

InnovateNow

Guidance for InnovateNow award applicants for Round 4

Version 3.2 (August 2010)

Introduction

This document provides guidance to applicants for either of the two InnovateNow awards (Innovation Sharing, Innovation Bursary) available in Round 4. This guidance has been produced in response to learning from previous funding rounds and feedback from the judging panels, NHS North West and the Young Foundation.

Please note that the presentations given at an event held on 29 July 2010, to explain how to apply for an InnovateNow award and how to navigate the web site and online application system, are available on the news page of the [InnovateNow web site](#). You are strongly advised to view these before starting your application.

Award Criteria

1. Award criteria for round 4

Applicants should ensure that their proposal:

- i) Addresses at least one [Clinical Pathway Group recommendation](#) (see point 10 for further details)
- ii) Addresses at least one of the recommendations set out in [Healthier Horizons](#) (see point 11)
- iii) Contributes to at least one of the aspects of QIPP: quality, innovation, productivity, and prevention (see point 12)
- iv) Involves partnership working across traditional boundaries i.e. applications which forge joint working across health and social care for example, between education and the NHS, across acute and mental health providers, or across primary and secondary care (see point 13)
- v) Is submitted by an NHS organisation (Trust or PCT) (see point 5)
- vi) Does not exceed the maximum amount of funding available (£5,000 for innovation sharing and £25,000 for innovation bursary awards)
- vii) Runs for no longer than 12 months
- viii) Can start in January 2011 (if funding is awarded)
- ix) Fits the description of the particular award being applied for (see point 4)
- x) Includes a proposal to support the adoption/spread of their innovation if the evaluation is positive (see point 14)
- xi) Is not in an excluded category (see point 3)
- xii) Has not received funding from a previous InnovateNow award
- xiii) Has support from a named executive director from the NHS organisation making the application (and who is not the main applicant) (see point 15).

Applications that do not meet the above criteria will not be judged for an award.

2. Types of innovation the awards can be used to support

The awards can be used to fund: the implementation of new innovations in the NHS; the implementation of innovations taken from a different industry/country and used in the NHS; and the adoption (possibly with some modification) of innovations developed in a few NHS organisations that have proven benefit but are not regarded as 'mainstream' (defined as implemented in at least one third of North West NHS organisations).

3. Exclusions for InnovateNoW awards

The awards cannot be used to fund the implementation of widely available and widely adopted products/technologies or approaches that are accepted as 'mainstream' (defined as when the innovation has been implemented in at least one third of NHS organisations in the North West). In addition, the awards cannot be used for product development, clinical trials or research.

Research on whether an innovation may work, including randomised controlled trials and/or allocation of patients to different treatments/services for comparison purposes, will not be funded. Whilst the evaluation may compare pre- and post-innovation data, the primary aim of the evaluation will not be to provide generalisable knowledge but to determine the impact of the innovation in this context, with a view to the innovation continuing to be used post-award.

The awards also cannot be used to support on-going service costs, routine costs for web site maintenance or help-lines, fund-raising or party political activities.

4. Award categories

In round 4, there will be two award categories: Innovation Sharing and Innovation Bursary awards. **There will be no Enabling Change awards made in round 4.**

a. Innovation Sharing award

This award aims to encourage understanding and adoption of an innovation that has evidence of its effectiveness, through facilitation and shared learning materials. This award is to fund a discrete programme of activity to demonstrate the innovation to others and to encourage adoption elsewhere.

The funding can be used for:

- Running a workshop to demonstrate how the innovation was developed, implemented and evaluated
- Funding an innovative service leader from outside of the North West to share information with interested organisations within the region
- Developing information material to aid understanding and dissemination, such as leaflets, booklets, posters and a website
- Patient involvement in sharing or promoting the innovation
- Staff time required to educate others about the approach
- Presentation of the innovation at a relevant conference whether by oral presentation or by visual means such as a poster.

Commitment to part-fund the overall adoption costs of the innovation by other organisations will be considered favourably.

Examples include: training individuals to teach others a skill required for the innovation to be transferred to other teams or organisations; supporting another organisation in the region to help them to adopt an innovative service.

The award will be up to a **maximum of £5,000** per application.

Applications for **Innovation Sharing** awards that are proactive and geared towards: education; tooling people up to change practice; changing mindsets; or increasing patient involvement, are particularly welcomed.

N.B. It is possible for applicants seeking an Innovation Sharing award in complementary areas (e.g. with innovations on different parts of the same clinical pathway) to apply for an Innovation Sharing award as a

consortium. In this instance, both organisations will apply for a separate Innovation Sharing award, and will refer to the other organisation's Innovation Sharing application. The applications will then be judged together and if funded, the consortium could receive up to £10,000 (assuming that 2 complementary applications are made, each for the maximum amount of funding of £5,000).

b. Innovation bursary award

This award is to enable adoption of: a totally new innovation; an innovation from the NHS or beyond (e.g. industry, healthcare in another country) that has been improved/refined by the applicants; or an innovation that has demonstrable benefits in other organisations but is not regarded as being 'mainstream'.

The award recognises the significant time commitment by clinical teams involved in innovation activity and should be mainly used to back-fill posts (at least **75%** of funding application should be for staff back-fill costs).

Commitment to part-fund the overall costs by the applicant's host organisation/other collaborators will be considered favourably.

The funding can be used for:

- Implementation and evaluation of an innovative service
- Evaluation of a newly implemented novel service that requires evidence of its effectiveness
- Staff time to lead and contribute towards the implementation, although this does not include ongoing operational costs following implementation.

An example of its use could be the adoption and evaluation of a new monitoring system, or implementing a new service that takes a novel approach to treating patients.

The bursary will be up to a **maximum of £25,000** for an application which must be primarily for a contribution to staff costs.

General information on submitting an application

Please note that the question numbers refer to the questions in the application form.

5. Applicant organisation (question 5)

InnovateNoW awards can only be made to NHS organisations i.e. Trusts or PCTs (not GP surgeries, companies, universities or charities), although the NHS organisation that receives the funding may use the money to pay for time/services provided by other organisations.

6. Team and stakeholders (question 9)

It is important to list all the people who will be involved in the project and explain what their role will be, to demonstrate that all the relevant parties and stakeholders are on board and therefore that the project, if funded, is likely to be delivered successfully. Stakeholders can include staff, carers, patients, service users, public bodies etc. You may need to think outside the 'core' stakeholders and think about any 'knock-on' effects, both positive and negative, that could be felt by peripheral individuals or groups. For example, if your innovation leads to earlier discharge of a patient, then this may increase the burden on community staff (e.g. GPs, nurses).

7. Resubmissions

You may resubmit an application submitted from a previous InnovateNoW funding round, if you think that it meets the award criteria, but please contact the InnovateNoW team first to see whether it is advisable (info@innovatenow.org.uk). Note that the application forms have changed slightly from previous rounds. If you do resubmit, please mark the title of your innovation (question 1) with 'Resubmission' first (e.g. 'Resubmission: personalised care for patients with long term conditions').

8. Information requested

Each question is very specific about the information required. Please ensure that you read this guidance and provide all such information. Please read the questions carefully and only provide the information requested. Please organise your answer according to the parts of the question, for example by referring to the relevant sections of the question in your answer:

i) the funding is requested to....; ii) the funding has been calculated as follows...

9. Scene setting and use of abbreviations/acronyms

The judges are frontline clinical staff and come from a wide range of backgrounds, but they may not be an expert in your area. Therefore, it is helpful if some background information is provided and please ensure any abbreviations/acronyms are explained at the start of the application.

Fits with key aims of InnovateNow awards

10. Clinical Pathway Group recommendations (questions 10 and 11)

There are 8 Clinical Pathway Groups (CPG) in the North West: birth; children's; staying healthy; urgent care; planned care; mental health; long term conditions; and end of life. The original [CPG recommendations](#) were published in 2008. *These have since been revised and will be published by NHS North West by the end of August 2010. All subscribers to the InnovateNoW web site (see 'subscribe for updates' on the InnovateNoW [home page](#)) will be notified when the report is available. In the meantime, potential applicants may wish to contact the relevant CPG chair or clinical fellow (see Appendix 1), to discuss whether their proposal fits with the CPG recommendations.* Applications that have involved these people will be viewed favourably. Applicants should clearly explain how their proposal fits the CPG recommendations.

11. Healthier Horizons recommendations (question 12)

The [Healthier Horizons](#) publication in 2008 provides recommendations on the 8 Clinical Pathways and also provides a general ethos regarding the care that should be provided to the North West population. Applicants should clearly explain how their proposal fits the Healthier Horizons recommendations.

12. Quality, Innovation, Productivity and Prevention (QIPP) (question 13)

Quality, Innovation, Productivity and Prevention (QIPP) should be at the heart of everything the NHS does. Applicants need to demonstrate which aspects of QIPP their application addresses.

Quality could involve improving patient safety and/or patient outcomes and/or patient experience; adding social value and or helping to create sustainable communities.

Innovation is about finding new ways of working; delivering services differently; and adopting/adapting practice with proven benefit from other industries or countries.

Productivity is about being more efficient (i.e. doing more with less); and/or saving money.

Prevention could involve preventing ill health by promoting a healthy lifestyle and/or independence. It could also include preventing the use of NHS services.

13. Working across boundaries (question 14)

One of the key focuses for round 4 is that applications need to involve working across traditional boundaries for their innovation. Examples include: an NHS Trust working with a charity to deliver rehabilitation for patients; a consortia of Trusts and PCTs redesigning a clinical pathway to move care traditionally provided in acute setting into the community; a PCT, a social care provider and some nursing homes working together to ensure that older people with long term conditions are cared for in their home setting, rather than in hospital; using volunteers/community champions working with a PCT and a mental health trust to improve the mental health of a hard to reach part of the community.

14. Adoption and spread (question 19)

The applicant must be committed to promoting the adoption and spread of the innovation if the proposal is awarded funding. This may include: sharing the results of the evaluation and/or lessons learnt (e.g. how to implement the innovation, or why it didn't work); providing information on the innovation to other relevant organisations; giving presentations; educating others; and writing reports (e.g. for NHS North West Annual Innovation Report).

15. Supporting statement (questions 20 and 21)

This statement should be completed by an **executive directors** of the NHS Trust/PCT making the application to demonstrate that the project has high-level commitment and support. An executive director has **voting rights on the NHS organisation Trust Board/Board of Directors**. You can find out who your executive directors are from your organisation's web site, their job title or from your Trust Headquarters.

Please note that the applicant cannot complete the supporting statement: if he/she is an executive director, he/she should ask another executive director/chief executive to provide the statement.

Applications without a supporting statement from an executive director will not be considered for funding.

Potential benefits of innovation

16. Impact (question 22)

The application should describe the problem that the innovation aims to address and also give some idea of the size of the problem (e.g. in terms of numbers of patients, resources used, costs etc) using either actual or estimated numbers.

17. Fit with regional priorities (question 23)

The applicant should explain whether the innovation addresses a health problem of particular importance to the North West.

18. Quality/health benefit (question 24)

The applicant should explain whether the innovation will provide any quality or health benefits, such as: improved safety; better patient experience or outcomes; social value; or help to deliver sustainable communities.

19. Productivity (question 25)

The applicant should explain whether implementing the innovation will have any impact on productivity, efficiency or cost savings. Actual numbers or estimates should be used to support these claims. Guidance is available on assessing return on investment from the [National Institute for Innovation and Improvement](#).

20. Prevention (question 26)

The applicant should explain whether the innovation will have an effect on prevention, in terms of either helping people to stay healthy, allowing people to retain their independence, or preventing inappropriate use of health services/resources.

Project details

21. Other solutions to the problem (question 29)

The applicant should make it clear how they have investigated what other solutions to the problem may exist, and if they do exist, what they are and why they are not appropriate in this setting.

22. Description of the innovation (question 30)

A clear description of what the innovation is and how it will be implemented is required. This should include an explanation of how developed the innovation is, who else has used it (if appropriate), how it is novel/innovative and the results of any evaluation carried out (by the applicant or others) to date.

23. Project plan (question 31)

This is a description of what the key actions/milestones are in the project and their timelines.

Applicants must be able to start their project, if funding is received, in January 2011 and projects should run for a maximum of 12 months.

24. Evaluation (question 32)

Whilst applicants are expected to evaluate the effectiveness of the innovation in question, which may include the use of research methods, the InnovateNoW awards have been established to encourage the implementation/adoption of an innovation and not just its evaluation.

The application must be clear about how the project will be evaluated to determine whether it has been successful. The metrics i.e. types of data or information being collected (such as number of patients receiving service, bed days, costs of treatment, money saved, patient satisfaction etc) that will be used to determine whether the project achieves its aims, should be clear. It is anticipated that most applications will compare costs before and after the innovation is implemented to determine any cost-savings.

In most cases, it will be necessary to make a comparison with baseline data (i.e. before the innovation is implemented). It may also be appropriate to gain feedback from the users of the innovation including their level of satisfaction.

The applicant should also specify who will carry out the collection and evaluation of the data collected and the resource required to do this must be clear, either by indicating the time required from a team member or how much this work will cost if an external organisation is involved.

25. Feasibility (question 33)

To provide evidence that the project can be delivered if funding is awarded, please demonstrate how it is feasible in terms of cost, personnel, impact/scope of change, timescale and acceptance by others.

26. Risk analysis (question 34)

The applicant should highlight any risks to the project proceeding and/or being successful, including the likelihood of the risk (low/medium/high), the impact of the risk if it occurs (low/medium/high) and what will be done to try and mitigate the risk.

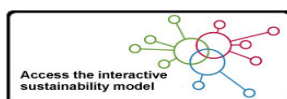
27. Sustainability (question 35)

Please describe how the innovation, assuming it is successfully implemented/adopted, will be sustained after the InnovateNoW funding has ceased. This may include ensuring that the project is included in the next commissioning round, identifying other sources of funding/support, or it may be that once the implementation has occurred, the innovation can be continued with existing staffing and resources.

The NHS Institute for Innovation and Improvement (NIII) web site has a simple to use interactive sustainability tool that will give you a numerical score to put on the application form if you are applying for an Innovation Bursary award.

To use the NIII tool (which takes a few minutes):

- You need to be registered with them but this is quick and easy to do and you can also register via the link below:
http://www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html
- Once you have received your user details by e-mail, you then click on the following icon to use the tool:



- Click on 'Start a new Project' and then 'I wish to start a one off assessment and not an ongoing project'.
- On the left hand side of the page, click on 'Your scoring – to start your scoring click here.'
- Go through the questionnaire as instructed: it takes you through 'Process', then 'Staff', followed by 'Organisation' and there are 10 questions in total. You must make a selection for every question and give the answer/situation that most closely matches your project.
- Once you have completed each question, click on 'confirm these factor levels' at the bottom of the screen and you will see a 'project overview' and directly underneath the 'Team Graph' you will see your score e.g. 'Your total score for this review period is: **25**'.
- Add this score into the relevant section about sustainability on your InnovateNoW application form. Please write the information in the format: **NIII Sustainability Score = 25** (or whatever your score actually is!).

28. Transferability (question 36)

For an innovation to be transferable, it is likely to be: simple; easy to understand; and cost-effective. The applicant should explain how their innovation is transferrable to other organisations, areas, or specialties where appropriate. For example, a new approach for managing diabetes could also be applied to managing asthma, as they are both long term conditions. However, it is understood that there are some innovations that can make a big difference to small number of patients.

29. Amount of funding requested (questions 18 and 37)

Please note the maximum amount of funding that can be requested for each award - £5,000 Innovation Sharing and £25,000 Innovation Bursary award.

Please be specific about what the funding will be used for. For example, if the applicant describes an innovation within their organisation that is already fully implemented, you will need to explain the purpose of the funding requested.

Please ensure that the total amount of funding required is included in the answer; in addition to a detailed list of costs and justification per item. Please also check that the numbers add up!

It is recommended that all costings are provided with the assistance of a member of the Finance Department in your organisation. In particular you need to ensure that:

- when providing pay costs that these include employer's on-costs and are at pay rates for the correct financial year (i.e. if you applying for an award in one financial year, but the salaries will not be paid until the next financial year, then you need to include provision for pay inflation for the next financial year).
- any equipment costs include VAT (most equipment prices are advertised excluding VAT).

30. Funding contributions from other sources (question 38)

Please detail any contributions that will be made to the project from other sources, including any actual funding and any contributions in-kind (e.g. staff time from another organisation). The value of in-kind contributions can be estimated on the application form (e.g. 1 session per week of consultant time for 6 months = £x).

After the application is submitted

31. Outcome of application

Dates by when applicants of the awards should hear whether they have been successful or not will be posted on the InnovateNoW web site. It is anticipated that Round 4 applicants will be notified in mid-December 2010 regarding the outcome of their application.

If you have been successful, you will receive a letter from NHS North West via your chief executive's office. The winners will be listed on the InnovateNoW web site two weeks after these letters have been sent out.

If you have been unsuccessful in your application, you will be notified via the e-mail address provided on your application form.

Due to the volume of entries for the various awards, it is not possible to provide individual feedback to applicants. However, please note that the funding process is very competitive. Therefore there may be

instances where some very good applications are not funded, due to the quality of the other applications they are competing with. From the first three funding rounds, the success rate of applications is 37% for an Innovation Sharing award and 20% for an Innovation Bursary award.

32. Payment of awards

Awards will be paid via PCT allocation in January 2011 to the relevant PCT, which will then pass the money on to the main applicant's organisation, if they are based in an NHS Trust.

33. Project monitoring

Successful applicants will be expected to provide a report on progress approximately every 6 months (start, middle and end of project) using a template that will be provided by *TrusTECH* (the North West NHS Innovation Hub). This information will be passed on to NHS North West and may be reported in NHS North West's Annual Innovation Report and to the NHS organisation's management.

34. Publicity

Successful applications will be listed on the InnovateNoW web site and may also be included in PR materials, on the InnovateNoW web site as case studies and as showcased projects promoted at a national level (e.g. in NHS North West's Annual Innovation Report).

35. Advancing Quality Alliance (AQuA)

AQuA is the NHS North West Quality Observatory that has been established in response to Lord Darzi's 'High Quality Health Care for All' report (published in June 2008). AQuA will provide co-ordinated quality improvement support and access to best practice for clinical teams and member organisations in the North West by:

- helping to align existing quality initiatives which are underway across the region
- providing a single point of access for clinical information
- ensuring the very best clinical and social care practice is widely shared, harnessing the collective power of NHS North West employees and organisations which have driven innovation.

AQuA has been commissioned by NHS North West to create an innovation portal, which should go live in autumn 2010. It is anticipated that information on the innovations implemented and assessed with InnovateNoW award funding will be available via this portal.

For further information visit AQuA's website: www.advancingqualityalliance.nhs.uk

36. Contact details

If you have any queries about submitting an application for an InnovateNoW award, please e-mail us: info@innovatenow.org.uk. Your query will be passed to the most appropriate member of the team, who will then respond to you directly, normally within one working day.

Appendix 1 Clinical Pathway Group contact details

Adults and Elderly/ Long Term Conditions

John Dean (chair)

joanne.greenwood@nhs.net (clinical fellow)

sarah.collins@bolton.nhs.uk (clinical fellow)

Birth

David Rowlands (chair)

jillcooper1@nhs.net (clinical fellow)

edwardadams@nhs.net (clinical fellow)

Children

Moira Swan and Sian Snelling (chairs)

hesham.abdallaX@gmail.com (clinical fellow)

sarahmoll2005@doctors.org.uk (clinical fellow)

End of Life

John Ellershaw (chair)

andrew.khodabukus@rlbuht.nhs.uk (clinical fellow)

elaine.owen@mccn.nhs.uk (clinical fellow)

Mental Health

Dave Fearnley (chair)

jo.strauss@penninecare.nhs.uk (clinical fellow)

Maria.breslin@cwpc.nhs.uk (clinical fellow)

Planned Care

Amanda Doyle (chair)

lbrar.Majid@blackpool.nhs.uk (clinical fellow)

Staying Healthy

Raj Patel (chair)

julie.davies1@nhs.net (clinical fellow)

anthonylarkin@nhs.net (clinical fellow)

Urgent Care

Marion Waters (chair)

benjamin.brown@nhs.net (clinical fellow)