The following are operational definitions for Research, Clinical & Social Care Audit, Service Evaluation and Service Improvement activity and have been agreed by the Trust Head of R&D & Research Governance Manager June 2009.

	Research	**Clinical & Social Care Audit**	**Service Evaluation**	**Service Improvement**
Definition	Aims to derive new knowledge which is potentially generalisable or transferable. Asks the question – "what is best practice?"	Aims to improve the quality of local patient care and clinical outcomes through peer-led review of practice against evidence-based standards and the implementation of change where subsequently indicated. Asks the questions – "are we following best practice?" and "what is happening to patients as a result?"	Aims to judge a service's effectiveness or efficiency through systematic assessment of its aims, objectives, activities, outputs, outcomes and costs. In different contexts, may also be referred to as "activity analysis", "benchmarking", "organisational audit", "non-clinical audit", etc. Asks questions like – "has this service been a success?" May also be used to compare the effectiveness or efficiency of a new practice/service (where supported by evidence) with an existing one - however this would be for the purposes of local comparison, i.e. not with a view to derive generalisable or transferable results (which would be research). Whilst benchmarking may be used to compare services, the evaluation will not involve measurement against agreed standards (which would be clinical & social care audit)	Aims to improve patient care through continuous improvement of clinical & social care audit outcomes and patient experience through group-led activity which focuses explicitly on quality and safety as routes to improving services, whilst also delivering essential productivity and efficiency gains. In different contexts may also be referred to as "service development". Asks questions like – "how can we make this service safer, more efficient, better for patients?"
Initiated by	Usually initiated by researchers.	Initiated by national bodies (e.g. Regulation & Quality Improvement Authority (RQIA), Guidelines & Audit Implementation Network (GAIN), Healthcare Commission, Royal Colleges, NICE, etc), commissioners or service providers (including local healthcare staff and managers)	Usually initiated by service managers/leads.	Initiated in numerous ways: • as a corporate priority to support the delivery of the Trust's objectives • as part of a national initiative (e.g. DH, NHS Institute for Innovation & Improvement) • by individuals and/or teams in a department or speciality area • by service managers and/or clinical lead

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Methodology & Design	Addresses clearly defined questions / hypotheses using systematic and rigorous processes. Designed so that it can be replicated and so that its results can be generalised to other similar groups.	Addresses clearly defined audit questions using robust methodology – usually asking whether a specific clinical/social care standard has been met. Results are specific and local to a particular team or service although the audit tool may be used by more than one team/service	Addresses specific questions about the service concerned. Results are specific and local to a particular team or service although the evaluation tool may be used by more than one team/service.	The approach includes: • Awareness and engagement of individuals/teams so that there is agreement that improvement is necessary/possible • Analysis of the current process/pathway highlighting areas that cause unnecessary waits and delays for patients and are wasteful of staff time • Understanding the bottlenecks, existing demand on the process and current capacity to deliver, as well as the variation that exists within the process • Designing the desired future process/pathway and agreeing the steps needed • Developing a project implementation plan that gets us to the future state • Ensuring the changes are sustained and that there is continuous improvement.
Coverage	Research projects may be service-specific, trust-wide, regional or national.	Clinical & Social Care audit projects may be service-specific, trust-wide, regional or national.	Service Evaluation projects may be service-specific, or trust or community-wide.	Service improvement projects can be patient pathway specific, service/specialty specific, trust-wide, health and social care economy wide, regional or national
New treatments	May involve a completely new treatment or practice	Will never involve a completely new treatment or practice.	Will never involve a completely new treatment practice (but see Definition box above).	Will never involve a completely new treatment or practice.
Controls & Placebos	May involve use of control groups or placebo treatment for purposes of comparison	Will never involve use of control groups or placebo treatment	Will never involve use of control groups or placebo treatment	Will never involve use of control groups or placebo treatments

	Research	**Clinical Audit & Social Care**	**Service Evaluation**	**Service Improvement**
Patient involvement and Randomisation	May involve allocating service users randomly to different treatment groups. Patients should be involved in the design, implementation and analysis of the work.	May involve input from patients at a number of levels, e.g. • Patients may be asked to participate in surveys which help to determine whether standards have been met • Patients may be involved in the design of individual audit projects or indeed whole programmes of activity (e.g. as members of steering groups) Never involves allocating patients randomly to different treatment groups.	May involve input from patients at a number of levels, e.g. • Patients may be asked to participate in surveys which help to determine the effectiveness or efficiency of a service • Patients may be involved in the design of individual projects or indeed whole programmes of improvement activity (e.g. as members of steering groups) Never involves allocating service users randomly to different treatment groups.	May involve input from patients at a number of levels: • Patients may be asked to participate in surveys which help to determine the effectiveness or efficiency of a service • Systematic use of tools such as discovery interviews, patient diaries etc. and on-going feedback mechanism through patient involvement in redesign and service user groups • Patients may be involved in the design of individual projects to ensure the needs of different groups are met (equality and diversity issues). Never involves allocating service users randomly to different treatment groups.
Governance arrangements	Must comply with Research Governance. Must be registered with the Research and Development Department.	Must be registered with Clinical & Social Care Audit & Effectiveness Team (and therefore implicitly have been approved by the relevant Manager). Use of patient survey methodologies as part of clinical & social care audits is also subject to approval by the Trust's Clinical & Social Care Audit & Effectiveness Committee.	NHSCT does not have a department of Service Evaluation. If Service Evaluation activity is undertaken via the Clinical & Social Care Audit & Effectiveness it will be subject to the scrutiny and advice of this team.	Delivery of the improvement programme is overseen by the Trust Clinical & Social Care Audit and Effectiveness Committee and objectives relating to improving performance are monitored at the Governance Management Board.

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Ethical Approval required?	Research ethics committee (REC) approval required	Should be scrutinised for ethical implications but REC approval not needed	Should be scrutinised for ethical implications but REC approval not needed	Should be scrutinised for ethical implications but REC approval not needed
End product	Generates evidence to refute, support or develop a hypothesis. May lead to development of new services or new practices.	Generates evidence to demonstrate level of compliance with agreed standards. This may lead to changes in practice.	Generates evidence of effectiveness of a service which may lead to service redesign and reconfiguration.	• Generates evidence of improvements by comparing new service performance against the baseline position at the start of the project. • Generates ideas for continuous improvement • Demonstrates skills transfer, in terms of individuals and teams understanding and applying the methodology
One-off or ongoing?	Will often be a one-off study.	May be one-off, however approximately 25% of Trust audit activity involves re-audit (seeking to confirm improvements in practice). Some audits are ongoing	Usually a one-off study, but may be repeated to compare changes over time	On-going. The approach promotes sustaining the improvements made and identifying new opportunities for improvement to develop a culture of continuous improvement