**BSMHFT Service Evaluation Final Report Template**

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| **Project Title** | |
|  | |
| **Date of Report** |  |
| **Your Name** |  |
| **Evaluator Lead** (if different) |  |
| **Job Title** |  |
| **Main Base/Place of Work** |  |
| **Service Area** | *Acute and Urgent Care / Specialities / Integrated Community Care and Recovery / Secure Care and Offender Health* |
| **Service / Team** | Choose an item. |
| **Name, Job Title, and Email**  **of Line Manager** |  |
| **Name, Job Title, and Email**  **of Service Manager** |  |
| **Name and Email of Supervisor / contact point with BSMHFT**  (applicable only for students and external evaluators where no internal manager has been provided) |  |
| **Clinical Governance Committee to be presented at** |  |

**Executive Summary**

*Summarised version of the full report (no more than 520 words)*

**Keywords**

*These will be used for the BSMHFT library service evaluation database*

**Background / Information**

*As per original proposal*

**Aims and Objectives**

*As per original proposal (changed to past tense)*

**Methods**

*As per original proposal (changed to past tense)*

**Analysis and Results**

**Recommendations, dissemination and actions**

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***Once your final report is complete:***

*- Please send your service evaluation report to* [*bsmhft.serviceevaluations@nhs.net*](mailto:bsmhft.serviceevaluations@nhs.net)

*- Please note your report will be sent to your line manager/supervisor, Service Manager, Clinical Director, and Associate Director (as a minimum) for information and dissemination as appropriate.*

*- Additionally, the BSMHFT library holds a database of all completed service evaluations displaying an executive summary taken from this final report. Full reports will be made available from the Research and Innovation team on request.*