SOP number	**50.027**	Version	**1.0**
Title	**Service Level and Operational Level Agreements**		

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Released by Signature	Chloë Cowan	Date

SOP category	NHS GG&C General
Staff category	

Staff Category	**R**	**A**	**C**	**I**
Senior Manager R&I		X		
Research Governance Manager			X	
Quality Assurance Manager			X	
Lead Pharmacist Clinical Trials R&I			X	
Sponsor Co-Ordinator	X			
Commercial Co-Ordinator	X			
Research Facilitator	X			

1. Scope

This procedure applies to all Service Level Agreements and Operational Level Agreements that are developed by NHSGGC R&I. Some agreements may be entered into by NHSGGC R&I that are developed by others.

2. Purpose

The Purpose of this SOP is to lay out the steps to be taken and considerations made during this process as well as the storage and review requirements for such agreements.

3. Procedures

3.1. Service Level Agreements

A Service Level Agreement is one in which the service standards and expectations of what is to be provided by an external party are agreed in advance, this is generally in place for organisations which NHSGGC R&I will make extensive use of the services across a variety or trials and or functions.

The complete Service Level Agreement will have a set review period detailed within and will be stored on Q-Pulse, this will be given a unique ID number and assigned a review date. Once the review date is approaching, the responsible individual for the agreement will review its content and seek agreement to renew as is or make the required changes with the organisation. If an external party is to be used within a trial, a contract must still be formed with them for every occurrence as with any other vendor but may refer to the SLA to cover any specifics of standards or expectations. If the SLA does not have sufficient detail, the additional details may be added to the contract if updating the SLA is not appropriate or alternatively added to supporting documentation.

3.2. Operational Level Agreements

An Operational Level Agreement can be in place between NHSGGC R&I and other NHSGGC departments/staff providing a service to R&I. This can be used to set out the roles and responsibilities and expected standards and working relationships. These agreements will also have set review dates and be stored in Q-Pulse where they will be provided with a unique ID. As with SLAs, they will be reviewed by the appropriate individual and updated or agreed to continue as required.

3.3. Vendor Assessment

SOP 51.015 is in place to outline the requirements of the assessment of potential vendors, by default it is only mandatory for vendors of services related to primary, secondary and safety endpoints of Sponsored CTIMPs/CIMDs. However, as some organisations may be extensively used and covered by an SLA it may be required to carry out a Vendor Assessment before entering into an agreement with the organisation. The intended use of this external organisation and the perceived level of risk must be discussed as required with the Research Governance Manager/Lead Pharmacist Clinical Trials R&I and QA Manager as appropriate to make this determination.

4. Referenced documents

- SOP 51.015 – Assessment of Vendors

5. Related documents

- N/A

6. Document history

Version	Date	Description
1.0	25/10/24	First Release