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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Evaluation Ref No: | | | | |  | | | | | |
| Service Evaluation Form | | | | | | | | | | |
| Please note that:   * Service evaluation projects will typically be locally based, evaluating service provision, delivery and interventions and for which publication of results is primarily internal (guidance available here) * Before the project can start, it must first be registered with the audit team to ensure it has gone through the correct processes – some of which may be subject to Information Governance review and approval * Any data collection tools, questionnaires or letters should also be included when sending the completed proposal forms for approval * Once complete or if there are any questions regarding the completion of the form, please send to [audit@imperial.nhs.uk](mailto:audit@imperial.nhs.uk) | | | | | | | | | | |
| 1. **PROJECT TITLE** | | | | |  | | | | | |
| **Start Date:** | | | | |  | | | | | |
| **Completion Date:** | | | | |  | | | | | |
| 1. **Project Lead** | | | | | | | | | | |
| **Full Name:** | | | | | |  | | | | |
| **Job Title:** | | | | | |  | | | | |
| **Directorate/Specialty:** | | | | | |  | | | | |
| **Email:** | | | | | |  | | | | |
| 1. **Project Sponsor** (manager supporting the project) | | | | | | | | | | |
| **Full Name:** | | | | | | |  | | | |
| **Job Title:** | | | | | | |  | | | |
| **Email:** | | | | | | |  | | | |
| 1. **Please summarize for our records the purpose of the service evaluation:** | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Please summarize for our records what the project will involve:** | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Does the project involve a change of practice for the following groups:** | | | | | | | | | | |
| **Nursing?**  *If yes, who is the nursing/midwifery lead?* | | | | | Choose an item. | | | | | |
| **Medical Staff?**  *If yes, who is the chief of service/divisional lead?* | | | | | Choose an item. | | | | | |
| **Have any training issues been addressed and documented?** | | | | | | | | Choose an item. | | |
| **Have any costs/financial issues been addressed?** | | | | | | | | Choose an item. | | |
| **Does this project impact on other divisions?**  *If yes, provide the contact details for the staff consulted in each involved divisions.* | | | | | | | | Choose an item. | | |
| **Please give the name and date of the forum (e.g. Divisional Q&S Committee) where this project proposal was presented** | | | | | | | |  | | |
| 1. **Information Governance** (please note that guidance for this form is available here) | | | | | | | | | |
| 1. **If any paper records are used, will they ONLY be stored in secure, confidential, Trust premises (e.g. locked offices)?** | | | | | | | | | Choose an item. |
| *If* ***NO****, what security measures are in place for storage of hard copies?* | | |  | | | | | | |
| 1. **Where Patient Identifiable Information (PII)/Personal Confidential Data (PCD) is recorded on a spread-sheet or database; please confirm that this will only be stored on the Trust infrastructure in a secure area accessible only to those within the clinical team.**   **YES -** *‘I hereby agree that I will never store information on a personal drive or on a non-networked workstation; this includes the network of a non-Trust third party (including Imperial College London), a home PC or Laptop or any memory stick or mobile device.’*  **NO -** *If No, please contact the Information Governance Team on* [*InformationGovernanceAdvice@imperial.nhs.uk*](mailto:InformationGovernanceAdvice@imperial.nhs.uk) | | | | | | | | | Choose an item. |
| 1. **Does any PII/PCD leave the clinical team (e.g. external organisations/ Royal Colleges) – this is any information that may be used to identify an individual patient or carer?**   *If you have responded NO to question d), please continue to section 8.* | | | | | | | | | Choose an item. |
| 1. **What is the justification for using Confidential Data?**   ***IG Team review only:***  *Justification Acceptable*  Choose an item. | |  | | | | | | | |
| 1. **Will the data be de-identified?**   *‘De-identification’ is the process of removing elements of the data such that the individual cannot be identified – further guidance can be found in the guidance document referenced above.* | | | | | | | | | Choose an item. |
| *If* ***YES****, please describe the process of de-identification below.* |  | | | | | | | | |
| 1. **Please confirm that the spread-sheet or database holding the PCD is registered on the IAR.**   *(This is a requirement for all such information assets, more information on how to do this can be found here:* [*http://source/ict/ictapplications/iar/index.htm*](http://source/ict/ictapplications/iar/index.htm)*)* | | | | | | | | | Choose an item. |
| 1. **Will the PII data only be stored until the finalising of the audit report?**   **YES -** *‘I confirm that the source data will be securely destroyed/ deleted once the report has been finalised.’* | | | | | | | | | Choose an item. |
| *If* ***NO****,**please give rationale for this in the box below* | |  | | | | | | |
| 1. **Communication** | | | | | | | | | |
| **If the audit involves approaching patients directly, has the audit tools/questionnaires/surveys/methods been reviewed by the Trust’s Communication and Marketing manager?**  *This is to ensure that the content is public-friendly* **-** *If not, please email* [*Trust.Communications@imperial.nhs.uk*](mailto:Trust.Communications@imperial.nhs.uk) | | | | | | | | | Choose an item. |
| 1. **Approval Review** (for audit team to sign-off) | | | | | | | | | | |
| **Approver Name:** | | | |  | | | | | | |
| **Job Title:** | | | |  | | | | | | |
| **Email:** | | | |  | | | | | | |
| **Date Approved:** | | | |  | | | | | | |
| *Notes* | | | | | | | | | | |