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| Innovating for Improvement |
| Call for applications  Round 5 |
|  |
| May 2016 |

The Health Foundation

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# The Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people’s lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people’s skills and knowledge, we aim to make a difference and contribute to a healthier population.

For more information visit: [www.health.org.uk](http://www.health.org.uk).

# The programme – an introduction to Innovating for Improvement

# *Overview*

The aims of this programme are to:

* Encourage health care services to develop innovative approaches and ideas to improve the quality of health care.
* Build a portfolio of well-described, real-life examples readily available to other health care organisations.
* Contribute to the evidence base of what can be done to improve quality.
* Generate solutions for further testing and demonstration at scale in health care.
* Build the capacity and capability for innovation and quality improvement.

In this round of Innovating for Improvement, the Health Foundation is particularly interested in applications for innovative projects either led by or working in close collaboration with primary care.

We are looking to support up to **20 projects**, with up to **£75,000** in funding to test and develop innovative approaches to improve health care delivery and/or self-management of health care, through redesign of processes, practices, services and models of delivering care

Teams should demonstrate how their projects will lead to direct benefits or impact on patients within the programme timescale of **15 months**, inclusive of a set-up phase of up to 3 months beginning in January 2017.

Applications must provide robust evidence to demonstrate:

* + A clearly identified problem or potential problem that they want to address that is a significant **quality** issue, widely relevant to UK health care, and potential improvements should be practical and generalisable.
  + A genuinely **innovative** approach to addressing this problem.
  + Understanding of the **skills and processes** required for successful innovation.

Project teams will need strong senior **clinical** leadership and should include people who work in the **operational** environment(s) where the innovation will be tested.

The Health Foundation will provide tailored support to projects based on an initial needs analysis.

The deadline for applications is **Friday 3 June 2016**. Applicants should read this *Call for applications* as well as any guidance notes in the form in full before submitting their application.

The Health Foundation reserves the right to close ahead of this deadline date if the programme is oversubscribed.

# *What the programme offers to successful applicants*

Participating organisations can expect to benefit in many ways, including:

* funding of up to £75,000 for each of the successful projects
* the opportunity to deliver a genuine and sustainable improvement in health care
* protected time to test and implement an innovative improvement in a service eg. part of the funding can be used to backfill posts in clinical and leadership positions
* opportunities to connect with other project teams and to strengthen existing networks or develop new networks
* opportunities to be seen as innovators in health care improvement
* tailored on-site support and access to quality improvement experts
* opportunities to inform the Health Foundation’s agenda for influencing policy and practice nationally and internationally.

# *Round 5 open call – reaching out to primary care providers*

As with previous rounds of Innovating for Improvement round five is an open call and applications from any sector will be considered. For this round, we are particularly interested in applications for projects that are either led by or are working in close collaboration with primary care. Despite primary care having a critical role in providing coordinated, personalised services for local populations, as a sector it has traditionally been under-represented in our portfolio of improvement work.

We hope in this round to encourage projects that aim to use innovative methods to improve the quality of patient care, for example through:

* developing extended clinical services within an integrated care pathway
* using new approaches to information and data
* providing enhanced coordination of care
* improving access to care
* embedding technology in a way that improves care for patients
* using innovation in the workforce to improve quality
* developing person-centred and community-based approaches.

See **Appendix I** for more detail on the types of projects that the Health Foundation will and will not support in this round of Innovating for Improvement.

For examples of previous Health Foundation innovation awards you can visit the Health Foundation website: [www.health.org.uk/innovatingimprovement](http://www.health.org.uk/innovatingimprovement). These are for illustration purposes only.

# The application - which organisations can apply

# *Which organisations can apply as lead organisation?*

The Innovating for Improvement programme is open to applicants from across the UK. This programme is targeted at teams with experience in change and project management, measurement and evaluation and with strong clinical leadership.

Some applicants may apply as a partnership of organisations working together. Within such partnerships, we will expect one organisation to act as the ‘lead applicant’ or ‘lead organisation’ and the other organisation(s) as partners.

The lead organisation must provide, commission, support or deliver health services free at the point of care in primary, secondary or tertiary care, or across boundaries such as health care and social care; if a non-NHS provider of health services, the organisation must be commissioned, or in an authorised position, to provide these services through the appropriate channels across the UK (eg registered with the Care Quality Commission in England). These providers must be able to demonstrate that more than 50% of their work is with NHS-funded patients.

Partnership applications are strongly encouraged. Although we encourage applications to have a strong connection to and commitment from primary care partners, lead applicants could also include the following organisations.

* Voluntary sector organisations
* Clinical Commissioning Groups
* Health Boards
* Community providers
* Mental health and learning disability services
* Secondary care providers
* Care homes
* Independent sector provider
* GP practices/federations

Any project proposed must demonstrate a real and direct impact on delivering patient care. We will not accept projects that propose new models of commissioning or corporate networking.

If the innovation is being delivered to a new group of patients or staff where a service does not currently exist, for example new virtual care or community-based person-centred initiatives, the application should be from the lead organisation responsible for establishing and sustaining the new initiative.

A lead organisation must have legally constituted status and governance protocols that allow it to legally contract for funding. It may be constituted as an NHS body, a ‘not-for-profit’ organisation (eg a charity or a company limited by guarantee), a social enterprise, an alliance, a federation, a company limited by shares, or a community interest organisation. If the constitution allows the lead organisation to make a profit, the Health Foundation would have to be convinced that it is not supporting private profit making companies delivering only a small benefit to the NHS. Where a ‘not-for-profit’ organisation has another arm that is profit making, the Health Foundation would need to be convinced that our funding is going to the non-profit-making arm. We will not accept applications from organisations based outside the UK, individuals or sole traders.

The Health Foundation requires a lead organisation to ensure that there is appropriate influence and governance over the project including the implementation of the innovation, engagement of clinical and non-clinical staff, management of the project and of the funding provided by the Health Foundation. We will contract with the lead organisation. The lead organisation will be responsible for creating and monitoring any subcontracts with its partners.

We strongly recommend that lead applicants are only involved in one application or in a small number of very different applications. We will only accept one application per project lead and all applications will be expected to have senior/board level executive support for their application from the outset. We are seeking to support a diverse range of projects so are very unlikely to support more than one project submitted by the same executive team.

# *Which organisations can apply as partner organisations?*

In addition to the organisations listed in the lead applicant section, partner organisations may also include the following:

* Other non-NHS provider organisations, such as charities, voluntary organisations, patient-led organisations, education bodies, companies and consultancies
* Royal colleges
* Specialist societies
* Evaluation or research organisations
* Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) Academic Health Science Networks (AHSNs) and improvement organisations
* Public health organisations
* Universities and academic bodies
* Commissioning Support Units
* Local authorities

We would encourage real and demonstrable collaborative working in projects that are delivering through a partnership structure. These may be an existing partnering set-up or a newly established collaboration for the purpose of this project.

Where a private company or a profit making organisation is involved as a partner, we would not expect more than 15% of our funding to go to this organisation, directly or indirectly.

Partner organisations may be involved in up to three applications and, if shortlisted, will need to discuss with the interview panel the feasibility of being involved in multiple projects should all the applications they are involved with prove to be successful in reaching this stage.

# *Skills and experience of applicants*

Project teams will need to have strong clinical leadership and should also involve people who work in the operational environment(s) where the innovation will be tested. The latter may be clinical or non-clinical, depending on the nature of the innovation. Project teams should have experience in change and project management, measurement and evaluation. Projects should have access to and involvement from corporate and governance functions within their organisations to assist with successful implementation and delivery.

Applicants will need to show that they have the skills and understand the processes required for successful innovation. Where an applicant organisation does not possess the range of experiences and skills needed, it is expected to link up with other organisations such as universities, consultancies and innovation intermediaries in order to secure the right skill mix within the team. Ideally they should involve an organisation(s) that represents the interests of the patient, service user or carer. The size of the project team may vary depending on the expertise of the individuals involved and scale of the project being implemented.

The specific expertise that applications will need to address includes

|  |  |
| --- | --- |
| Knowledge | Experience |
| * Clinical/ service area expertise * Technical knowledge of the relevant aspects of the proposed innovation * Change management including understanding of human factors * Methods of learning capture and self-evaluation | * Data collection and analysis * Project management * Budget management * Project communications |
| **Skills** | **Abilities** |
| * Measuring, evaluating and describing results of the approach * Strong engagement skills and clinical leadership of the project to bring about the desired changes in clinical practice * Patient and public engagement and involvement | * Ability to influence wider practice and opinion (for spread) * Clear project leadership and accountability for delivery of the project, including financial management * Drive and commitment to deliver the project successfully within timescale |

# The projects – what we are looking to support

# *Health Foundation definition of innovation*

Innovation is about doing things differently or doing new things to make positive change. There are various definitions of innovation in health care but they all focus on introducing new methods, technologies or ideas to make someone or something better.

The Health Foundation uses the following descriptors for innovation. Applications will need to correspond to one of the following four descriptors.

* **Descriptor 1**: Innovations with no previous history in any context – they are genuinely new or novel.
* **Descriptor 2**: Innovations transferred into health care from another sector such as another public service body, another industry or non-health related field.
* **Descriptor 3**: Innovations transferred into the UK health care sector from overseas health care systems.
* **Descriptor 4**: Innovations transferred or adapted from one health care setting to another: for example, adult care to paediatrics, social care to health care.

The innovativeness of projects will be used as part of our selection process. You will be asked to provide evidence that supports your stated descriptor of innovation. We are looking for an honest appraisal from applicants.

You should avoid submitting applications for projects that propose potential solutions to problems in health care that have already been tried and tested in the same health care setting (ie the same condition or disease area). If the intervention proposed is already in regular use in the same or a very similar setting in other localities in the UK, we do not consider it to be innovative.

# *What our funding can be spent on*

The maximum funding a project application can request is £75,000 but we anticipate some projects may require less and these are equally welcome to apply.

Applicants are expected to provide detailed budgetary information on the total cost of the project, what the funds will cover and details of any co-funding or matched funding.

The following list outlines types of expenditure we would expect to fund. The list is not exhaustive, and we are aware that specific projects may require other types of expenditure.

* Backfill costs for leadership and clinician time spent on the project. Substantive posts on which the new innovation is dependent could be included if match funding or endorsement to support these posts beyond the programme has been secured.
* Honoraria for any patient/carers/service users’ involvement.
* Project management for the duration of the funding period.
* Administrative support.
* Data collection, analysis and other technical support related to measurement.
* Supply of technical expertise from innovation or design organisations.
* Attendance at meetings in relation to the project including room hire, catering, etc if appropriate.
* Travel costs to attend up to three events in central London (accommodation will be paid for by the Health Foundation).
* Backfill for staff (clinical and non-clinical) requiring training, involvement in project teams or implementing the changes and attendance at the learning event.
* Communication materials and associated staff time required to promote the project and the time for staff to take part in interviews/events related to promoting the project.

**The Health Foundation will not fund the following items.**

* Costs of product or technology development as a primary purpose or focus of the project (we will fund improvements to services, processes and practices supported by IT solutions where applicants can provide a very convincing case that the technology development is not the primary purpose).
* Substantive clinical posts linked to the specific intervention that will not be sustained after the funding period.
* Large items of equipment (over £2,000) including scanners, printers, IT hardware, etc.
* Capital expenditure such as for vehicles or building acquisition or refurbishment.
* Costs of traditional research or laboratory-based activities.
* Organisational overheads such as costs of premises, management and HR.
* Procurement of day-to-day consumables or of ‘business-as-usual’ equipment.
* General conference attendance if you will be attending only as opposed to using the conference to present findings from your project and spread learning.
* Costs for education and training as a primary purpose or focus of the project (we will fund education and training as part of the proposal to support implementation).
* Costs of any development or capacity building which is unlikely to have a direct impact on patients within the lifetime of this programme.
* Costs of development of technical or clinical interventions focused on clinical effectiveness such as (but not limited to) surgical techniques and procedures and drug administration techniques.

# *Selection criteria*

The Health Foundation expects a high level of interest in this programme. We have developed a robust single-stage application process and a rigorous selection process to ensure that we support high quality applications that meet our criteria.

To help us assess applications we use detailed criteria, and seek clarity and detail around:

* the innovation/intervention itself
* the people and organisations involved
* the measurement of success and capturing of learning
* the level of organisational support
* the commitment to sustainability and scale up.

We will aim to shortlist a diverse portfolio of applications, which fit the criteria and focus of the programme, represent a good investment and will generate knowledge and add to the evidence base.

In **Appendix II** you will find our useful selection criteria checklist, to help when writing your application.

# *Timescales for project implementation and demonstrating impact*

The Health Foundation is committed to making successful innovations widely available for public benefit as quickly as possible. For this reason we have set the ambitious timescale of 15 months for all Innovating for Improvement projects. This tight timescale requires teams to be led by motivated individuals with effective skills in project and change management, measurement and evaluation. The impacts of the innovation must be clearly demonstrated within this 15-month period and outcomes shared with the Health Foundation and possibly showcased at a local event.

The programme has been designed with a recommended set-up phase of up to three months and an implementation phase of up to 12 months. The set-up phase will begin in January 2017, once the formal agreements have been signed. Implementation will start by 3 April 2017 at the latest.

Applications that require research and development or ethical approval must have sought this already to ensure that they are in a position to start the project by 9 January 2017. The Health Foundation will require written assurance that relevant approvals are either not necessary or have been sought and granted as part of the formal agreement process, before funding will be released. Further advice about when research and development or ethical approval is required can be found by visiting the links below:

<http://www.hra.nhs.uk/research-community/before-you-apply/determine-which-review-body-approvals-are-required/>

[http://hra-decisiontools.org.uk/ethics](http://hra-decisiontools.org.uk/ethics%20)

# The process – what to expect when applying

# *How to apply*

Once this *Call for applications* has been read in full; use our website at [www.health.org.uk/innovatingimprovement](http://www.health.org.uk/innovatingimprovement) to access our online application process. You will initially be taken to the online self-assessment eligibility checking tool.

**Applicants should ensure that they thoroughly reflect on how their project demonstrably meets the programme criteria, before submitting their application**. This is to ensure the best chance of success in this programme, which is likely to receive a high level of interest.

If there are any questions that have not been addressed by this *Call for application*, applicants should email the Health Foundation at: [innovating.enquiries@health.org.uk](mailto:innovating.enquiries@health.org.uk) in the first instance.

The deadline for completed applications is **Friday 3 June 2016**. Please ensure you have checked all information provided in all sections of the form before confirming final submission as applications cannot be retracted to add further information. You will have the opportunity to save progress as you complete.

# *Eligibility checking – self assessment*

Applicants who meet all the requirements of this programme should complete an online eligibility checking self-assessment form. These questions are designed to ensure that your application meets with essential criteria and that you are an eligible applicant for the programme. It supports applicants to make an assessment of whether their proposed project meets the parameters of this programme. If the criteria are met, you will be directed to the online application form. The screening tool can be completed more than once.

# *Information call*

We will hold an information call on **Friday 20 May 2016.** The call will last an hour and you are able to submit questions in advance. If you would like to join the call, please contact us at: [innovating.enquiries@health.org.uk](mailto:innovating.enquiries@health.org.uk). Joining instructions and the exact time will be sent to you in advance of the call.

Information calls offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we will not be able to answer specific technical questions about individual applications.

You are strongly encouraged to participate in the information call. If you are not able to participate, you are advised to listen to the recording of the call which will be available on our website shortly afterwards.

# *Application assessment*

Applications will initially be assessed by staff at the Health Foundation with input from external experts as necessary. Those applicants who are judged to meet the key selection criteria of the programme will be taken through to external assessment. Those proposals that do not fit the key criteria of the programme will be rejected. Due to the volume of applications expected, we may not be able to provide detailed individual feedback to applicants at this point of assessment.

Eligible applications will be assessed by the Health Foundation’s College of Assessors. The College of Assessors is comprised of experts in quality improvement, innovation and measurement. It is made up of people working in primary, secondary and other health care settings and from a range of professional backgrounds.

# *Interviews*

Shortlisted applicants will be asked to participate in a selection interview by telephone or video conference. We expect representation from core individuals across the partnering organisations. Those who participate in the interview should be those people who will be actively involved in the implementation of the innovation.

# *Dates and deadlines*

|  |  |
| --- | --- |
| **Activity** | **Date** |
| Open for applications | Friday 6 May 2016 |
| Information call | Friday 20 May 2016 |
| Application deadline | Friday 3 June 2016 |
| Interview shortlisted applicants | Mid to late October |
| Final decisions | Interviewed applicants advised of outcome by early November 2016 |
| Contracts agreed | By the end of November 2016 |
| Start of set-up period | January 2017 |
| Start of the implementation period | April 2017 |

# The key components of delivery – what successful projects can expect

# *Support from the Health Foundation*

In addition to financial support, the Health Foundation will provide successful project teams with the following:

* Support from a team of service improvement consultants and facilitators tailored to individual needs of the teams, based on a needs analysis carried out at the beginning of the award.
* Support and advice on a range of relevant issues and topics including health economics, measurement and evaluation.
* Regular contact with the Health Foundation’s Improvement team to review progress and, for example, to review specific communications outputs and/or draw on technical or content expertise.
* Access to a wide range of the Health Foundation tools, guidance and research as well as advice on using them if required.
* Support to showcase and present the outcomes, impact and learning of projects to other projects, the Health Foundation and key stakeholders at a regional and national level.
* Opportunities to promote and disseminate work through the Health Foundation’s website, newsletter, national themed learning events, learning reports and roundtables/workshops.

# *Programme events*

Throughout the course of the programme, the Health Foundation will arrange up to three learning events. The funding provided should be used to pay for travel (and associated expenses) for up to three project team members at any event. These events will take place in central London and the Health Foundation will consider covering any accommodation expenses (where necessary).

# *Project management and reporting*

The Health Foundation expects the successful Innovating for Improvement projects to be managed to the highest standards. Projects should have a dedicated project lead who will have responsibility for delivery of the project, including financial management.

Reporting requirements will include:

* Regular updates with the Health Foundation and service improvement consultants to review progress and discuss issues.
* Regular project progress reports, including financial statements showing spend against the agreed budget.
* Submission of a final report on the approach, context, results, impact and learning from the project, identifying factors which enabled success and those which were a barrier to success.

The Health Foundation has a genuine interest and drive to make lasting improvements in health services and would actively seek opportunities to visit project sites for at least one internal event or workshop during the course of the project.

Project teams may also be asked to host site visits for Health Foundation staff and stakeholders for learning and knowledge sharing purposes.

Funding will be made available through phased payments to the lead organisation throughout the project, subject to satisfactory progress of the work, and will be detailed in the award agreement. The lead organisation will be responsible for administering the financial aspects of the award to the partner organisations in line with local agreements and ideally should have experience of working in this way. We advise partnership applications to agree internal payment processes and mechanisms at the point of application to ensure a smooth entry into implementation phase.

We will expect budget reconciliation at the end of the project, signed off by the authorised finance officer in your organisation. Any unspent funds must be returned to the Health Foundation. If costs change over the funding period or if unanticipated costs arise this can be discussed with the Health Foundation. We are unlikely to approve any additional funds.

# *Communications*

Applicants will need to clearly demonstrate how the learning from the project will be communicated, both internally (within the project team’s organisations) and to wider (national and international) stakeholders.

Given that this round of funding particularly welcomes projects either led by or working in close collaboration with primary care, the Health Foundation may use this cohort of projects to inform a piece of work with wider national interest and applicability. In such circumstances we would contact you to discuss this.

As part of the project’s communication strategy, project teams may choose to present papers/posters at relevant conferences. These should be made available for publication on the Health Foundation’s website.[[1]](#footnote-1)

# *Intellectual property*

Any intellectual property generated from the Health Foundation’s funding will be owned by the organisations delivering the project but must be licensed to the Health Foundation to support its charitable objectives. A draft of the award agreement, including intellectual property clauses, will be circulated to teams invited to interview. Applicants might find it beneficial to discuss how intellectual property will be shared by the project team organisations during the application stage. Applicants invited to interview will be expected to show the arrangements the project team have jointly agreed for dealing with intellectual property generated by the project.

**APPENDIX I**

The programme **will** support the following types of project:

|  |  |
| --- | --- |
| ***Projects that will lead to direct benefits or impact on patients within the programme timescale of 15 months*** | |
| Example | Primary focus on improving a patient pathway through an integrated secondary, primary and community model of working, where direct improvement will result within 15 months. |
| Example | Primary focus on equipping people to manage their conditions and health care more effectively, where the project will lead to direct benefits or impact on patients within the programme timescale of 15 months. |

The programme **will not** support the following types of project:

|  |  |
| --- | --- |
| ***Projects with a primary focus on health or public health as opposed to health care delivery*** | |
| Example | Primary focus on health promotion, screening and preventative activities where the project will not lead to direct benefits or impact on patients within the programme timescale of 15 months. |
| ***Projects with a primary focus on new strategic and corporate structures*** | |
| Example | Primary focus on new models of commissioning. |
| Example | Primary focus on developing new corporate network structures. |
| Example | Primary focus on development or upskilling of boards. |
| ***Projects with a primary focus on treatment methods and skills*** | |
| Example | Primary focus on developing new or existing treatments, drugs or medical devices. |
| Example | Primary focus on testing of new drug dosages and clinical administration methods. |
| Example | Primary focus on development of new or existing technical skills such as (but not limited to) surgical techniques and procedures and drug administration techniques. |
| We may fund innovations which are around the *setting* in which a drug treatment is delivered, eg providing a drug treatment in primary care which has previously only been available in hospital, or self-administration support packages or new monitoring tools. | |
| ***Projects with a primary focus on research with limited direct benefit or impact on patients*** | |
| Example | Primary focus on research into the causes and treatment of illnesses. |
| Example | Primary focus on research where the project will not lead to direct benefits or impact on patients within the programme timescale of 15 months. |
| We may fund innovations which are around the implementation of research findings into clinical practice and/or applying research methods to assess the benefits of an innovation. | |
| ***Projects with a primary focus on training with limited direct benefit to or impact on patients*** | |
| Example | Education and training as a primary purpose or focus of the project (we will fund education and training as part of the proposal to support implementation of the innovation). |
| Staff and patient education and training would be eligible if it is part of, rather than the primary purpose of, an innovative intervention which would be tested and measured during the 15 month period of the award. | |
| ***Projects with a primary focus on technology or software development with limited direct benefit to or impact on patients*** | |
| Example | Product or technology development as a primary purpose or focus of the project. |
| Example | Software development and testing as the primary purpose or focus of the project. |
| Improved services, processes and practice supported by IT solutions are within the scope of this programme. This may be improving the way care is delivered; for example, through the use of the web, telemedicine, mobile technology and applications, etc. | |
| ***Projects that do not meet our descriptors for innovation (see 4.2)*** | |
| Example | Potential solutions to the problems in health care delivery or quality that have already been tested in the same health care setting. |
| ***Projects that request funding which do not meet our funding criteria (see 4.3)*** | |
| Example | Innovations which involve substantive new salaried posts as a core part of their approach. |
| Example | Innovations which are heavily reliant on the funding of capital costs such as IT equipment, building and refurbishment or large items of kit. |
| Example | Innovations that require ethical or research and development approval where this has not already been sought and will not be in place by 1 January 2017. |

**APPENDIX II**

*Selection criteria checklist*

The checklist below gives details of what applicants will need to demonstrate. Applicants are encouraged to use this as a guide. Items are categorised as *essential* (E) or *desirable* (D). Please note that these points will correspond to questions in the application form.

|  |  |  |
| --- | --- | --- |
| ***Category*** | **E / D** | **✔** |
| ***The innovation/intervention*** | | |
| A clear description of the nature of the problem and the proposed solution. | **E** |  |
| A clear description of the innovation, including level, and evidence to establish and explain in what way it is innovative. | **E** |  |
| A clear link between the innovation and primary care. | **D** |  |
| A clear explanation of the rationale for how the proposed innovative intervention(s) will address the problem and result in improvements. | **E** |  |
| A clearly identified patient group who will benefit from the intervention and an appropriate structure and process for recording the patient data. | **E** |  |
| Clear evidence of direct benefit to the identified patient group within the timescale of the intervention. | **E** |  |
| A clearly identified (and supported) location(s) where the intervention will be implemented during the project, including the numbers of patients to benefit. | **E** |  |
| A clear description of objectives and how they will be achieved, with measures of success that are planned to help monitor progress and a description of how a baseline will be set at the beginning of the project. | **E** |  |
| A description of how the intervention represents good return on investment for the organisation(s), the Health Foundation and the NHS. | **E** |  |
| A clear explanation as to how the innovation works across multiple sectors, providers and/or practices. | **D** |  |
| Clear appreciation of the potential barriers and challenges for the project and credible strategies for overcoming these. | **E** |  |
| A description of ‘spread potential’ for the idea across the organisation(s) initially involved and/or across the NHS if implemented everywhere that could benefit. | **E** |  |
| ***The people and organisations*** | | |
| Evidence that as well as being a provider of NHS services the project team either contains, or will have access to, the necessary expertise to undertake the project. | **E** |  |
| One identified lead organisation (who the Health Foundation will contract with and who will be responsible for managing the funding). | **E** |  |
| One identified lead person (who the Health Foundation and service improvement consultants will directly communicate with on programme specific updates and communications). | **E** |  |
| A clear description of how each partnering applicant/organisation is actively contributing to and benefiting from the project. | **E** |  |
| Where applicable, clear descriptions of the relationships between the organisations involved in the project team and a clear plan of how partner organisations intend to work together to deliver this project. | **E** |  |
| Demonstration of commitment from senior leaders in all organisations as well as operational leads in the provider organisation(s). | **E** |  |
| Involvement and team membership from all the organisations involved in and affected by the implementation of the innovation. | **E** |  |
| Evidence of an appropriate structure for the project that will ensure the involvement of all key stakeholders. | **E** |  |
| Project plans demonstrating how those who will be affected by the innovation have been involved in the development of the project. | **E** |  |
| ***Measurement and capturing learning*** | | |
| Ability of the team to rigorously test and evaluate the idea. | **E** |  |
| Clarity about the specific metrics that will be used to measure impact. | **E** |  |
| Clear methods to capture learning and self-evaluate the project. | **E** |  |
| Demonstration that the changes can be tested and measured and improvements in quality can be achieved within the given timeframe. | **E** |  |
| Identified process and outcome/impact measures against which progress will be assessed, and a sound explanation of why these are appropriate. | **E** |  |
| ***Organisational support*** | | |
| Evidence of strong board or executive-level support for the project. | **E** |  |
| Explanation of strategic fit of the project within priorities of the lead organisations and partner organisations involved. | **E** |  |
| ***Commitment to sustainability and scale-up*** | | |
| Strong commitment to sustain the approach beyond the 15 months, and to promote its diffusion and scale-up, should it prove successful in its current location. | **E** |  |

1. Publication will be at the Health Foundation’s discretion. [↑](#footnote-ref-1)