 

Application Number:

**Application for HIN Innovation Grants programme 2021**

The Innovation Grants programme is open from **1 December 2020 – 1 February 2021** for applications from Health Innovation Network (HIN) members to test or pilot an innovation that improves healthcare and to deliver a real-world evaluation study.

Applications need to be submitted electronically by **9am on Monday 1 February 2021**. Please supply a regularly used e-mail address for correspondence. Applicants will receive an email confirmation once their application has been received.

Please ensure all questions are answered and do not exceed the word count.

The guidance notes for this application form and further information can be found on our website [here](https://healthinnovationnetwork.com/news/innovation-grants/).

Applicants should check the form carefully and once satisfied with the content, return it to the email address: [hin.innovationgrants@nhs.net](mailto:hin.innovationgrants@nhs.net) before 9am on Monday 1 February 2021 (queries will be answered until 4pm on Friday 29 January 2021).

We will endeavour to contact applicants via e-mail **by 5th March 2021** to advise of the outcome of the selection process. If successful, projects are expected to start on 1 April 2021 for 12 months.

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| 1. **Title of project** |
| 1. **Lead Applicant** (please give your name, position and the organisation that you are representing, including correspondence postal address, preferred e-mail address and a telephone number that we can contact you)   Name:  Organisation:  Job Title:  Address:  Email:    Contact Number:  **Senior Sponsor details:**  Name:  Organisation:  Job Title:  Address:  Email:    Contact Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Senior Sponsor |
| 1. **Details of partner organisations (if applicable)** |
| 1. **What is the health or care challenge that you face, and the innovation, digital technology, health tech or product that you would like to test to meet this challenge?** What is the current evidence base for this innovation (e.g. clinical effectiveness, cost effectiveness)?500 words (scored) |
| 1. **Describe how this project is innovative and explain what you believe is the ‘unique selling point’ of your project.** 250 words (scored) |
| 1. **How does your project meet the aims of the Health Innovation Network’s priorities outlined in the guidance? Outline how your project will work collaboratively with a HIN team to support the delivery? Please give details and any previous engagement and / or collaboration with the team.** 250 words (scored) |
| 1. **Total sum applied for** **innovation grant** (note that the maximum is a **total** of either £10,000 or £30,000) |
| 1. **Provide a summary of the activities that will be delivered for your project, including stakeholder engagement (including commissioners), plan for collecting real world validation, and the role / responsibility of each partner in the project.** 1000 words (scored); **Please provide an implementation plan with activities to be funded, lead for each activity, timescales (including mobilisation period and start and end date) and key expected outcomes. This could be provided as an attachment – not included in the word count.** |
| 1. **How will the target group benefit? What evidence exists to support this benefit and need? How does the project benefit the following groups of patients / services users: BAME, people with long term conditions, older people, care home residents?**250 words (scored) |
| 1. **What is the plan to enable the sustainability of this project beyond the term of the grant funding?** 250 words (scored) |
| 1. **Does the project require ethical approval? If yes, please explain.** Projects that require ethics approval before the project can start (e.g. research studies) are not eligible for the Innovation Grants programme. However, this does not exclude projects that have already secured ethics approval prior to submitting the application.100 words(not scored) |
| 1. **How will you evaluate the project? Provide information about your planned approach to ensure you will have robust evidence about the project and its implementation (i.e. key objectives, summary of design and methods, key measures/metrics, who will be doing the evaluation)** 250 words (scored) *For more support about evaluation refer to the* [*NHS evaluation toolkit*](http://www.nhsevaluationtoolkit.net/) |
| 1. **How much money have you allowed/built into the budget for the cost of evaluation?**   **£** in total |
| 1. **How will you measure the success of your project, and if successful how will you support the spread and adoption of your innovation across South London and/or nationally? How will you ensure that colleagues in other organisations will have the tools and resources to replicate your project?** 250 words (scored) |
| 1. **Identify any risk factors that may affect the delivery of the project and how these will be managed.** E.g. stakeholder engagement, patient recruitment, information governance, ethics, changes to work patterns due to coronavirus, etc. (250 words) (scored) |
| 1. **As part of the Innovation Grants, the HIN and ARC South London plan to provide support to successful projects teams. This support will include access to expert advice, short training sessions, signposting to resources/materials. To help us plan this, please let us know what areas of support you think your project team would most benefit from (tick all that apply):**  * Evaluation – Design and planning * Evaluation - Data collection methods and analysis * QI methods * Implementing change: lessons from implementation and improvement science * Scaling up successful projects * Behaviour insights * Logic models and theory of change for project delivery and evaluation * [add to list] * Other (please specify): |

1. **Financial details of grant required** (add rows to table if needed)

(scored on value for money)

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| --- | --- | --- | --- |
|  |  | Amount requested | Alternative finance  *(state source)* |
|  |  | **£** | **£** |
| **17.1** | **Employment expenses:** |  |  |
|  | Basic salary: |  |  |
| London weighting: |  |  |
| NI |  |  |
| Superannuation |  |  |
| **Subtotal:** |  |  |
| **17.2** | **Consumable materials:**  *(specify items including licences, devices, training materials etc.)*: |  |  |
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|  |  |  |
|  |  |  |
| **Subtotal:** |  |  |
| **17.3** | **Non-recurrent expenses:** |  |  |
|  |  |  |  |
|  |  |  |
| **Subtotal:** |  |  |
| **Total Grant Requested:** | |  |  |

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| --- | --- |
| 1. **Please give contacts of the relevant finance person within your organisation who we will liaise with to release the funding.**   **Name:**  **Email:** | |
| 1. **If the answer to any of a, b or c is yes, please give details in the space beneath so that your application can be fully considered.** | |
| **a. Is any part of your project being supported by any outside body?** |  |
| **b. Is this or a related application currently being submitted elsewhere?** |  |
| **c. Has this or a similar application been submitted elsewhere over the past year?** |  |
|  | |
| 1. **What is the absolute minimum level of funding that you require in order to deliver this project successfully?** Answering this question will help us to determine whether we may be able to offer your project support even if full funding is not available.   **£** | |
| 1. **Who will project manage the project?** By completing these details, you are confirming that this person is willing / able to manage the scheme.   Name:  Job/Role:  Address:  Phone No:  E-mail: | |
| 1. **Please include a named representative of all relevant project partner organisations**   Name:  Job/Role:  Address: Please note that by completing and submitting this form for consideration, you (the applicant given in 2) are confirming that to the best of your knowledge and belief the statements on this form are correct. | |

This application form will be shared with HIN internal reviewers and other South London stakeholders for initial assessment, and at a judging panel for final selection. It will be shared only for this purpose and copies will not be retained by reviewers or panel members following completion of the judging process. Applications will be kept on file and disposed of in line with NHS information governance and retention guidance. In completing and submitting this form, you are providing consent for information contained here, including names of third parties provided, to be used and stored for the purposes described.