**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 working  People 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*](mailto: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:** |  | | |

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| **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. |  | |