**BSMHFT Service Evaluation Proposal Template**

**\*\*All fields are compulsory, please ensure to include as much detail as possible to allow for future replication of the service evaluation if required\*\***

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| --- |
| **Project Title** |
|  |
| **Evaluator Lead Name** |  |
| **Job Title** |  |
| **Main Base/Place of Work** |  |
| **Are you a BSMHFT employee?** | [ ] Yes [ ] No*If no, please indicate if you have any of the following:*[ ] Honorary research contract[ ] Honorary clinical contract[ ] Letter of access[ ] None of the above |
| **Service Area** (delete as appropriate) | *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) |  |

**Background / Information**

**What is the area of the service that you wish to evaluate?**

*Please provide as much detail as possible*

**Why do you wish to evaluate this area?**

*Please include:*

* *The problem you wish to address*
* *Why this is a priority area*
	+ *e.g. improved patient care, improved ways of working for staff, inform local decision making*
* *Evidence that this is an area of need*
	+ *e.g. journal articles, anecdotal feedback from clinicians, service user or carer feedback*

**How have service users or carers informed the development of this service evaluation?**

*i.e. have service users been able to feedback their views on the materials, methods or the design of the evaluation). Will they be involved at any other stage of this evaluation? e.g. analysis/interpretation, dissemination of results*

**Aims and Objectives**

*Please detail the evaluation aims and objective: what questions do you hope to answer?*

**Methods**

**How will the service evaluation be conducted – what methods and measures will be used?**

*Please provide a clear order of events*

**Have you attached the relevant documents required?**

*If you are conducting questionnaires, focus groups or interviews, you are required to include an information sheet and consent form for participants, with the same information as detailed in this proposal*

*Any questionnaires, interview questions and data collection tools also need to be attached to your proposal*

 **What, how and by whom will data be collected?**

*e.g. quantitative survey data with link to online survey disseminated via email*

**Who will the service evaluation involve?**

*e.g. team managers, all nurses on X ward, all patients on X caseload, review of X case records*

**How much of individuals’/participants’ time might it take?**

*e.g. 30-minute semi structured interviews*

**When will you carry out this work?**

*Please provide an overview of the proposed timelines, including dates where possible.*

Proposed start date: Click here to enter a date.

Proposed completion date: Click here to enter a date.

**Where will the data be stored and how will this be kept secure?**

*e.g. password-protected folders, encrypted USB drives, location of paper files in locked cabinets*

**Who will have access to the collected data?**

 **How long will the data be stored for?**

*The Trust requires that data is kept for two years after completion of a service evaluation; if you are completing the evaluation as part of a university requirement, please also advise as to how long the data will be kept by the university*

**Analysis and Report writing**

**How will the data be analysed?**

*Please give any details of planned statistics or methods of analysis*

**Who will analyse the data?**

*Please include any statistical support*

**Who will write up the report?**

**If you plan to publish your work, how will data be anonymised and patient information kept non-identifiable?**

**Recommendations, dissemination and actions**

*The R&D Department will distribute the final report upon request to anyone internal, and external requests we will seek permission.*

**Who will the report be disseminated to?**

*All evaluation findings must be presented to the relevant clinical governance committees. Also consider team/service/external meetings*

**Who will ensure that any recommendations/service improvements are taken forward?**

**Do you plan to publish your work? If so, where?**

*e.g. peer review journals, conference poster*

*Please note, if you plan to publish your findings, data needs to be made confidential and patient identifiable information not included. Participants should also be made aware of the plan to publish via the information sheet*

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***Once your proposal is complete:***

*- Please ensure that you have completed the HRA decision tool to confirm that your proposed project is* ***not research.*** [*www.hra-decisiontools.org.uk/research/*](http://www.hra-decisiontools.org.uk/research/)

*- Please send your service evaluation proposal form to* *bsmhft.serviceevaluations@nhs.net*

*- Please include all supporting documents to avoid delay in the approvals process*

*- If you have a specific deadline by which you need feedback please include this in your email and we will aim to accommodate this*

*- Please note the proposal will be sent to your line manager/supervisor, Service Manager, Clinical Director, and Associate Director (as a minimum) to inform them of your evaluation*

*- Once approved, a summary of your service evaluation, using information from this proposal, will be made available on the connect intranet page. Additionally, the library holds a database of all completed service evaluations displaying an executive summary taken from the final report*

*- Once your evaluation is complete, please send a copy of your final report to* *bsmhft.serviceevaluations@nhs.net*