**CW Innovation**

**RADICAL Digital Innovation Call 2022**

This second Digital Innovation Call aims to award grants to a smaller cohort of exciting new digital innovation projects to deliver rapid improvement to patient care at Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) and ultimately across the NHS. Funding will be made available jointly by CW+, Rosetrees Trust and the Kusuma Trust.

The focus will be on rapid project roll out and assessment of digital innovations that offer the potential to be scalable across the NHS. **We are looking for projects that deliver digital solutions that require larger scale funding up to £50k, but the requested funding does not need to be for the digital element of the project.**

**Not in Scope**

* Supplementary awards to major capital programmes or other CW+ funded initiatives
* Research projects

Applications will be considered for projects requesting up to £50,000. Applications requesting for more can be accepted in exceptional circumstances. Shortlisted applicants will be invited to present their project to an expert panel.

We anticipate funding three projects.

**Important Dates**

Application Deadline 30th January 2022

Final panel To be advised

Please submit your applications to [grants@cwplus.org.uk](mailto:grants@cwplus.org.uk), with the email subject: ‘Digital Innovation Call 2022’.

For further information or guidance, please contact Henna at [henna.kuivalainen@cwplus.org.uk](mailto:henna.kuivalainen@cwplus.org.uk)

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| **CW Innovation**  **RADICAL Digital Innovation Call 2022**  **Application Form** | | | | | |
| **Project/Initiative Title** | | | | | |
| **Applicant(s)** | | | | | |
| Project Leader Name and Position | E-mail | | | Phone | |
| Other Applicant Name and Position | E-mail | | | Phone | |
| **Division/department** | | | | | |
| |  |  | | --- | --- | | Does this project require approval from Information Governance? |  | | Does this project require approval from IT? |  | | Will this project require ethical approval? |  | | If yes, has ethical approval been obtained? |  | | Does this project require a clinical risk assesment? |  | | | | | | |
| **Endorsing Divisional Finance Business Partner** | | | | | |
| Name and Position | E-mail | | | Phone | |
| Signature | | | | | |
| *I have reviewed this application, endorse the proposed project and support the request for funding to the Charity* | | | | | |
| |  |  | | --- | --- | | **Endorsing IT Lead** | | | Name | E-mail | | | | | | |
| Signature | | | | | |
| *I have reviewed this application, endorse the proposed project and support the request for funding to the Charity* | | | | | |
| **CW+ contact if relevant** |  | | | | |
| **Total funds applied for** | £ | | | | |
| **Endorsing Divisional Director or equivalent senior Trust stakeholder** | | | | | |
| Name and position | | Email | | | Phone |
| Signature  *I have reviewed this application, confirm that it complies with the Trust procedures*  *and support the request for funding to the Charity* | | | | | |
| Applicant signature(s): | | | | | |
| **Date:** | | | **Start date and duration:** | | |

**Please send your signed application to** [**grants@cwplus.org.uk**](mailto:grants@cwplus.org.uk)

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| **1. Executive Summary of Initiative** |
| *Short overview of problem, proposed solution and high level benefits. (200 words max)* |
| 1. **Problem** |
| *What patient care problem(s) are you aiming to solve with this initiative. What is wrong and not working? (250 words max)* |
| **3. Solution** |
| *What is your proposed solution? (250 words max)* |
| 1. **Goals and Impact** |
| *What are the specific outcome-based objectives of the project? Please state 1-3 SMART (Specific, Measurable, Achievable, Realistic, Timed) objectives, using the table below. An example is provided to get you started.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **What** are your **specific goals**? | **How** will you **measure Impact**? | **Where** & **When** will you measure? | **How many** measurements are you planning? | How do you define **success** and **compared to what?** | | *Eg. Improve quality of post-burn scaring* | *Patient observer Scar assessment scale* | *Burns unit, 12 months following start of service* | *Approx. 60 patients* | *25% improvement from start to end of treatment* | |  |  |  |  |  |   *Please note that should the project be funded, impact reports are expected every six months (interim, if applicable) and at the end of the project (end-of-project).* |
| 1. **Alignment with Trust Priorities** |
| *How does this application further the priorities and objectives of the Trust and your division? (250 words max)* |
| 1. **Finances** |
| ***It is essential that you consult your Divisional Finance Business Partner when you fill out this section.***  *Please quantify project costs and any expected cost savings. If your project has commercial revenue potential, please outline it here as well.*  *Please make sure you cost training, deployment and ongoing support along with any integration or IT work that will need to be delivered by the Trust*  *For any equipment please provide a quote when available, or other details of where equipment is being purchased from.*  *(250 words max)*  *(Attach detailed workings if appropriate)* |
| 1. **Other Funders** |
| *What alternative sources of funding have you considered? (250 words max)* |
| 1. **Risks** |
| *Set out project risks in relation to outcomes, costs and ethical issues, and how to avoid them. (250 words max)*   |  |  |  |  | | --- | --- | --- | --- | | **Risk** | **Likelihood (L,M,H)** | **Impact (L,M,H)** | **Mitigation** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. **Project Plan** |
| *Please outline the project timeline and implementation plan with key milestones. This should include a training, deployment, and ongoing support plan as appropriate. Please annex additional information if required.* |
| 1. **Sustainability** |
| *Discuss the sustainability of the intervention you are proposing and how the change suggested will be embedded long-term following the completion of the project. (250 words max)* |
| 1. **Team Selection** |
| *Please describe the team members and their roles and estimate how much time will be required from each.* |
| 1. **Monitoring and Evaluation** |
| *How will you monitor the work, measure its success and ensure its quality? (250 words max)* |
| 1. **Any Relevant Background and Context** |
| *Please describe the context for this work and why it matters now. What steps have you taken to evaluate whether similar work has been taken elsewhere. Have you found any potential for replication or learning? (250 words max)* |
| 1. **References** |
| *Please include any relevant references supporting your application.* |
| **Please feel free to add further information which you feel may help your application.** |