to initiating, undertaking, sponsoring, completing, evaluating, reporting and sharing quality improvement projects across the SESLHD Mental Health Service. Document incorporates Quality Improvement Project Governance Workflow and Quality Improvement Project Proposal Form.

**THIS DOCUMENT IS A GUIDE FOR BEST PRACTICE**  
**This Guideline is intellectual property of South Eastern Sydney Local Health District.**  
**Guideline content cannot be duplicated.**

Feedback about this document can be sent to [SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au](mailto:SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au)

# MENTAL HEALTH GUIDELINE

## COVER SHEET

### Quality Improvement Initiatives in the Mental Health Service

Section 1 – Background .....	3
Section 2 – Definitions .....	4
Section 3 – Responsibilities .....	6
Quality Improvement Project Leads: .....	6
Quality Improvement Project Team Members: .....	6
Line Managers: .....	6
Project Sponsors: .....	7
Mental Health Improvement Advisor: .....	7
Patient Safety & Clinical Quality Managers: .....	7
Designated Site Committee: .....	8
Mental Health Service Development & Innovation Committee: .....	8
Section 4 – Quality Improvement Activity Workflow .....	9
4.1 Initiating a Quality Improvement Activity .....	9
4.2 Documenting Quality Improvement Activity and Escalating Project Risks .....	9
4.3 Maintaining and Monitoring Quality Improvement Activity .....	10
4.4 Reviewing and Evaluating Quality Improvement Activity .....	10
Section 5 – Change Ideas Workflow .....	12
5.1 Initiating a Change Idea .....	12
5.2 Documenting and Monitoring a Change Idea .....	12
5.3 Reviewing and Evaluating a Change Idea .....	12
Section 6 – Ethical Considerations .....	14
Section 7 – Partnering with Consumers .....	15
Section 8 – Resources to Support Quality Improvement Activity .....	16
Section 9 – References, Version and Approval History .....	17
References .....	17
Version and Approval History .....	17
Appendix A: Quality Improvement Project Governance Workflow .....	18
Appendix B: Quality Improvement Project Proposal Form .....	19

## Section 1 – Background

The Mental Health Service in South Eastern Sydney Local Health District (SESLHD) has a long and proud drive to continually improve care for consumers, their carers and staff. All staff are supported to incorporate quality improvement activities into their workplace that work towards advancing local or Service-wide priorities.

Action 1.08 of the National Safety and Quality Health Service Standards (NSQHS) reinforces the use of organisation-wide quality improvement systems that:

- Identify safety and quality measures
- Monitor and report performance and outcomes
- Identify areas for improvement in safety and quality
- Implement and monitor safety and quality improvement strategies
- Involve consumers and the workforce in the review of safety and quality performance and system.

The purpose of this guideline is to provide a consistent and coordinated approach to initiating, undertaking, sponsoring, completing, evaluating, reporting and sharing quality improvement activities across the SESLHD Mental Health Service. This document is intended to guide local improvement initiatives and foster a culture of continuous improvement by setting up structures to best support staff to make meaningful improvements to service delivery.

Elements include:

- Project governance and oversight
- Project leadership and sponsorship
- Supports available and escalations
- Capability building
- Documentation and monitoring
- Ethical considerations
- Partnering with consumers

Benefits of this approach are that it:

- Ensures ethical risks are identified prior to commencement
- Encourages consumer and staff involvement throughout the project lifecycle
- Enables support and assistance in quality improvement
- Improves visibility of projects underway in the Mental Health Service and escalations to assist when challenges to progress arise
- Improves transparency of projects undertaken throughout the service to reduce duplication, share learnings and promote sustainability and spread
- Ensures activities are properly documented, monitored and supported throughout the project.

## Section 2 – Definitions

A **quality improvement project** is a time-limited, structured endeavour that follows a systematic, recognised methodology where the primary purpose is to improve the quality of care delivered. Quality Improvement may follow various methodologies, but the basic principles are the same – identifying areas for improvement based on data, defining measurable objectives, gathering information and determining root causes, ideating and implementing solutions to achieve objectives, and evaluating changes to ensure they resulted in sustained improvement without unintended consequences.

The principal methodology for quality improvement activities supported by the NSW Health Clinical Excellence Commission is **Improvement Science**. It involves identifying, defining and diagnosing a problem, before developing change ideas and implementing interventions that may address the identified issues. Change ideas are then tested using small-cycle testing called “Plan, Do, Study, Act” (PDSA) cycles.

A **change idea** is a suggestion to change the way things are done or to introduce something new with the intention of improving one or more dimensions of quality or staff/consumer experience. It may address a root cause identified in a structured quality improvement process, or can be a standalone initiative. A change idea on its own differs from a quality improvement project in terms of size and scale, and alone does not need to be supported by a formal project structure. Implemented change ideas can still be encouraged, documented, impact measured and celebrated, and may initiate a larger quality improvement project if greater scalable potential is observed or if the improvement is not achieved as expected.

By comparison, ongoing **quality assurance activities**, such as regular audits or reviews, focus on continual measurement and monitoring of compliance against required standards to prevent deviations from established controls. To note, quality assurance activities are sometimes an outcome of a Quality Improvement initiatives to ensure changes made to improve outcomes are sustained, or can provide data to suggest a need for improvement.

**Research** is a systematic investigation that sets out to answer a question, test a hypothesis, generate new knowledge in an area or establish clinical practice standards. There are similarities between research and quality improvement (both ask questions to solve problems, use data, are grounded in evidence from literature, may result in a publication, etc) but there are key differences. Quality improvement is typically minimal risk, does not pose an increased risk to consumers, is incremental in design, adaptable, implements an improvement to a practice or process, and focuses on practice change in the workplace. Quality Improvement activities do not receive Human Research Ethics Committee (HREC) or subcommittee approval as it is not research. However, HREC or subcommittee review is usually required to seek publication relating to completed quality improvement activities.

The Mental Health Improvement Advisor and Mental Health Patient Safety & Clinical Quality Managers can help support the determination of the type of project proposed and the related approval process to follow.

**Consumer** is a term inclusive of individuals, families and carers who are current or previous users of public mental health services.

The **designated Site Committee** is a nominated committee at each operational service in the Mental Health Service (Eastern Suburbs, St George and Sutherland) with oversight of local quality improvement initiatives. The key quality improvement-related responsibilities of the committees include prioritising projects, overseeing project progress, ensuring appropriate resources are available to project teams, navigating project challenges, seeking advice and support of the Mental Health Improvement Advisor, communicating QI progress and outcomes across the site, and supporting staff recognition of achievements and learnings. The designated Site Committees in the Mental Health Service are:

- St George MHS Quality Improvement Forum
- Eastern Suburbs MHS Clinical Governance Committee
- Sutherland Inpatient Quality Improvement Meeting
- Sutherland Community Quality Improvement Meeting

The Mental Health Service Development & Innovation Committee is a Service-wide forum that supports communication of local improvement projects for consideration of scalability and spread. It also serves to recognise and reward quality achievements and contributes to creating a strong quality improvement culture in the Mental Health Service.

## Section 3 – Responsibilities

### Quality Improvement Project Leads:

- Provide baseline evidence of a problem worth solving or opportunity worth pursuing.
- Seek approval from their Line Manager to commence their Quality Improvement Activity via completion of a Quality Improvement Project Proposal Form (**Appendix B**).
- Consider consumer involvement in all stages of the project.
- Consider ethical 'risks' associated with the proposed activity and apply for approval if required (see **Section 6**).
- Register approved QI activities in the Management and Planning System (MAPS) and provide regular updates on project progress.
- Mark project as 'Complete' in MAPS once outcomes are achieved or project ended, and upload project outcomes.
- Present completed activities at local forums and, where possible, the Mental Health Service Development & Innovation Committee, to share and celebrate outcomes and learnings.
- Seek advice and support from Mental Health Improvement Advisor and Site Patient Safety & Clinical Quality Managers as required.

### Quality Improvement Project Team Members:

- Actively participate in regular project meetings and give continued support to the initiative and progress its objectives.
- Provide expertise and experience to guide the project and support the direction of the work.
- Undertake different project tasks under the direction of the Project Lead.
- Act as liaison with others in the Service as needed.

### Line Managers:

- Advocate and encourage a culture of continuous improvement in their work area.
- Draw on the Quality Management System to identify opportunities for change and areas for improvement.
- Champion, review and approve change ideas and quality improvement activities proposed for their work area.
- Ensure staff undertake quality improvement activities that are effective and contribute to achieving local or Service strategic objectives and/or align to the NSQHS.
- Submit approved Quality Improvement Project Proposal Form (**Appendix B**) to the local designated Site Committee.
- Support staff with progression completion of quality improvement activities, including escalations of concerns and risks to project progress. Escalations may be to the Project Sponsor or designated Site Committee.
- Seek advice and support of the Mental Health Improvement Advisor when required during project progress.
- Ensure staff are aware of their responsibility to register and update their project in the MAPS system.

- Regularly review entries in MAPS to ensure that information entered is correct, informative and up-to-date.
- Engage support from the Mental Health Improvement Advisor and Patient Safety & Clinical Quality Managers as required.

### **Project Sponsors:**

- Support project progress with regular and ad-hoc communication to staff.
- Help overcome project barriers.
- Influence project resistance by showing support and promoting projects on behalf of the project team.
- Navigate situations where additional resources may be required to ensure project success.
- Monitor for 'scope creep' and provide leadership to ensure projects remain on track.
- Support embedding and continuation of changes by modelling the change in question, positively communicating project progress and celebrating achievements.
- Be a point of escalation should a project experience unmitigable barriers, resistance or not progress as projected.
- Project Sponsors may also be Line Managers, or a more senior manager if the scope of the change covers multiple areas or carries significant expectations.

### **Mental Health Improvement Advisor:**

- Support Project Leads to define project scope, documentation and project plans.
- Provide advice and coaching on applying quality improvement methodologies in projects.
- Connect Project Leads with similar current or past projects across the Mental Health Service to promote sharing of change ideas and lessons learned.
- Consider proposed projects for ethical risks, in consultation with Site Patient Safety & Clinical Quality Manager.
- Advise individuals on opportunities for skill build (education, coaching) and providing Mental Health Service-wide education on quality improvement.
- Support Project Leads to provide regular communication on project updates to Line Managers and Project Sponsors, and via MAPS.
- Guide and support Line Managers and Project Sponsors, as required.

### **Patient Safety & Clinical Quality Managers:**

- Draw on the Quality Management System to identify opportunities for change and areas for improvement.
- Help to identify appropriate safety and quality data and information to inform project baselines and monitoring of improvement initiatives.
- Support determination of ethical risks and requirements for projects.
- Facilitate project reporting and documentation of project-related decisions at the designated Site Committee.
- Review and ensure projects are updated in MAPS at regular intervals, and status updated with appropriate documentation on project closure.



- Support profiling of local improvement work at local forums and Mental Health Service Development & Innovation Committee.

### **Designated Site Committee:**

- Prioritise quality improvement projects in accordance with Site and Service priorities, capacity, alignment to the NSQHS Standards, and safety and quality outcomes.
- Oversee quality improvement projects via regular updates to ensure ongoing alignment with priorities and National Standards.
- Ensure appropriate resources (people, time, equipment) are available to effectively carry out prioritised projects.
- Monitor project progress and seek guidance and support of the Mental Health Improvement Advisor.
- Assist in navigating project challenges should a project experience unmitigable barriers, resistance or not progress as projected.
- Ensure clear communication with Project Leads regarding QI proposals, including documenting and advising Project Leads and Line Managers on decisions to support, hold or reject proposals.
- Support the transparency of project progress across the Site and identify opportunities to celebrate change idea and project outcomes, and discuss lessons learnt.

### **Mental Health Service Development & Innovation Committee:**

- Promote local and District-wide improvement projects to celebrate participation, outcomes and learnings, and supporting visibility of the projects across the Mental Health Service for awareness, scale and spread.



## Section 4 – Quality Improvement Activity Workflow

The Quality Improvement Project Governance Workflow is represented in a flowchart in **Appendix A**. Further detail on the steps is provided below.

### 4.1 Initiating a Quality Improvement Activity

Prior to commencing a quality improvement activity, the following must be considered:

- The need for the improvement is clearly identified – data and information suggests there is a problem and an improvement to be made
- The improvement will contribute to achieving unit/team level needs and/or Mental Health Service strategies, priorities and objectives
- It assists the Service in meeting its requirements against the NSQHS Standards
- Resources are available to undertake the activity
- Project outcomes aim to be tangible and measurable
- Ethical risks are avoided, minimised or appropriately handled (**see Section 5 Ethical Considerations**)
- Approach and mindset supports long-term sustainability of changes.

The Quality Improvement Project Proposal Form (**Appendix B**) is to be completed by Project Leads. Assistance in completing the form is available from the Mental Health Improvement Advisor or Site Mental Health Patient Safety & Clinical Quality Managers.

Quality improvement projects require local Line Manager approval prior to commencement. This is to ensure proposed activities are in line with unit priorities and confirms the line manager agrees to support the initiative.

The signed Proposal Form is then submitted to the designated Site Committee for endorsement. This Committee ensures projects are in line with local and Service-Wide priorities, have sufficiently considered potential local ethical implications and priority populations, are adequately resourced to support success, are promoted throughout the Service, and have active support to navigate project barriers. Committee decisions are to be documented and communicated back to Project Leads and Line Managers, with opportunities for improvement identified.

The Committee may identify a Project Sponsor in addition to the Line Manager, should the project scope reach beyond the unit or team's immediate remit and resources.

### 4.2 Documenting Quality Improvement Activity and Escalating Project Risks

The [Management and Planning System \(MAPS\)](#) is the Sharepoint-based system that supports the documentation of project progress and outcomes across SESLHD.

Projects should be registered in MAPS as a 'Project' Activity Type upon commencement once endorsed by the Site Committee. The MAPS entry should be updated when anything changes during the project, or at a minimum every two months and on project closure.

Should a project run into difficulties that halt project progress, the project status in MAPS should be updated to 'On Hold' and issues documented and dated in the comments. The first point of escalation for Project Leads is their Line Manager and/or Project Manager. If unresolved, the concern should be escalated to the designated Site Committee for consideration. The designated Site Committee will review the project at the next meeting and consider resources available to navigate the challenge to progress. This may include the support or advice of the Mental Health Improvement Advisor on adopting, adapting and abandoning change ideas in a project, and next steps.

At the completion of the activity, MAPS should be updated with a summary of the outcomes and impact of the project (evaluation), and the Project Lead is to mark the project status as 'Complete'.

### 4.3 Maintaining and Monitoring Quality Improvement Activity

All projects require sound governance and active leadership to be successful. Line Managers and/or Project Sponsors play a pivotal role in authorising, legitimising, reinforcing and demonstrating ownership for agreed quality improvement initiatives.

Project Leads are to provide regular updates to their Line Manager and/or Project Sponsor on project progress and escalate concerns or barriers as they arise.

Line Managers should proactively monitor progress of quality improvement activities underway in their unit or team. They should ensure Project Leads are familiar with and utilise MAPS to record project progress, update project status and detail, and escalate concerns that cannot be resolved locally to the nominated Project Sponsor and/or designated Site Committee.

Project progress should be visible at unit or service level, e.g. on display on the team's Safety and Quality Board.

Designated Site Committees are required to review MAPS and request Project Leads or Line Managers to provide updates at regular intervals. They should ensure that projects are on track to meet a site or Service priority.

### 4.4 Reviewing and Evaluating Quality Improvement Activity

Feedback, monitoring and learning are central to the practice of quality improvement. A key strength of utilising a structured quality improvement methodology to guide improvement work, is the centrality of identifying measurable aims and objectives of projects from the outset to determine whether intended improvements have been made and sustained, and unintended consequences avoided. Rapid cycle testing of change ideas focused on root causes of issues generates evidence iteratively of improvement, before the decision is made to adopt and implement change ideas that added value into new ways of working as business-as-usual.

Completed QI activities should be presented at ward or team level and at an appropriate local committee as relevant, to celebrate completion and share learnings. The designated Site Committee overseeing QI should regularly consider projects for presenting to the Mental Health Service Development & Innovation Committee with learnings that may be mutually beneficial across the Mental Health Service and to reward teams' efforts.

## Section 5 – Change Ideas Workflow

Encouraging and supporting staff to pursue ideas for change and to learn from the experience helps foster a psychologically safe culture. A change idea on its own differs from a quality improvement project in terms of size and scale, and may not always need to be supported by a formal project structure. Implemented change ideas can still be documented, impact measured and celebrated.

### 5.1 Initiating a Change Idea

Ideas for change should be discussed with the line manager in the first instance. This is to ensure proposed activities are in line with unit or team priorities, all stakeholders are considered and confirms the line manager agrees to support the initiative.

### 5.2 Documenting and Monitoring a Change Idea

At a minimum, a change idea should identify a measurable objective or goal that defines the desired outcome. Objectives are often formulated using the SMART framework (Specific, Measurable, Achievable, Relevant, and Time-bound) to ensure they are clear, attainable and focused. In this way, objectives allow for the measurement of progress and the evaluation of the success of the change idea from the outset.

Change ideas can be registered in MAPS as an 'Improvement' Activity Type upon commencement, to support recording, monitoring and communication. The MAPS entry should be updated at a minimum every two months and on project closure.

Line managers should proactively monitor progress of change ideas underway in their unit or team and assist when barriers or risks are identified.

### 5.3 Reviewing and Evaluating a Change Idea

It is important to monitor implemented changes to know whether the change is making the intended improvement. Measuring the situation prior to the change idea being implemented, and comparing the baseline to measurements at regular intervals provides tangible information to evaluate whether the change has been successful in achieving the identified goals and whether the improvement has sustained.

The outcome of the change idea should be recorded in MAPS when, or shortly after, the project is marked as Complete. In addition to outcomes, recording any insights or reflections on the change that may inform future decisions or improvement work in the project summary is recommended.

If the change idea is successful, consideration should be given to profiling the idea locally, and whether the initiative has applicability elsewhere within the Mental Health Service to further share and spread learnings.

It is equally important to document when a change idea is not successful to record lessons learned and suggestions for future initiatives. If the idea does not address the objective as expected, generating a larger quality improvement project may be considered to more systematically study and address the root causes of the problem and other opportunities for change.

Outcomes should be visible at unit or service level, e.g. on display on the team's Safety and Quality Board.

---

## Section 6 – Ethical Considerations

Ethical risks in projects should be identified by Project Leads from inception and avoided, mitigated or navigated as appropriate.

In SESLHD, quality improvement activities typically do not require Human Research Ethics Committee or subcommittee approval as they are most often low-risk endeavours. However, when risks to care, suffering or inconvenience resulting from a project activity may be present, consumers need to be provided with sufficient information to enable them to decide whether they wish to be involved, just as occurs in clinical care or research.

NSW Health Guideline [GL2007\\_020 Human Research Ethics Committees - Quality Improvement & Ethical Review: A Practice Guide for NSW](#) provides further instruction on ethical considerations in project work, including a checklist to support decision making.

Should there be intention to publish project findings, SESLHD Human Research Ethics Committee approval should be sought from the outset.

The Site Patient Safety & Clinical Quality Managers and Mental Health Improvement Advisor are available to support staff in making ethics-related determinations for projects.

---

## Section 7 – Partnering with Consumers

Consumers should be central to improvement work and their perspectives included and measured. Involving consumers meaningfully in improvement can help improve the quality, relevance and impact of projects.

Project Leads are strongly encouraged to identify opportunities for consumer involvement in the project team or in project activities. It is expected that the principles of trauma informed care central to mental health service delivery be carried through improvement efforts.

It is recommended that local Consumer Advisory Committees be updated on project progress and outcomes.

The Mental Health Improvement Advisor can support Project Leads in considering and incorporating consumers in their project activities.



## Section 8 – Resources to Support Quality Improvement Activity

The Mental Health Improvement Advisor is available to assist staff undertaking quality improvement activities, and can also link staff in with local improvement program graduates who may be able to provide a level of mentorship, support or advice to help with local improvements.

In-service training is available to teams on introductory quality improvement topics, and in project sponsorship for leaders and managers. More in-depth training is available in the two-day [Quality Improvement Step-by-Step Course for Mental Health Staff](#) offered at regular intervals throughout the year, and the annual Mental Health Quality Improvement Intensive program.

Site Patient Safety and Clinical Quality Managers can support staff in identifying relevant safety and quality data and information to inform project proposals, and for monitoring the impact of change initiatives. They can provide information on clinical and corporate risks, NSQHS Standards, clinical audit, policy, and can also assist staff in using the MAPS system to provide project updates.

The Clinical Excellence Commission has several resources available including [quality improvement tools](#), the [Improvement Science Step-by-Step handbook](#), and online learning modules on HETI's My Health Learning platform as part of the Safety & Quality Essentials Pathway.

Staff who wish to further develop their skills as a local leader in safety and quality improvement have an opportunity annually to apply for the Clinical Excellence Commission's Adept level program on the Safety & Quality Essentials Pathway. Contact the Mental Health Improvement Advisor for further information.

To further develop skills in project management and change management, other programs available via My Health Learning include [Jump Start!](#) and [Accelerating Implementation Methodology \(AIM\)](#). Enrolment suitability may be discussed with the Mental Health Improvement Advisor.

## Section 9 – References, Version and Approval History

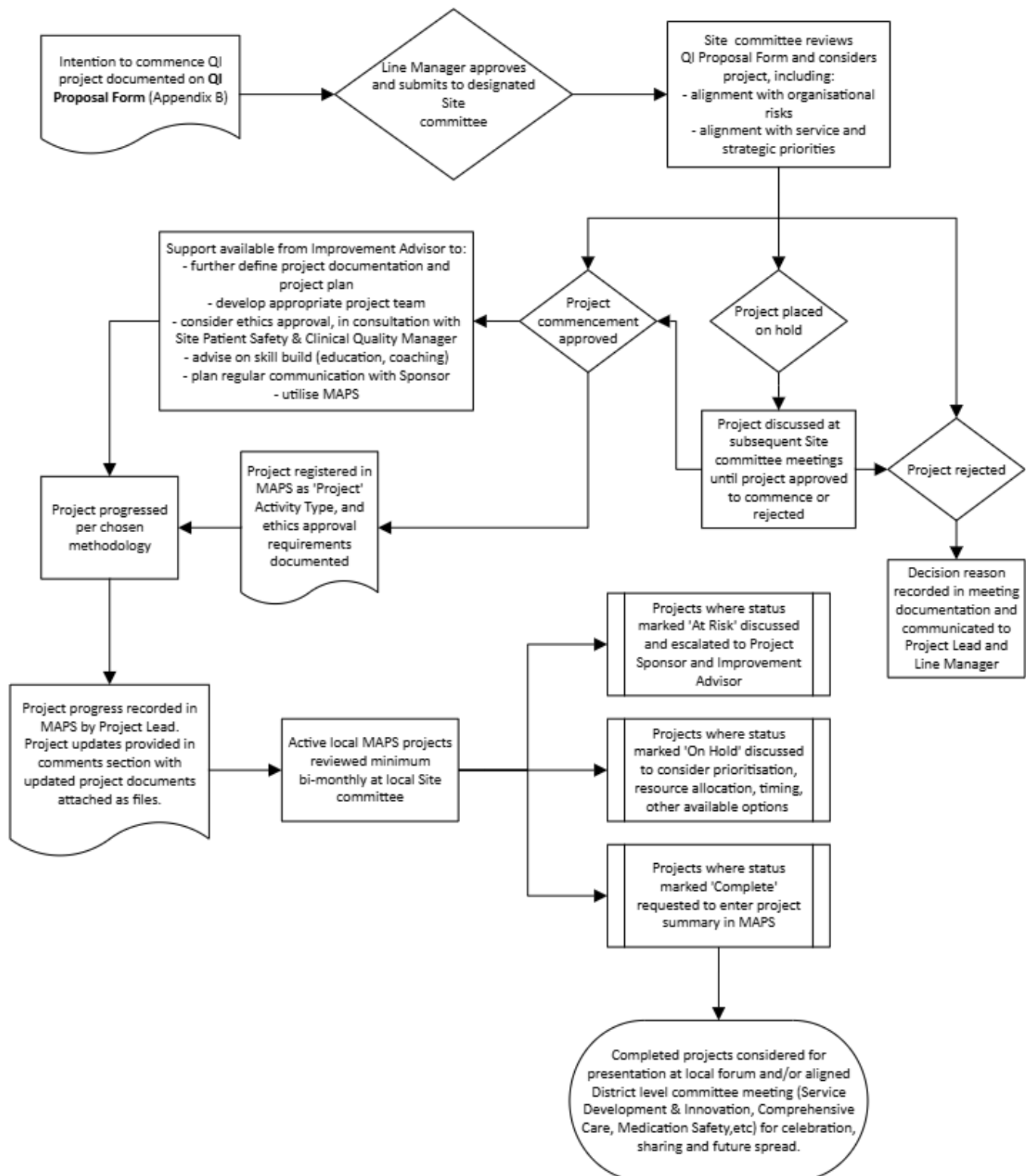
### References

NSW Health Guideline [GL2007\\_020 Human Research Ethics Committees - Quality Improvement & Ethical Review: A Practice Guide for NSW](#)

### Version and Approval History

Date	Version	Version and approval notes
26 September 2025	1.0	Draft created January 2025. MH IA suggestions incorporated. A/District Clinical Quality Manager feedback. Circulated to Accreditation Working Party. Updated to include further detail on change ideas following feedback from DDCC. Feedback from DDCC addressed, no changes to document identified. Circulated to Clinical Council for endorsement. Endorsed by Executive Sponsor for publication

## Appendix A: Quality Improvement Project Governance Workflow



## Appendix B: Quality Improvement Project Proposal Form

Italicised text provides guidance on project considerations. Site Patient Safety & Clinical Quality Managers and Mental Health Improvement Advisor are available to guide staff in form completion.

### Background

- *What is the problem or opportunity for improvement*
- *What are the consequences of not focusing on this need*
- *What might success look like? i.e. benefits, potential changes, outcomes*

### Baseline Data

- *How do you know you have a problem to focus on? Is there any data (quantitative/ qualitative) or information to support your case for change? Suggestions include:*
  - *Accreditation Survey recommendations*
  - *MHS key performance indicators, clinical governance reporting*
  - *Incident data, SAER recommendations*
  - *Compliments and Complaints*
  - *Audit results (routine and/or specific sampling)*
  - *HSW reports*
  - *Consumer feedback – YES/CES surveys, consumer focus groups*
  - *Official Visitor Reports*
  - *Staff feedback – PMES, SAQ*

### Aim

- *What is your overarching goal of the QI?*
- *What do you want to achieve?*
- *An aim should align with SMART criteria, and be Specific, Measurable, Achievable, Relevant, and Time-limited*

### Project Lead

- *List project lead name and position, and any other team members known at this stage*

### Service/Unit

- *Where is the improvement to take place and does it potentially impact multiple areas/teams/staff*

### Line Manager Approval:

Name:

Position:

Signature:

Date:

### Line Manager Feedback for further consideration (pre- or post-approval):

Endorsed forms are to be submitted to the designated Site Committee for consideration. Once approved by Committee for commencement, projects are to be logged in MAPS and categorised as 'Project' activity type with 'Registration' status.