**SECTION 1 – SUMMARY**

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| **Proposed Fellowship(s) Title:** |  |
| **Amount of HEE funding required:** |  |
| **Use of funding (please tick):** | [ ]  Project activity[ ]  Education & training / courses & tuition fees |
| **Criteria met by fellowship:**  | [ ]  Service improvement[ ]  Digital advances[ ]  Multi-professional workingPeople Plan:[ ]  Looking after our people[ ]  Being part of the NHS[ ]  New ways of working and running care services[ ]  Growing our future | HEE Priorities:[ ]  Cancer[ ]  Community based care[ ]  In hospital (inc. urgent & emergency care)[ ]  Maternity & children’s[ ]  Mental health & learning disabilities[ ]  Prevention[ ]  Primary care[ ]  Social care[ ]  Cross system |
| **Geographical area/system covered:** | [ ]  HEE KSS [ ]  HEE TV [ ]  HEE Wessex [ ]  HEE South East[ ] Other (please provide details below of STP/ICS/Training Hub/Other system): |
| **Main staff group impacted:** | [ ]  Doctor in training[ ]  Allied health professionals[ ]  Healthcare Scientists[ ]  Nursing & midwifery | [ ]  Nursing associates[ ]  Other scientific, therapeutic & technical staff[ ]  Pharmacists & pharmacy technicians[ ]  Physician associates |
| **Start date:**  | Click or tap to enter a date. |  |
| **End date:** | Click or tap to enter a date. |  |

**SECTION 2 – BACKGROUND AND PLAN**

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| **Please outline the background/need for the fellowship(s)** |  |
| **Please outline a brief project plan**  | *Please include deadlines and deliverables that are S.M.A.R.T (Specific Measurable Achievable Realistic Time specific). The plan should include recruitment, role-specific duties and the plan for meetings, reviews etc. with supervisors.*  |

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| **Equality impact assessment:** | *Describe how the needs of different groups of people were considered when deciding the need/ plan for this project/education training. If more information about EIA is required please contact the Diversity and Inclusion Team at* *EDI@hee.nhs.uk*  |
| **How will the learning from this fellowship be continued over time (ie. sustainable / business as usual / mainstream)?** | *Note that sustainability is a mandatory milestone in delivering the fellowship(s).* |
| **Is Expert by Experience included within this project?** | *Expert by Experience bring personal experience of the topics being discussed and are confident sharing first-hand experience. This helps to ensure intelligence from seldom heard groups, enhancing quality of services.* [ ]  Yes [ ]  No *If yes, please describe the role of the Expert by Experience in this project:* |

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| **How / what will be measured to demonstrate impact / benefit realisation?***Please outline what SMART measures / KPIs you will use to monitor and assess the impact of this investment (add additional rows if needed).**Note that evaluation is a mandatory part of the fellowship and HEE will request mid and end stage reports as a minimum.* |
| **Anticipated impact/benefit:** | **How will the anticipated impact/benefit be measured?** | **When will the anticipated impact/benefit be measured?** | **What is the baseline / starting point used for comparison?** |
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| **What are the risks to the delivery and the potential disbenefits from the fellowship and how will they be mitigated?***Definition: A risk is an event that has not yet occurred but will negatively impact delivery of the investment objectives.* |
| **Risk description:** | **Severity (1 low to 5 high):** | **Likelihood (1 low to 5 high):** | **Mitigating action:** |
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**SECTION 3 – FUNDING**

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| **High level costings break down:***(inset additional rows as needed)* | **Activity:** | **Anticipated cost:** |
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| **Total project cost:**  | **£** | **Total cost to HEE:** | **£** |

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| --- | --- |
| **Other funding bodies:**  | *Name of organisation and £ amount/s:* |
| **Finance Quadruple Aim (please tick):** | [ ]  Reduce per capita cost of healthcare[ ]  Improve population health outcomes | [ ]  Improve patient experience[ ]  Improve staff experience of providing care |

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| **Please provide details for all courses and qualifications to be purchased using these funds as part of the project delivery costs:** |
| Course / Module title | Training provider | Accreditation status | Anticipated cost |
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| **BID COMPLETED BY:***(Name, Trust, Role, email address)* |  | **DATE:**  | Click or tap to enter a date. |

**HEE INTERNAL USE ONLY:**

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| **Viewed by KSS Senior Business & Education manager:**  | *(insert name & date once viewed)* | **DATE:**  | Click or tap to enter a date. |
| **Funding request outcome APPROVED:** | *(insert name & date one approved)* | **DATE:** | Click or tap to enter a date. |
| **Funding Source:** |  |

|  |  |
| --- | --- |
| **Date received by HEE:** | Click or tap to enter a date. |
| **HEE Programme:** |  |
| **SE Local PG Dean:** |  | **Date Approved by SE Local PG Dean:** | Click or tap to enter a date. |
| **Date form submitted to HEE Finance:** | Click or tap to enter a date. |  |