The approval of Service Evaluations within Birmingham and Solihull Mental Health NHS Foundation Trust

Standard Operating Procedure (SOP)

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1. PURPOSE

1.1   Who?

This Standard Operating Procedure is applicable to anyone who wishes to undertake a service evaluation within BSMHFT whether they are internal or external staff.

1.2   When?

This process must be completed before a service evaluation is undertaken and will begin upon initial contact with the R&I department. Prospective evaluators are strongly encouraged to engage early with the R&I department as evaluations should not begin until approval is received, and the approvals process can take several weeks due to the volume of proposals received.

1.3   Why?

- To ensure we are accessing data in line with service user and carer expectations, in line with information governance policies.
- To ensure that the project is not research as this requires specific regulatory approvals from the Health Research Authority (HRA).
- To raise awareness of which service evaluations are being undertaken across the Trust in service areas
- To ensure the required resources, capacity and capability are in place to undertake high quality evaluations.
- To ensure that the results of service evaluations and resulting recommendations are feedback at the appropriate meetings.

2. BACKGROUND

2.1   What is service evaluation and why do it?

Service evaluation helps us to define or measure current practice and can tell us whether we have achieved our original aims and objectives e.g. Service A was established to reduce the admissions to mental health hospitals, has this been achieved? Service B had a number of objectives according to the operations policy/ service specification, how well does it evaluate in practice?

The knowledge gleaned from service evaluation can be used to produce recommendations for improvement, inform change and demonstrate achievements and challenges.

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted solely to define or judge current service. The results are not generalizable to other areas and your participants will normally be those who use the service or deliver it. This does not require ethical approval but does require the Research and Innovation department's approval to ensure that it is purely service evaluation and not research or audit (as outlined in section 2.2) and may also still require written consent from participants.

There may be many factors involved that lead you to believe that conducting a particular service evaluation is a priority, these may include;

New Service

Request from commissioners

Service user or carer requests for improvement

Staff concerns raised

Productivity concern

Evaluating if services are performing as expected

2.2   How do you determine if it is research, service evaluation or audit?

It is easy to become confused between research, service evaluation and clinical audit. It is very important that you know which of these categories your project aligns to in order to ensure that you are adhering to the relevant ethical, legal and governance standards. Simple guidance is available to help you decide. It should be noted that even if something is classed as a research project it still may not require ethical approval therefore there is no need to try and badge a research project as a simple evaluation simply to avoid the need for ethical approval. There are examples of cases where projects have been badged incorrectly which has caused issues later when attempting to publish work.

Table 1 displays some characteristics that can be applied to determine if your project is clinical audit, research or evaluation as well as examples of each and which Trust department you would need to contact to gain approval for the piece of work that you are about to undertake. The Health Research Authority (HRA) research decision tool can also assist in your decision making, particularly in confirming whether your project is research: **http://www.hra-decisiontools.org.uk/research.** However, it should be noted that the R&I department will recheck the information received again the HRA decision tool to confirm the classification.

TABLE 1: Difference between clinical audit, research or service evaluation

Project type and supporting department	Characteristics	Example
Clinical Audit *Clinical governance* http://connect/corporate/governance/Clinical-governance/clinicalaudit/Pages/Clinical-Audit.aspx	A comparison of clinical practice against agreed standards to measure how well we are meeting those standards. The standards can be National: e.g. NICE, NMC, Royal Colleges, trust-wide e.g. policies and procedures, or local standards applicable to your team. The Trust clinical audit policy can be found on Connect. Audit does not require HRA approval.	Does our current practice comply with the NICE guidelines for the assessment and management of bipolar disorder?
Research *Research and Innovation* bsmhft.researchandinnovation@nhs.net	Generates new knowledge that has the potential to be generalisable or transferable (e.g. questions go beyond points that are specific to evaluating a service, exploring more general opinions or delving deeply into personal experiences), including studies that aim to generate theories as well as studies that aim to test those theories. If you are randomly allocating participants to groups, your project will be classed as research. Research may also involve new interventions. All research must comply with research governance requirements. These require NHS Trust permission to proceed and Health Research Authority (HRA) approval before commencement. Further information can be found here: http://www.hradecisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf (see also 2.2).	A comparison between anti-depressants only and a combination of anti-depressants and Cognitive Behavioural Therapy for depression in bipolar disorder.
Service Evaluation *Research and Innovation* bsmhft.serviceevaluations@nhs.net	Designed to understand how well an existing service is working given what it set out/ was set up to achieve. Questions are service specific, do not delve into broader opinions and experiences. Conclusions drawn reflect only the service in which they were derived and cannot be generalised or transferred to other services. Service evaluation usually involves analysis of existing data (e.g. routinely collected incident data or symptom scales) but may include administration of a simple interview or questionnaire. It should help inform the development, improvement or cessation of a service, process or practice. It does not require HRA approval.	How effective the service's Cognitive Behavioural Therapy group for reducing depressive symptoms in bipolar disorder?

2.2.1 Incorrect classification

If, at any time, a project is thought to have been misclassified as research, service evaluation or audit the lead professional should be informed. The lead will, in turn, advise the Trust's Research and Innovation and Clinical Governance departments who will confirm the correct classification and actions required.

3. PROCEDURE

3.1 Planning and scoping your evaluation project

3.1.1 What will the service evaluation tell you?

To clarify your objectives and how you will proceed with the service evaluation, it may be helpful to consider the key audiences for whom the service evaluation information is to be collected.

Has the service evaluation been requested for a specific purpose and if so, what is that purpose? This will inform the scope of the service evaluation and the information collected. If the service evaluation is more general in nature, i.e. how does this service perform based on what it was set up to achieve; the original service specification/outline will inform the scope.

Is there a business case to be made to funders of the service? Is the main impetus one of demonstrating the benefit of the service to other potential users? The focus of your service evaluation may differ depending upon whether you are presenting the results to those who use the service or those who fund the service. Social care stakeholders may have very different service evaluation questions from health service stakeholders.

Full scale service evaluation aims to look at all aspects of a service including quality (clinical effectiveness, safety, experience), satisfaction, process, service utilisation and cost. This provides a complete and rounded view of the service however, full scale service evaluation may not always be necessary. It may be more appropriate to focus your service evaluation on one area which will provide you with enough information to answer your specific question.

3.1.2 Identify stakeholders

A stakeholder is anyone who has an interest in your evaluation project and who may be involved in or affected by it. This could include:

- Service, clinical or professional leads
- Commissioners/funding bodies responsible for setting up/funding the service/evaluation
- Managers/directors with responsibility for the service
- Staff/practitioners/volunteers responsible for or impacted by the delivery of the service
- Patients/users of the service or carers/relatives of those using the service

It is recommended that you involve key stakeholders in the planning and delivery of your service evaluation. Your choices should be as objective as possible to eliminate bias. For example choosing stakeholders who are all positive or all negative about a new service or activity would not be considered objective. In some cases, an objective sampling process might need to be undertaken dependant on time available, e.g. names out of a hat.

'*People are more likely to accept and use information, and make changes based on information, when they are personally involved in and have a personal stake with decision making processes aimed at bringing about change*' (Patton, 1982)

Stakeholders can offer important insight into services and activities and can offer a number of benefits to your evaluation

• It is easier to define relevant evaluation questions

• The resources for conducting evaluation may expand

• The evaluation results will have more credibility

• The evaluation is more likely to lead to change, if necessary

• You may find gaining access to information easier

3.1.3   Consulting service user and carer stakeholders

The NHS has prioritised the inclusion of service user and carer consultations in the planning and development of research, audit and service evaluation projects. It is advised that service users and/or carers are consulted as part of the evaluation design. Feedback may be gathered in relation to the materials, method or the design of the evaluation, or you may choose to include service users/carers during the analysis, interpretation or dissemination phases of the project.

Many services have their own service user and carer representation groups who may be able to consult and feedback on your proposal. In addition, the R&I department are establishing a Lived Experience Advisory Panel (LEAP) by the end of 2019. The view for this group is for attendees to input on research and innovation activities across BSMHFT but there is the potential for the panel to provide consultation on specific elements of service evaluation projects (e.g. newly developed questionnaires), if requested.

3.2   What support is required for your service evaluation?

3.2.1   Staff resources

Resources typically allocated to service evaluation include lead evaluator/evaluation teams own time, trainee or student time as part of course requirements i.e. there is often a requirement to deliver audit or evaluation. You should think about trainees and students within your service but outside of your own profession as well as within. It may be useful to have a list of potential evaluations that would benefit the service to maximise the resources of trainees and students.

3.2.2   Funding

There are no specific funding streams available to support service evaluation activity. Service evaluation is generally prioritised as part of a service's core business. Consider any additional resources that may be required for the evaluation in terms of funding, personnel, time, skills/training requirements and external expertise. You may need to consider commissioning an external agency to carry out all or part of the evaluation if you do not have

the skills or resources in house. However, there are cost implications of this and there are likely to be skills and resources that exist and can be utilised from the wider team.

Where additional money is required line managers should be approached in the first instance to enquire about the possibility of using existing service budgets, if this is not an option a business case may be required to apply for further funding. Further advice regarding business case development can be sought from the BSMHT Programme Management Office.

3.2.3 Support

All clinicians and other relevant staff involved in service evaluation activity should have appropriate time, knowledge and skills to facilitate the successful completion of the evaluation cycle. If you require additional support for your service evaluation, a good source of expertise is other professionals who have completed evaluations in your service area. We would advise you in the first instance to contact colleagues and senior clinicians within your teams, services, and professional networks to enquire about existing knowledge and capacity for supporting your evaluation. BSMHFT library holds a database of completed service evaluation activity which can be accessed to identify staff within your service who have undertaken evaluations previously.

3.2.4 Examples for guidance

Both the R&I department and the trust library hold a database of completed service evaluation activity across the Trust. We suggest you review this database when planning your evaluation project to help assist your design; it may be that similar studies have been completed previously with elements you are able to replicate. A list of current and 'in progress' evaluations is also available on the Trust R&I pages: http://connect/research-innovation/Service-evaluation/Pages/Service-Evaluation-proposals.aspx. This should be reviewed to ensure you are not unnecessarily replicating work taking place in other areas.

3.3 Developing the method

3.3.1 What is your service evaluation question?

A well-considered and succinct question is very important for the success of your service evaluation. Your question(s) will provide a useful framework for planning your project and will be those that your service evaluation will answer. When developing your question(s) you need to consider: i) your intended outcomes, ii) who you are reporting to, iii) the time and resources available. Service evaluation questions might include; how far have the intended outcomes been achieved? Is this service value for money?

3.3.2 What are your aims?

Before you conduct your evaluation you will need to consider and clarify your overall aims i.e. what are you setting out to achieve. Your aims are closely linked to your evaluation question which will be defined by those requesting the service evaluation, but informed by the aims of the service being evaluated. e.g. to explore the impact of the service on the target population, to assess the effect of the service on unplanned admissions amongst the

16-18 years age group. To set your aims you will need to consider i) what do you want to achieve? ii) what is the purpose of your evaluation?

3.3.3   What are your objectives?

Once your aims have been established you will need to develop your objective. You need to ensure that the service evaluation you are designing has clear and measurable objectives. This will ensure clarity on the steps you are going to take in order to achieve the aims.

Objectives may be informed by your stakeholders (see section 2.1). Objectives should be realistic and SMART (specific, measurable, achievable, relevant, time limited). The quality of your service evaluation will be measured against these. An example of a SMART objective might be to measure the number of A&E attendees 6 months before and 6 months after the service was implemented. Table 2 outlines example questions, aims, objectives and measures.

Once you have developed your evaluation questions, aims, objectives and measures it is a good idea to take this back to your stakeholders for confirmation and/or further input to ensure it meets the needs of those who require it.

TABLE 2. Aligning questions, aims, objectives and measures

Example Questions	Example Aims	Example Objectives	Example Measures
Process – has the service been working to the agreed process?	• To confirm if the service operated in line with the operational policy/ service specification	• To establish the length of time taken on average for each stage of the process	• Time of referral to first appointment • Time to treatment
Quality – Clinical effectiveness – has the service been clinically effective? E.g. if group providing anxiety management, has it been successful in reducing anxiety? Safety – has the service maintained safe service levels? E.g. equivalent or reduced incidents Experience – does the service meet the needs of patients? Satisfaction – are patients satisfied with the service?	• To explore the impact of the service on the target population • To understand whether the service delivered the intended outcome • To confirm that the service is safe	• To compare symptom levels and medication use 6 months prior to intervention and 6 months past	• Beck Depression Inventory II (if routinely used as part of service) • Reduction in medication use • Number of drug errors • Number of incidents • Semi-structured interviews • Patient story capture • Friends and family test
Utilisation – to what extent has the service been accessed and interventions provided?	• To understand service utilisation	• To confirm number of patients who have been referred to the service and accessed interventions since launch	• Number of patients referred • Number of patients seen • Number of appointments provided
Cost – what have been the costs of delivering the service? Is this service value for money?	• To understand service resource implications	• To compare cost of current service including staff, travel etc. with costs of previous service	• Cost of staff time to deliver service • Medication costs • Cost benefit analysis

3.4   Considerations for data collection

3.4.1   Baseline Data

Service evaluation involves the collection and analysis of reliable and relevant data. The data required in order to evaluate your project should become apparent from the previous steps above. Think about the data that could be available to you already. This could include baseline intelligence data that existed before the project/service started, to be compared to data collected after the project/service has been implemented, to show if it has made an impact.

Similarly, a previous evaluation may have taken place which could be drawn upon to make comparisons. The R&I department holds a database of all completed service evaluations within BSMHFT (completed since 2016), which may help you to identify where similar projects have been completed previously. Please contact the service evaluation team if you would like to know if a similar service evaluation has been undertaken: bsmhft.serviceevaluations@nhs.net.

3.4.2   New Data Collection

You should also consider what new data need to be collected to support your evaluation and the different methods you can use to do this. Consider what you want to know, what you want to measure and what data you need in order to do this. You may need to analyse service data, patient records, admissions data, population data and/or gather data of staff, service user and/or carer opinions and experiences of the service by way of questionnaire or qualitative focus groups for example.

It is worth identifying any issues or risks that may delay or compromise your service evaluation. These might include ethical and legal issues, issues related to gaining participants' consent, political issues, access issues, capacity issues or other governance issues e.g. data protection (see section 3.5 for further details). You need to think about who will collect the data that you need and whether they have the time and skills to do this (for example staff may need to be trained in data collection techniques).

3.4.3   Data Entry

Data entry can be a tedious and time-consuming activity however accuracy of data entered is important to ensure validity of your results. It is essential to record your data in a structured way e.g. in a spreadsheet or database, regardless of whether it is quantitative or qualitative, to enable accuracy checks and easy analysis.

Despite your best efforts, when entering data there will be the occasional error. To 'clean' your database and ensure that the data entered is reliable and accurate a few checks are essential. Including looking at minimum and maximum data points for variables, to highlight any unusual entries, identifying missing data, producing graphs to highlight any obvious errors , selecting at random 10% of your participants' data (e.g. if you have data for 100 participants randomly select 10 participants) and re-check these data.

3.4.4 Data Storage

For data collected specifically for the service evaluation project, e.g. focus group data or additional measures taken for analysis that do not contribute to routine clinical care, data should be kept for as long as required for analysis and write up of the service evaluation report.

For service evaluation projects that intend to analyse measures collected as part of routine practice, records should be stored as usual e.g. documents uploaded to RiO. In addition, participants should be informed that their data will be used for a supplementary purpose i.e. both for clinical care and service evaluation activity.

Ongoing service evaluations may need to store data for long periods of time. If this is the case it is recommended you initially report holding data for 5 years and review again at this point.

3.4.5 Audio

If your evaluation involves the audio recording of interviews or focus groups, data collection must take place in line with information governance guidelines. Recordings should be taken on Trust encrypted Dictaphones to ensure secure collection and storage of data. Following completion of the interviews or focus groups, recordings should be transferred to a secure, BSMHFT drive in a password protected file. Recordings should then be deleted from the Dictaphone.

3.5 Analysing your data

The data analysis techniques that you use will depend on the type of data collection method (quantitative/qualitative) that you use. You will need to plan how you are going to analyse your data before you begin your evaluation, and the time that it will take. This will ensure that you will obtain the type of data that you require to achieve your aims and objectives. It also helps to reduce the introduction of bias into your results i.e. that you are not manipulating your data analysis to obtain the results that you would like rather than the true results of the evaluation project. If you are not confident in carrying out the analysis yourself, it is important you consult someone who is familiar with analytical techniques.

Be clear from the planning stages of your evaluation who will have responsibility for the data collection and analysis tasks to ensure that there are adequate resources and skills within your evaluation project team. Support in relation to data collection and analysis can often be obtained from senior professionals within your service. It is worth approaching colleagues outside of your immediate profession for support. Statistical packages e.g. SPSS and NVivo are available within BMSHFT libraries together with accompanying literature.

3.6 Recommendations, dissemination and action planning

All service evaluations will be expected to be presented at the appropriate forum. The Research and Innovation department can advise on this. For local service evaluations the teams involved in the project need to receive the results and then the service evaluation should be reported to the service Clinical Governance Committee as a minimum, or equivalent sub-committee. At the committee, actions should be agreed, incorporated into and monitored via the work programme, action table and risk registers.

The evaluator may also want to present the findings at other relevant internal and external forums e.g. other similar services, professional groups. The Research and Innovation

department will keep a record of service evaluation proposals and final reports and a database will be held within the R&I department. Monitoring against the actions will be managed locally within the clinical governance structures.

If a repeat service evaluation is required it needs to be registered and follow the same procedure as the original service evaluation and considered for inclusion in the service evaluation priorities for the service area.

3.7   Ethics, governance and approval

3.7.1   Ethics

All information governance policies and procedures must be adhered to at all times. If the lead evaluator is unsure where to find these, they should ask their line manager.

Under Data Protection and Caldicott Framework, care records can be used without consent for service evaluation purposes if confidentiality and anonymity is maintained. If patients have been informed and given permission for their participation in audit activity, section 60 of the Health and Social Care act (2012) makes provision for the collection of patient identifiable data; however best practice would always be to anonymise service evaluation data unless there was a compelling reason not to do so.

3.7.2   Governance

All service evaluations must have line manager approval. Line managers must consider whether they are of good quality, worthwhile and a good use of Trust resources including evaluation time and the time of other participants i.e. staff being interviewed. They must also consider whether the evaluation fits with the service or Trust's existing Business Plan and, if it does, how it contributes to that plan. If in any doubt, advice should be sought from the line manager. They must also consider any impact on workload of other departments, such as Care Records, during the course of the service evaluation.

Proposal

Before conducting an evaluation you will need to send a completed proposal (see Appendix 1) and any supporting documents to the Research and Innovation department bsmhft.serviceevaluations@nhs.net. The team will then register your evaluation on the internal data base and review the proposal in line with the quality assurance checklist (see Appendix 2). They will confirm that the activity you are undertaking is service evaluation rather than audit or research, although it may be beneficial to submit the outcome of the HRA (Health Research Authority) decision tool to support your proposal. We advise that completed proposal forms are sent to the service evaluation inbox at least one month before the proposed start date of the evaluation. This time allows for the R&I team to review your proposal, suggest any amendments that are needed, and for you to then make the necessary modifications (see Appendix 3). This also allows time for you to seek support from other professionals within your team and the R&I department to answer any questions you have, prior to giving the green light for you to begin work on the evaluation.

Supporting Documents

Alongside your proposal, please submit any supporting documents you intend to use in the evaluation. This may include interview schedules, questionnaires or surveys, participant information sheets and consent forms.

It is a reasonable expectation that we will evaluate the services that we provide and this is communicated to patients via the Trust privacy notice on our website. However there may be certain occasions when a consent form is advisable:

- If it is not an internal member of staff conducting the service evaluation
- If you are considering publishing your evaluation externally
- If you are issuing payments for the service evaluation (this would not be usual practice)

We have provided a template participant information sheet and consent form for you to use in this instance; separate staff and service user/carer versions are available (see Appendix 4). You will need to delete/amend as appropriate for your project.

3.7.3 Approval

You may have received approval from other committees or bodies to complete your project e.g. a university, local teams or via the new clinical procedures process; however the proposal is still required to receive the green light from the R&I department to go ahead.

The R&I department will issue you a confirmation email to advise we are happy with the documents received. This email, along with: the final proposal, supporting documents, and confirmation that the project is not research, will be sent to your line manager, associate director of operations, and clinical director.

3.7.4 Staff Requirements and Trust Access

To undertake research, audit or service evaluation activity within BSMHFT, members of the evaluation team must have relevant contracts in place. If a member of the evaluation team does not have an employment contract with BSMHFT (this is likely to affect students, external evaluators and honorary staff) please inform the Research and Innovation Department. Whilst reviewing your evaluation proposal, the R&I team will refer you to the Research Governance Manager to organise the correct approvals (letter of access or honorary contract).

Anyone undertaking service evaluation activity should have completed the most recent Information Governance e-learning prior to commencing data collection: https://learning.bsmhft.nhs.uk/login/index.php

3.8 Reporting your findings and implementing required changes

3.8.1 Reporting and how to structure a service evaluation report

A template to help you to report the findings of your evaluation project can be found in Appendix 5. Upon completion of the project, the lead evaluator should produce a written report as soon as is practicable but ideally within one month of completion of the service evaluation. This is to ensure that knowledge gleaned about the service and potential improvements can be communicated with the service areas as quickly as possible and relevant actions agreed and implemented for the benefit of our staff, service users and/or carers.

3.8.2 Making Recommendations

Particular attention should be paid to the recommendations section to give the services the best possible chance to improve.

Recommendations should be based specifically on the evaluation findings and data obtained from carrying out the service evaluation. Recommendations may propose some or no changes to services or activities, or suggest further considerations by relevant staff, service user or carer groups. When making recommendations it is important to ensure that you:

i)   Focus each recommendation around one particular topic, issue, or problem
ii)   Provide a rationale; why is the change important?
iii) Order and number the recommendations in your report in order of priority
iv)   What will the impact be if the recommendation is put in place or not?
v)   Include information about potential solution options if there are more than one, including implications, pros and cons
vi)   Prioritise the alternative solutions and explain their rationale
vii) Ensure your recommendation are in a SMART (Specific, Measurable, Achievable, Realistic, Time-limited) format, e.g. *By the end of September 2019, the team manager will have implemented a new system to ensure all referrals are assessed within two weeks*.

The recommendations will then need to be discussed and actions agreed at your Clinical Governance Committee, before finalising your report.

3.8.3 Learning points

Identify any learning points relating to methodology and the process of the evaluation project which may need to be addressed or considered before undertaking further evaluation projects. You should identify areas for improvement as part of your final report and suggest ways that these can be achieved.

3.8.4 Reporting and Report Dissemination

Reporting and report dissemination should be in line the 'Recommendations, dissemination and actions' of the service evaluation proposal. This should include as a minimum presentation or distribution of the report to the service Clinical Governance Committee and teams that the service evaluation relates to. CGC members will then agree the actions that will be taken forward, who is responsible for undertaking the actions, and deadlines for completion. These will then be monitored by the local Clinical Governance Committee as part of their existing action plan processes.

3.8.5 Communicating evaluation results to wider stakeholders

Once you have followed points 5.1-5.4 your report is ready to be finalised. A copy should be sent to the R&I department. Different stakeholders will have different information needs. Some stakeholders are interested in information about how services/activities can be improved whilst other stakeholders are more interested in the overall effectiveness of the service/activity. Some stakeholders want information in summarised formats, with major findings highlighted, whilst others will require more detailed reports. Therefore you may need to repurpose your report for different audiences or stakeholders. It is helpful to review your dissemination plan at this stage in light of who your stakeholders are, which will expect a copy of the report, which information will be most interesting to each group and how might the information best be presented.

Methods of communication can include reports, executive summaries, oral presentations, posters, web pages, intranet, events, workshops, press releases, articles or leaflets.

4.   MONITORING

The R&I Department will be expected to attend service level Clinical Governance Committees (CGC's) on a quarterly basis to update on Research, Innovation and Service Evaluation (RISE) activity. This attendance will be accompanied by a RISE report which will detail open service evaluation projects within each service area. The R&I department will also confirm which service evaluation final reports have been received for the service area since their last attendance and who this has been sent to.

As and when final reports are received by the R&I department they should be forwarded to those individuals included in the initial approval email and other relevant staff members for example if the original staff member performing that role has left the Trust. In addition the report should also be sent to the relevant CGC facilitator to ensure that the evaluation lead has presented their evaluation at the relevant CGC/the report is circulated to CGC members and actions have been agreed and logged as part of the existing action plan process.

The service area CGC will be expected to oversee compliance with the service evaluation procedure in terms of:
i)   Ensuring that service evaluation reports and/or presentations are received
ii)   Agreeing and logging recommendations and agreed actions as part of the existing CGC minutes process
iii)   Monitoring the progress of implementing recommendations and agreed actions.

The Trust Research and Innovation Committee will be expected to monitor the R&I department's compliance with the service evaluation procedure and receive reports in relation to queries received, proposals received, evaluations approved and final reports received.

The Trust CGC will be expected to monitor (via reports received from service CCG, Trust R&I Committee and PIR updates) Trust wide compliance with the service evaluation guidance, service evaluation activity, the progress of implementing the recommendations overall and the information or knowledge gleaned from the service evaluations to enabled triangulation with other data sources, thereby informing intelligence in relation to services.

5. APPENDICES

Appendix 1: BSMHFT Service Evaluation Proposal Template v3

BSMHFT Service Evaluation Proposal Template

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?

Why do you wish to evaluate this area?

Please include:

- *The problem you wish to address*
- *Why this is a priority area*
  - o *e.g. improved patient care, improved ways of working for staff, inform local decision making*
- *Evidence that this is an area of need*
  - o *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 describe 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 and ensure you have attached all questionnaires, interview questions, and any other relevant documents e.g. participant information sheet, consent form or data collection tools.

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 individual's /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?

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?

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?

Recommendations, dissemination and actions

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. NB. If you plan to publish your findings this should be communicated to participants via the information sheet

_____

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/*

- 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

Appendix 2: INTERNAL R&I USE: Research and Innovation Department Service Evaluation Approvals Quality Assurance Checklist

Task	Completed to a satisfactory level?
Evaluator Details	
Has applicant clearly stated who will be undertaking the service evaluation?	
Has applicant gained support from senior managers/clinical leads to support their evaluation?	
If applicant is not a BSMHFT member of staff, do they have the correct permissions in place to complete this evaluation? (i.e. letter of access or honorary contract)	
If applicant is not a BSMHFT member of staff, is there a named supervisor/ contact within the Trust?	
Background/Information	
Has applicant provided details as to why they are undertaking this study?	
Has applicant outlined the area of service they wish to evaluate and why?	
Has applicant detailed the priority area for the team, service and/or Trust this relates to?	
Has applicant outlined the problem they hope to address /what aspects of the service they are trying to improve and how they know that it is an issue?	
Have users or carers informed the development of this evaluation?	
Aims and Objectives	
Has applicant clearly outlined the questions, aims, objectives and measures for the evaluation?	
Methods	
Has applicant detailed how the service evaluation will be conducted and what their methods are?	
Has applicant described how their data will be collected and how long this will be stored for?	
Has applicant provided information as to where data will be stored? Does this meet information governance guidelines?	
Have they included all relevant documents (e.g. consent forms, interview schedules)	
Has applicant provided information as to who their evaluation will involve and how much of their time will be taken up?	
Has applicant included timelines in their proposal?	
Analysis and Report Writing	
Has applicant explained how they will analyse their data?	
Has applicant outlined who will analyse the data?	
Has applicant discussed who will write up the report?	
Recommendations, Dissemination and Actions	
Has applicant clearly stated who the report will be disseminated to?	
Has applicant detailed which internal meetings their evaluation will be presented at?	
Has the applicant outlined whether/where they plan on publishing the evaluation?	

Appendix 3: INTERNAL TRUST STAFF USE: Research and Innovation Department Service Evaluation Approvals Flow Chart

Initial service evaluation enquiry sent - request for support or submitting proposal

Does your enquiry include the proposal documents?

No

Receive R&I acknowledgement and link to guidance and service evaluation proposal template on intranet/website

(3 working days)

Yes

Receive acknowledgement and link to guidance (if required)

(3 working days)

R&I check proposal against quality checklist

(10 working days since latest version of the proposal submitted)

Does your proposal meet the quality checklist?

No

R&I request additional information, suggest changes and offer support.

Asked to make amendments and resubmit

(10 working days since latest version of the proposal submitted)

Yes

Receive green light to start data collection

R&I department provide copy of the HRA decision tool outcome and formal approval email

Line manager, service manager, clinical director and associate director informed you are ready to begin

BMSHFT Service Evaluation Information Sheet & Consent Form

Do you need a consent form?

It is a reasonable expectation that we will evaluate the services that we provide and this is communicated to patients via the Trust privacy notice on our website. However there may be certain occasions when a consent form is advisable:

- If it is not an internal member of staff conducting the service evaluation
- If you are considering publishing your evaluation externally
- If you are issuing payments for the service evaluation (this would not be usual practice)

If you believe a consent form is needed for your service evaluation, the following templates are provided for you to create a participant information sheet and consent form applicable to your project.

Using the Templates

We have provided a template participant information sheet and consent form for you to use in this instance; separate staff and service user/carer versions are available. You will need to delete/amend as appropriate for your project.

Two templates have been provided; one for use with service users and carers, and one for use with staff.

Each template has a number of elements highlighted in **red**, these sections must be included in your forms and should be edited to reflect the information about your project/service.

The templates also provide optional statements that may need to be included depending on the type of evaluation you are conducting, these sections are highlighted in **blue**. For example, if you are completing interviews or focus groups as part of your evaluation and are planning to record them, you will need to include a statement about you recording equipment and transcription process.

Please note the template provided is only a guide and any additional information that is pertinent to your service evaluation should be included.

If used for letter, type addressee starting here

Service User and Carer Participant Information Sheet

Service Evaluation: Insert TITLE

Lead Clinician/Evaluator: Name, Job Role

You are being invited to take part in a project evaluating [NAME SERVICE]. Evaluations help us to understand if a service being delivered is achieving a good standard of care, and can highlight areas for improvement. A service evaluation may be published (in print or online) for others to read, and/or presented at a conference. The final evaluation report will be submitted to UNIVERSITY NAME, as a piece of academic work for COURSE TITLE. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this service evaluation is to (insert specific reason for service evaluation)

If you agree to participate, you will be asked to (insert specific details about what is being asked of the participants; complete questionnaires, undergo training, complete interviews etc., advise how much of their time it is expected to take up, whether you will also access and use information from their clinical records or clinical data that is collected routinely).

No personally identifiable information, such as your name, date of birth or hospital numbers, will be used within the service evaluation. During the conduct of the evaluation, any information you provide will be kept confidential, and will not be shared with anyone outside of the BSMHFT service evaluation team.

For use when collecting identifiable information/checking clinical records:
Personally identifiable information, such as your name, date of birth or hospital numbers, will be gathered as part of the evaluation to enable us to review your clinical care records. This allows us to confirm information about your diagnosis or treatment. Only the service evaluation team will have access to information gathered from you and your records, and this will not be used in the evaluation report.

For use with audio recordings:
All interviews/focus groups will be recorded using an encrypted, password protected dictaphone. This means that the recordings will remain secure and only members of the evaluation team will have access to the recordings. Files will be transferred to a secure, BSMHFT computer drive and deleted from the dictaphone as soon as the interview/focus group is complete. The recordings will then be transcribed and anonymised, and the audio recordings will be deleted.

Taking part in this service evaluation is entirely your choice and voluntary. You may choose not to take part or you may change your mind at any time. Your decision to withdraw or decline participation will not affect the quality or nature of clinical care that you receive from the BSMHFT. However, once the service evaluation is written and published, it will not be possible for you to withdraw your permission.
Allowing your information to be used in this service evaluation will not involve any additional

costs to you. You will not receive any reimbursement.

Your initials and signature below means that you have read the above information about this service evaluation and have had a chance to ask questions to help you understand how your information will be used, and that you give permission to allow your information to be used in this evaluation.

If you have any questions please contact (insert name) at PHONE NUMBER.

Service Evaluation Consent Form

Service Evaluation Title: INSERT TITLE

Please Initial Each Box

1. **The service evaluation has been fully explained to me and all of my questions have been answered to my satisfaction.**

2. **I allow access to my personal health information (medical records) as explained in this form.**

3. **I understand that my confidential information will not be accessible by anyone outside of my clinical care or service evaluation team.**

4. **I understand that any information given by me may be used in future reports, publications, articles or presentations by the team involved in the service evaluation.**

5. **I am happy for audio recordings to be taken and I understand how these will be stored and destroyed.**

6. **I have been informed of the risks and benefits, if any, of participating in this evaluation.**

7. **I have been informed that I do not have to participate in this service evaluation.**

8. **I have read each page of this form.**

9. **I have agreed to participate in this service evaluation.**

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Name of Evaluator   Signature   Date

(2 copies should be taken – 1 copy to the participant, 1 kept by evaluator as per storage guidelines agreed within the service evaluation proposal document)

NHS

Birmingham and Solihull Mental Health
NHS Foundation Trust

Department name
Address line 1
Address line 2
Address line 3
Address line 4
Address line 5

Tel .XXXX XXXXXX
Fax XXXX XXXXXX

Staff Participant Information Sheet

Service Evaluation: Insert TITLE

Lead Clinician/Evaluator: Name, Job Role

You are being invited to take part in a project evaluating [NAME SERVICE]. Evaluations help us to understand if a service being delivered is achieving a good standard of care, and can highlight areas for improvement. A service evaluation may be published (in print or online) for others to read, and/or presented at a conference. The final evaluation report will be submitted to UNIVERSITY NAME, as a piece of academic work for COURSE TITLE. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this service evaluation is to (insert specific reason for service evaluation)

If you agree to participate, you will be asked to (insert specific details about what is being asked of the participants; complete questionnaires, undergo training, complete interviews etc., advise how much of their time it is expected to take up, whether this will be done in work time or additional).

No personally identifiable information, such as your name or job title will be used within the service evaluation. During the conduct of the evaluation, any information you provide will be kept confidential, and will not be shared with anyone outside of the BSMHFT service evaluation team.

For use with audio recordings:
All interviews/focus groups will be recorded using an encrypted, password protected dictaphone. This means that the recordings will remain secure and only members of the evaluation team will have access to the recordings. Files will be transferred to a secure, BSMHFT computer drive and deleted from the dictaphone as soon as the interview/focus group is complete. The recordings will then be transcribed and anonymised, and the audio recordings will be deleted.

Taking part in this service evaluation is entirely your choice and voluntary. You may choose not to take part or you may change your mind at any time. Your decision to withdraw or decline participation will not affect your employment or work in any way. However, once the service evaluation is written and published, it will not be possible for you to withdraw your permission.

Allowing your information to be used in this service evaluation will not involve any additional costs to you. You will not receive any reimbursement.

Your initials and signature below means that you have read the above information about this service evaluation and have had a chance to ask questions to help you understand how your information will be used, and that you give permission to allow your information to be used in this evaluation.

If you have any questions please contact (insert name) at PHONE NUMBER.

Service Evaluation Consent Form

Service Evaluation Title: INSERT TITLE

Please **Initial** **Each Box**

1. **The service evaluation has been fully explained to me and all of my questions have been answered to my satisfaction.**

2. **I understand that my confidential information will not be accessible by anyone outside of the service evaluation team.**

3. **I understand that any information given by me may be used in future reports, publications, articles or presentations by the team involved in the service evaluation.**

4. **I am happy for audio recordings to be taken and I understand how these will be stored and destroyed.**

5. **I have been informed of the risks and benefits, if any, of participating in this evaluation.**

6. **I have been informed that I do not have to participate in this service evaluation.**

7. **I have read each page of this form.**

8. **I have agreed to participate in this service evaluation.**

_____ _____ _____

Name of Participant   Signature   Date

_____ _____ _____

Name of Evaluator   Signature   Date

(2 copies should be taken – 1 copy to the participant, 1 kept by evaluator as per storage guidelines agreed within the service evaluation proposal document)

BSMHFT Service Evaluation Final Report Template

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

Once your final report is complete:

- Please send your service evaluation report to 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.

Appendix 6: INTERNAL R&I STAFF USE: Research and Innovation Department Service Evaluation Approvals Flow Chart

Service Evaluation—Internal Process (July 2019)

Email enquiry enters SE inbox

New proposal included | Initial enquiry, no proposal attached

Assign folder on T-drive

Use naming format SE0XXX—Evaluation Title

Add new proposal to database:

- ID number (assign next blank)
- Set initial status
- Evaluation title
- CGC , service area, team/service (using 'service teams' tab for information)
- Staff name(s)
- Dates: team notified, initial R&I response (using 'initial contact' information), first proposal received
- Staff undertaking approval

Check proposal is complete and all questions have been answered

Check supporting documents are present

Request any additional information/documents to complete proposal

Send initial email response, direct to intranet guidance and HRA decision tool

Redirect to R&I inbox or clinical governance team if enquiry relates to research or audit

Email filed in 'initial enquiry only' folder in inbox

⏰ Email response within 3 working days

⏰ Email response within 3 working days

All information present | Addition information requested

Staff completing approvals are informed a proposal is ready for review:

Check any additional emails that may have come through regarding the same project to ensure you are replying to the most recent message

Assesses the quality of answers provided

Review supporting documents for quality and appropriateness

Await response and monitor, follow up if no further contact

⏰ Review and respond within 10 working days

Managers consulted when necessary if questions about the type of research or quality of the proposal arise

No additional information needed | Addition information requested

27

No additional information needed

Addition information requested

Request any additional documents or information to support proposal

Update comments section of the database as required with date and current status

SE approved

SE not approved
or not undertaken

Update database:

- Status: change to appropriate category

- Add comments as to why the SE did not proceed

- Complete all other boxes with 'N/A' or other applicable entry so **no fields are left blank**

Ensure any proposal and supporting documents are saved and version numbers marked

Move all email correspondence from SE inbox to project folder

Send approval email with attachments:

- Finalised proposal and documents

- HRA decision tool

Send to all evaluators involved and managers listed on proposal.

CC in appropriate:

- Associate Director of Operations

- Clinical Director

For 'trust wide' projects identify appropriate management for the service(s)

Update database:

- Status: change to 'approved and in progress'

- Approval date

- Estimated start and end dates (from finalised proposal)

- Approval letter—mark 'yes' when filed in project folder

Copy to SE folder:

Ensure all proposals and supporting documents are saved and version numbers marked

Mark approved documents as final copies and move into the designated folder

Move all email correspondence from SE inbox to project folder

Clearly label approval email 'SE0XXX Approval Email'