Gloucestershire Hospitals
NHS Foundation Trust

SOP 26 - Service Evaluations

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IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the Research, Innovation & Genomics Webpage for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded version are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive version of all Gloucestershire Hospitals NHS Foundation Trust SOPs appear online. If you are reading this in printed form, check that the version number and date below is the most recent one as shown on the RIG website:

https://www.gloshospitals.nhs.uk/about-us/research-our-hospitals

The Gloucestershire Hospitals NHS Foundation Trust wishes to acknowledge York Hospitals NHS Foundation Trust and University Hospitals Bristol and Western NHS Foundation Trust who gave permission to use their templates in the development of these SOPs.

Version History Log

This area will be updated with details of all changes made to the SOP whether due for full review or not.

Version	Details of Change	Date Implemented
1.0	Original SOP	Not implemented
2.0	Change of SOP number/reference, updated department name to RIG and job roles. Updated review and approval process at Trust.	12/02/2026

This SOP will be reviewed every three years unless changes to any relevant legislation require otherwise

Related Documents:

SOPs
SOP 11 – Confirmation of Capacity and Capability
SOP 24 - Project Review

Glossary

EDI	Equality, Diversity and Inclusion
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
HRA	Health Research Authority
PPI	Patient and public involvement
PRC	Project Review Committee
PS	Professional Services
REC	Research Ethics Committee
RIG	Research, Innovation and Genomics
SE	Service Evaluation

Contents

1. Introduction, Background and Purpose

Service evaluation (SE) is designed and conducted solely to define or judge current care or service, i.e. an intervention or service that is already in use. SE measures the current service or intervention without reference to a standard, aiming to answer the question of 'What standard does this service achieve?'

SEs do not involve allocations of treatment or care. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/ service user preference. See Appendix 1 for details of characteristics of SEs, and how they differ from research or audit projects.

A SE does not require review by the Health Research Authority (HRA) or an NHS Research Ethics Committee (REC). Within Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), all service evaluations require review and approval from the Research, Innovation and Genomics (RIG) department before they can proceed.

The purpose of this SOP is to describe the process of planning, review and approval of SEs within GHNHSFT.

2. Who Should Use This SOP?

This SOP should be used by staff wishing to undertake a service evaluation within GHNHSFT, by staff looking to deliver an externally designed SE and staff within the RIG Professional Services (PS) team.

3. When Should This SOP be Used?

This SOP should be referred to as early as possible by staff planning to undertake a service evaluation within GHNHSFT and by the RIG PS team throughout the review and approval process.

4. Process for local Service Evaluations

4.1 Planning your Service Evaluation

Agreement from an appropriate line manager or departmental head should be sought at the early stages of planning a SE, and evidence of this should be provided to the RIG PS team. See Appendix 2 for an example template for a SE project. Key questions, or points to consider, include:

- What is the purpose of the SE?
- What questions do you aim to answer with the evaluation?
- Who will be included in the evaluation (eligibility criteria) and, if applicable, how will they be recruited and consented?
- What supporting documents are needed? E.g. consent forms, questionnaires (HRA provide example templates for support documents).
- What is the sample size for the evaluation and how will the data be analysed?
- How will data be collected and stored? For how long will the data be kept? Is Information Governance or Caldicott Guardian approval required?
- What staff/Trust resources will be required to deliver the evaluation and how will this be funded? Will the work required take place during staff working hours?
- How/where will the evaluation findings be reported or disseminated?

The project lead should contact the RIG PS team (ghn-tr.RIGprojectreview@nhs.net) as early as possible in planning their project for advice and guidance as needed. The RIG team can link the project lead with appropriate colleagues for further guidance, for example, methodologies, statistics, data protection, PPI (patient and public involvement), digital considerations or EDI (Equality, Diversity and Inclusion). A RIG Project Reference number will be allocated to the SE that will be used in all further correspondence with the project lead.

4.2 RIG Project Review

Service Evaluations do not require formal review through the Project Review Committee (PRC). Three members of the PRC (see SOP 24 for details on PRC members) including a statistician and one senior member (band 7 or above), will review the project. Outcomes of this review can be as follows:

- The project is of good standard and can proceed straight to RIG review and approval (see 4.3)
- The project requires minor amendments only – these will be communicated to the project lead (see Appendix 3 for template).
- The project requires further amendments - A virtual meeting will be arranged with the project lead and members of the PRC who completed the initial review, to discuss the SE and necessary amendments.

If a virtual meeting is required, this will be arranged by a member of the RIG Project Support team. Feedback from the virtual meeting will be sent to the project lead (Appendix 3).

4.3 RIG Review and Approval

Following the assessment by PRC members and, if applicable, receipt of amended project documentation, the project will be passed to a member of the RIG PS team for review.

Due to the low-risk nature of SEs, RIG review of SEs will be a shortened process i.e. not a full 'Confirmation of Capacity and Capability' review. The member of RIG PS team will log the project on the RIG Project Tracker stored on the RDSU drive (SEs are not required to be logged on EDGE) and store project documents in a project folder also within the RDSU drive.

RIG approval will be sent by the PS team member, see Appendix 4 for template.

4.4 During Service Evaluation

If any amendments need to be made to documentation during the project, these should be submitted to the RIG inbox (ghn-tr.glos.riprofessionalservices@nhs.net) by the

project lead, referencing the project's RIG number. These should not be used until approval has been received from the RIG PS team.

4.5 Completion of Service Evaluation

Following completion of the SE the project lead should inform RIG PS (ghn-tr.glos.riprofessionalservices@nhs.net) team of the project end date and provide a copy of the final project report or findings.

5. Process for External Service Evaluations

Service Evaluations to be hosted by the Trust but not developed by local staff do not require review by the PRC. These will be reviewed by the RIG Senior Governance team, consisting of RIG Business Manager, PS Manager and Quality Assurance Manager. This review will include agreement that the project is a SE (and not research/audit), a brief risk assessment of the project, whether any other approvals are required (e.g. approval from Caldicott Guardian / IG team, digital team), a confirmation of a local lead for the project and agreement from their line manager/departmental lead.

If significant risks with the project are identified during this review, the project will be referred to the PRC for a formal assessment.

Following a successful review by the senior team, the project will be passed to a member of the PS team to process for approval (as per 4.3). The approval will be confirmed using the email template (Appendix 5).

6. RIG Oversight of Service Evaluations

Details of SEs will be recorded on the RIG Project Tracker by the member of RIG PS reviewing and approving the project. If updates have not been received from the local project lead, a member of the RIG PS team will contact them after 'expected project completion' date, or as an annual follow-up if applicable, to confirm the status of the project. When appropriate, the actual completion date will be recorded on the Tracker and project report/findings saved in the project folder on the RDSU drive.

7. References

Microsoft Word - DefiningResearchTable_OCT2022.docx

HRA: Decision tool - Defining Research

Is my study research?

HRA: research decision tool

Examples - Consent and Participant information sheet preparation guidance.

HRA examples and templates

APPENDIX 1: HRA Defining Research

Microsoft Word - DefiningResearchTable_OCT2022.docx

	RESEARCH*	SERVICE EVALUATION / IMPROVEMENT / DEVELOPMENT	CLINICAL/ NON-FINANCIAL AUDIT	HEALTH SURVEILLANCE
PURPOSE	A key feature of research is that it is intentionally planned and designed using documented methodology which will allow results to be extrapolated or applied from the study sample to a larger population. This extrapolation / application is what the terms 'generalisable' and 'transferable' refer to. In the case of quantitative research, statistical methods are used to achieve results that are 'generalisable' from a sample to the sampled population. In the case of qualitative research, the context and findings are described and defined so that the conclusions can be applied or transferred to other settings.	Designed and conducted solely to define or judge current care or service, or to deliver and measure improvements in quality of the current service.	Designed and conducted to produce information to inform delivery of best care.	Designed and conducted to assess priorities, evaluate interventions, and detect and manage threats to health and adverse health status (including incidents, risk factors, hazards, outbreaks and epidemics, may also address health inequalities).
QUESTION/ HYPOTHESIS	Aims to generate a new hypothesis or test a hypothesis. The approach to this may be quantitative, qualitative or both.	Service evaluation is designed to answer the question: "What standard does this service achieve?" This is normally addressed by asking those in receipt of the service. Service development or improvement seeks to find out what improvement can be achieved within that service only.	Designed to answer the question: "Does this service reach a predetermined, recognised or pre-established standard?"	Designed to answer the questions: "Is there a need to start, continue or stop defined public health interventions", or "Is there need for further investigations", or "What is the cause of this outbreak (often of a disease) or incident and how do we manage it?"
AIM	Has clearly defined aims and objectives. The project seeks to answer a specific research question or questions.	Measures current service without reference to a standard. (In the case of service improvement / development the current service may be compared to the previous service).	Measures against a standard.	Measures against historical (or geographical) comparators and/or defined levels (triggers) for action. Systematic, quantitative or qualitative methods may be used.
INTERVENTIONS	May involve evaluating or comparing interventions, particularly new ones. Not all research involves interventions.	Service evaluation involves an intervention or service already in use only. Service improvement or development involves a new intervention or service, or one that is new to that context. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/ service user preference.	Involves an intervention or service already in use only. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.	Intervention (if relevant) in use only. Any choice of intervention, treatment, care or services is based on best public health evidence or professional consensus, but may also be used to assess the need for an intervention when none is being taken currently.
DATA	Usually involves collecting data that are additional to those for routine care or service (but not always). May involve comparing data on treatments, samples or investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).	Usually involves analysis of existing data but may include administration of simple interviews or questionnaires.	May involve analysis of existing routine data supplied under licence, agreement or administration of interview or questionnaire to those in the population of interest. This includes collection of data on hazards, exposures and other data to enable interpretation of issues relevant to the population rather than the individual. May also require evidence review.
PARTICIPANT ALLOCATION	Quantitative research study design may involve allocating patients/service users/healthy volunteers to an intervention. Purely qualitative research does not usually involve allocating participants to an intervention.	No allocation to intervention: the care professional and patient/service user have chosen intervention independently of the service evaluation / improvement / development.	No allocation to intervention: the care professional and patient/service user have chosen intervention before audit.	Not applicable. Collects data on issue of concern *in situ*. May involve allocation to control group to assess risk and identify source of incident, but no allocation to intervention.
RANDOMISATION	May involve randomisation.	May involve randomisation for sampling, but not for treatment/ care/ intervention.	May involve randomisation for sampling, but not for treatment/ care/ intervention.	May involve randomisation for sampling, but not for treatment/ care/ intervention.
NHS REC review required?	Normally requires NHS REC review but not always. Refer to http://hra-decisiontools.org.uk/ethics/ for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.

Appendix 2: Service Evaluation Template

Service Evaluation Title:

Title of project. *Version no. and date*

Key Contacts:

Project Lead	
Name:	
GHNHSFT Job Role:	
Email:	
Contact number:	
Main place of work:	
Service /team:	
Line manager/Departmental or Service Head that has approved project:	
Name:	
Contact details:	
Only applicable for student projects:	
Academic Supervisor name:	
Contact details:	

Background:

Briefly describe the service, intervention, initiative or product being evaluated and reasons why i.e. What is the problem you are looking to address, why it should be a priority. This should be written in a way that is understandable to a lay person.

Aims and Objectives

What questions do you aim to answer with this evaluation, and what do you intend to find out?

Methods

Describe the project design, project timelines, where will the project take place, who is involved. *Eligibility criteria, sample size, recruitment and consent process (if applicable).* *Detail any PPI involvement or explain exclusion of PPI in the project.* *Ensure all supporting documents (e.g. questionnaires interview tools, consent forms, participant information sheet, data collection tools) are version controlled and attached.*

Data

What data will be collected and how. Will data be anonymous? *How will data be stored, who will have access to the data.* *How long will data be stored for?*

Analysis and dissemination

How will data be analysed and by whom? *Where & how will project findings/report be disseminated?* *Do you plan to publish/present work?*

Funding

Detail funding arrangements for the project

Appendix 3: Template for feedback from PRC members

Dear XXXXXXXX,

Project Title:

RIG Ref:

[*Thank you for taking the time to discuss your project on* ***date***] ***/**** [*Your project has been reviewed by the team and the following minor amendment/s have been requested*]. [*delete as applicable]

Please see below the feedback/comments on your project:

x
x

Once you feel you have made all appropriate amendments/updates to the project documents, please send the final versions through to ghn-tr.glos.riprofessionalservices@nhs.net. Please remember to update version numbers/dates on your documents.

Your project will then be passed to the appropriate member of the RIG Professional Services Team, who will complete a very short review after which we will be able to provide your approval to begin your project (please do not start until you have received this confirmation email).

Thank you,

Member of RIG team issuing letter

Appendix 4: Template RIG approval email for local Service Evaluations

Dear XXXXXXXX,

Project Title:

RIG Ref:

Please accept this email as confirmation that the paperwork reviewed by the Trust Research, Innovation and Genomics (RIG) Department has been accepted and Trust Approval is given for you to begin your Project.

If you need to make any alterations to any of your documentation during your project, you must submit these to the RIG inbox (ghn-tr.glos.riprofessionalservices@nhs.net), using the RIG reference number above, for approval prior to use.

Please keep us informed of the annual progress (if applicable) of the project, inform us of the project end date and provide a copy of the findings upon completion, by emailing the RIG inbox.

Please could you confirm receipt of this local Trust Approval email.

Finally, may I take this opportunity to wish you all the best with your project.

Thank you,

Member of RIG team issuing letter

Appendix 5: Template RIG approval email for External Service Evaluations

Dear XXXXXXXX,

Project Title:

RIG Ref:

Please accept this email as confirmation that the service evaluation has been reviewed by the Research, Innovation and Genomics (RIG) Department and Trust Approval is given for the project to begin at GHNHSFT.

Please ensure that any amendment to project documentation during the project is submitted to GHNHSFT RIG inbox (ghn-tr.glos.riprofessionalservices@nhs.net), using the RIG reference number above, for approval prior to use at the Trust.

Please could you confirm receipt of this local Trust Approval email.

Finally, may I take this opportunity to wish you all the best with the project.

Thank you,

Member of RIG team issuing letter