Innovating for Improvement

Call for applications
Round 6

February 2017

CONTENTS

1. 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

2. The programme – an introduction to Innovating for Improvement

2.1. Overview

The aims of this programme are to:

- Encourage health care services to develop innovative approaches and ideas to improve the quality of UK 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.

We will support around 20 projects with up to £75,000 each 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.

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.

- A genuinely innovative approach to addressing this problem.

- Understanding of the skills and processes required for successful innovation.

As with previous rounds of Innovating for Improvement, round six is an open call and applications from any sector or methodological approach will be considered in line with our eligibility criteria.

However, in this round of Innovating for Improvement, the Health Foundation is also interested in applications from teams with innovative projects that make use of data analytics.

Projects that will be considered under this theme could:

- Use an innovative method of data analysis with existing health care data.

- Use a novel data source (one example being patient generated data), or data linkage.

- Present existing data or analysis in an innovative way to improve care.

- Use an existing data analysis technique to inform the development and testing of an innovative intervention.

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 three months beginning in September 2017.

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 deadline for applications is midday on the 28 March 2017. 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.

2.2. What the programme offers to successful applicants

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

- funding of up to £75,000 to support delivery of projects

- opportunities to connect with other project teams and to strengthen existing networks or develop new networks

- tailored coaching support and input from subject experts as applicable

- support to help think through plans for sustainability and spread

- time and space to allow teams to reflect and learn from their experience of implementing an innovation project.

The Health Foundation is interested in learning from the projects it funds and may seek opportunities to visit projects if possible. Project teams may also be asked to host site visits for Health Foundation staff and stakeholders for learning and knowledge sharing purposes.

2.3. Round 6 open call – encouraging the use of data analytics for innovation

As with previous rounds of Innovating for Improvement, round six is an open call and applications from any sector or methodological approach will be considered in line with our eligibility criteria.

However, in this round of Innovating for Improvement, the Health Foundation is also interested in applications for innovative projects which make use of data analytics, which we define to include both analysis of existing data for new insights, using new sources of data, but also presenting data in new and innovative ways to guide care. Good and insightful data analytics are a vital component of efforts to improve the quality of care and health of the population in the NHS. Good data analytics can be used to identify areas for improvement, monitor changes in care, and the information from data analysis can be used as an intervention in its own right to stimulate best practice. The Health Foundation is keen to build capability and understanding of how data analytics can be more widely used in the NHS to inform quality improvement initiatives and as part of improvement interventions and we wish to increase its use in our portfolio of improvement work.

Examples of projects we have previously funded in this area include:

Using existing health care data to deliver an innovative intervention
In this project the team is using data analysis to identify patient population segments with similar care needs and design interventions tailored to those needs. For more information please visit: http://www.health.org.uk/programmes/innovating-improvement/projects/segmenting-within-general-practice-personalising-care

Using a novel data collection and feedback method to improve care
In this project the team is looking to improve patients' lives after surgery through better delivery of Enhanced Recovery. Central to their project is the use of an Enhanced Recovery app which records and displays real-time quality metrics to the surgical team, and enables patients to take more ownership of their recovery. For more information please visit: http://www.health.org.uk/programmes/innovating-improvement/projects/enhanced-recovery-app-er-app-using-data-improve

Using electronic data to identify bottlenecks in secondary care at weekends and improve patient flow

In this project the team is using routinely collected electronic prescribing data to identify and prioritise potential bottlenecks at weekends in the throughput of patients in secondary care in order to improve patient flow. For more information please visit:
http://www.health.org.uk/programmes/innovating-improvement/projects/using-electronic-data-identify-bottlenecks-secondary-care

All projects, regardless of whether they have a data focus, should be seeking to improve the quality of patient care through, for example:

- providing enhanced coordination of care

- embedding technology in a way that improves care for patients

- using innovation in the workforce to improve quality

- using new approaches to information and data

- developing person-centred and community-based approaches

- improving clinical pathways

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. These are for illustration purposes only.

3. The application - which organisations can apply

3.1. 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.

If projects with an analytical focus are being led by data analysts in the NHS, we would expect close collaboration with the operational setting where the innovation will be tested. If analysts from outside the NHS are involved, for example from universities, the public or the third sector,

we would also expect close collaboration with the operational setting (who would need to be the lead applicant as the provider, commissioner, supporter or deliverer of health services). Any project proposed must demonstrate a direct impact on delivery of patient care.

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
- Commissioning Support Units

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, 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 unlikely to support more than one project submitted by the same executive team.

3.2. Which organisations can apply as partner organisations?

In addition to the organisations listed in the lead applicant section, partner organisations may 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
- Local authorities

Partnerships may be newly established for the purpose of the application but should be able to demonstrate commitment to collaboration and that appropriate governance processes are in place to support delivery.

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.

3.3. 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.

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. Ideally they should involve an organisation(s) that represents the interests of the patient, service user or carer.

For projects that are specifically focused on using data analytics we would want to see evidence that the team has sufficient capability and knowledge to undertake and manage data collection and analysis.

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	- Project management - Budget management - Project communications - Data collection and analysis
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 - Co-production with patients or service users	- 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

4. The projects – what we are looking to support

4.1. Health Foundation definition of innovation

Innovation is about doing things differently or doing new things to make positive change.

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, academic research 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.

You will be asked to provide evidence that supports your stated descriptor of innovation and we will use this as part of the selection process. We are looking for an honest appraisal from applicants.

You should avoid submitting applications for projects if the intervention proposed is already in regular use in the same or a very similar setting in other localities in the UK. We would not consider these proposals to be innovative.

4.2. 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 and any associated costs relating to local processing, extraction and staff time to carry out analysis.

- 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.

- The purchase of new data-sets (we encourage the use of existing locally held data where possible)

4.3. Selection criteria

The Health Foundation expects a high level of interest in this programme.

To help us assess applications we will expect detail around:

- the innovation/intervention itself

- the people and organisations involved (including organisational support)

- the measurement of success and plans for learning capture

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 to add to the evidence base.

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

4.4. 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. The impacts of the innovation must be clearly demonstrated within this 15-month period and outcomes shared with the Health Foundation.

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 September 2017, once the formal agreements have been signed. Implementation will start by December 2017 at the latest.

Applications that require research and development and/or ethical approval must have sought this already to ensure that they are in a position to start the project by September 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.

If your intervention involves the use of a medical device or app, you should also investigate whether you require CE marking or MHRA approval.

Further advice about when research and development, ethical approval or device/app 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

https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

5.   The process – what to expect when applying

5.1. How to apply

Once this *Call for applications* has been read in full; use our website at 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.

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 in the first instance.

The deadline for completed applications is **midday on 28 March 2017**. 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.

5.2. Eligibility checking – self assessment

Applicants who are interesting in applying for the 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. If the criteria are met, you will be directed to the online application form. The screening tool can be completed more than once.

5.3. Information call

We will hold an information call on **6 March 2017.** 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. 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.

5.4. Application assessment

Applications will be assessed by staff at the Health Foundation. Those proposals that do not fit the key criteria of the programme will be rejected at this stage with others progressing to external review. Due to the volume of applications expected, we may not be able to provide detailed individual feedback.

5.5. Interviews

Shortlisted applicants will be asked to participate in a selection interview by telephone or video conference. We expect representation from individuals from the core team across the partnering organisations.

5.6. Dates and deadlines

Activity	Date
Open for applications	21 February 2017
Information call	6 March 2017
Application deadline	28 March 2017 (midday)
Interview shortlisted applicants	w/c 10 and 17 July 2017

Final decisions	Interviewed applicants advised of outcome by early August
Contracts agreed	End of August
Start of set-up period	4 September 2017
Start of the implementation period	4 December 2017

6.   The key components of delivery – what successful projects can expect

6.1. Support from the Health Foundation

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

- Tailored coaching support to help teams unblock challenges they encounter.

- Expert input on a range of relevant issues and topics which could include health economics, measurement and evaluation, sustainability and spread for example.

- Regular contact with the Health Foundation's Improvement team to review progress and offer support where possible.

- Access to a wide range of Health Foundation tools, guidance and research.

- 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 connect with other project teams and to strengthen existing networks or develop new networks.

6.2. 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).

6.3. Project management and reporting

Projects should have a dedicated project lead who will have responsibility for delivery of the project including financial management.

Reporting requirements will include:

- Updates to the Health Foundation and support provider 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.

As will be detailed in the award agreement, funding will be made available through phased payments to the lead organisation throughout the project, subject to satisfactory progress of the work. The lead organisation will be responsible for administering the financial aspects of the award to the partner organisations. We advise partnership applications to agree internal payment processes and mechanisms at the point of application.

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.

6.4. 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 data analysts, 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]

6.5. 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 **<u>will</u>** support the following types of project:

---

[1] Publication will be at the Health Foundation's discretion.

	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.
Example	Primary focus on the use of data analytics to inform interventions which 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 <u>health or public health</u> 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 <u>strategic and corporate structures</u>
Example	Primary focus on new models of commissioning.
Example	Primary focus on development or upskilling of boards.

	Projects with a primary focus on <u>treatment methods and skills</u>
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 <u>research</u> 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 <u>training</u> 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 <u>technology or software development</u> 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 <u>innovation</u> (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 <u>funding</u> 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. We also will not fund the purchase of new data-sets (we encourage the use of existing locally held data where possible)
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 criteria outlined below are used in our internal and external assessment process to decide which applications will be taken forward to funding. The criteria are split into two broad sections:

- 'Essential' – our minimal expectations from any proposal

- 'Important' – areas for which applicants should demonstrate a high level of consideration but which could potentially be refined with further support

Please note these criteria correspond to questions in the application form.

ESSENTIAL CRITERIA An application must:	✔
Present a well thought through, evidenced understanding of the problem to be addressed and a clear explanation of the proposed solution.	
Explain the rationale for why the proposed innovative intervention(s) is an effective approach to addressing the problem and how it will result in improvement for the intended beneficiaries.	
Explain which innovation descriptor the project aligns to and provide evidence to explain how it meets this descriptor.	
Demonstrate that there will be an ability to evaluate and measure the impact of the project on quality of care provided within the 15 months delivery timeframe.	
Evidence that the project team either contains, or will have access to, the necessary expertise to undertake the project.	
IMPORTANT CRITERIA **An application should:**	
Give detail about the target beneficiary group for this project (including an indication of numbers). Outline in which location(s) the project will be delivered.	
Evidence that service users and staff have been engaged and will be involved on an ongoing basis in the planning and delivery of the project.	
Demonstrate involvement and team membership from all organisations delivering and/or affected by the implementation of the innovation.	
Include an appropriate project plan and a description of the supporting structure for the project outlining how delivery will be achieved within the 15 month timescale.	
Clarify which specific measures will be used to measure impact and how this data will be collected.	
Evidence that potential barriers and challenges to the project have been considered along with credible strategies for overcoming these.	
Evidence consideration of the project delivery costs as well as the cost implications of sustaining the innovation post our funding period. Consider – if appropriate – the cost impact on other departments/organisations.	