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| **Proposed Innovation Project Title:** |  |
| **Innovation Project Proposal Description:** |  |
| **Primary Applicant name - Organisation - Contact Details:** | *Name:**Organisation:**Address:**Email:**Tel number:* |
| **Employing Trust name:** |  |
| **Educational Role (if appropriate):** |  |
| **Head of School name:** |  |
| **Finance team contact name:** |  |
| **If this application is on behalf of a number of people, please indicate their names and organisation:** | *Name: Organisation:**Name: Organisation:* |

**N.B. This information will be used to correspond with/contact you throughout the process so please ensure we have all relevant contact details.**

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| **What will the funding support:***(Tick as appropriate)* |  | *1. Create the safest, highest quality health & care services* |
|  | *2. Support building the workforce for the future* |
|  | *3. Support Education & Quality* |
|  | *4. Deliver Value for Money* |
|  | *5. Improve services* |
|  | *6. Prevent ill health & support people to live healthier lives* |
|  | *7. Corporate Services* |

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| **Will this Innovation project provide:** |  | *Leadership* |  | *New ways of working* |
|  | *Up-skilling* |  | *Educational value* |

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| **Total amount requested from HEE:** | **£** |
| **Funding year:** | **2020/21** |
| **Total cost plus VAT where appropriate. If your bid is over £5000 please provide 3 comparative quotes.** *If this is not possible please indicate the reason.* | **£**  |
| **Please breakdown the total cost and include VAT where applicable, if VAT free please indicate this:** | **£ VAT free – Yes / No** *(Please delete)* |
| **Are other organisations contributing to this proposal? If so, please indicate how much funding has been agreed.** *Please list the other sources if applicable.* | **£****Sources:** |
| **To which LEP/organisation are the awarded funds to be allocated if successful?** |  |
| **To which LEP/organisation budget/cost centre will the funds be allocated?** |  |

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| **Please provide contact details of the nominated finance lead at the above LEP/organisation who will manage the incoming and outgoing finances for this proposal:** |
| **Name:****Title:****Email:****Tel No:** |

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| **Proposal start date:** |  |
| **Proposal end date:** |  |
| **Date submitted:** |  |

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| **Section 1a: Background and scope – please briefly outline background and scope of the proposal.** |
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| **Section 1b: Please provide supporting evidence with this application.** |
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| **Section 2: Goal – What is the overall purpose? What will this proposal deliver? And how will this proposal enhance postgraduate medical education and training within the South West Postgraduate Medical Education?** |
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| **Section 3: Does the Innovation proposal require recurrent funding? (Please delete as appropriate)** | *Yes / No* |
| **If yes,** *please provide details as to how this proposal will be funded in the future:* |
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| **Section 4a: Which Postgraduate Medical Education training programmes will benefit from this proposal? If all trainees will benefit, tick all 3 programs.** |
|  | Foundation |  | Primary Care |  | Secondary Care |  | Other *(Please state)* |
| **Section 4b: *If Secondary Care has been ticked,* please indicate below the specific Specialty programme(s) that will benefit from this proposal, e.g. -Respiratory, CMT etc.** |
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| **Section 5: Innovation Plan – the dates for the milestones (key deliverables) reporting quarters are set. Please outline the narrative of the milestones you will achieve within each quarter as set out below and the anticipated costs. Evaluation is a mandatory requirement (for more details please complete section 7). Quarterly reports should be submitted via email within two weeks of the end date of each Milestone Quarter.** |
| **Milestones** | **Start date:** | **End date:** | **Reporting Quarter date:** | **Anticipated cost (£):** |
| **1.** |  | 02/02/2021 | 01/05/2021 | Q1 – 2021-22 | £ |
| **2.** |  | 01/05/2021 | 01/08/2021 | Q2 – 2021-22 | £ |
| **3.** |  | 01/08/2021 | 01/11/2021 | Q3 – 2021-22 | £ |
| **4.** |  | 01/11/2021 | 01/02/2022 | Q4 – 2021-22 | £ |
| **Total amount requested:** | £ |

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| **Section 6: Benefits realisation – what are the anticipated measurable benefits?** **Please outline what measures you will use to monitor and assess what improvements have been made to the service?** *(Please add additional rows if needed)* |
| ***Benefit Description*** | ***Measure Description*** | ***Monitoring Methodology*** | ***Baseline*** | ***Projected Outcome*** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

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| **Section 7: Evaluation – please briefly outline how you plan to evaluate the innovation proposal, share the learning, and ensure the outcomes will be sustainable in the future.** |
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| **Section 8: Applicant Declaration** |
| I declare that:* the information included within this application is correct
* I have the support of the required person(s) within the trust/organisation
* the awarded sum will be used for the purposes as indicated within this application and
* I acknowledge that any invoices will be received by Health Education England by no later 28th February 2021. *(If applicable.)*

 *(****ONLY*** *scanned electronic signatures or supporting emails will be accepted)*Please Note: *Any late invoices may invalidate any awarded funds and may place the LEP responsible for payment of funds for this proposal.* |
| **Primary applicant signature:** |  | **Date:** |  |

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| **IMPORTANT** |
| * All sections to be completed in order to be eligible for funding.
* No salary costs are to be included in the proposal.
* Quotes are included (if applicable)
* Primary contact name is clear (Not an HEE employee)
* Funds should support trainees & related patient safety/care.
* Intellectual property is based on a 50/50 split with HEE and applicant/applicant organisation.
* Funds will only be given to an organisation.
* Funds must not remain within the HEE school infrastructure.
* Funds cannot be used towards IT infrastructure.
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***Please return the completed document to*** ***Peninnovation.sw@hee.nhs.uk***