**Please complete this form to request**

* Approval of a consortium and funding application involving NHS Forth Valley.
* Registration of a funded innovation project (if not previously approved).
* Use of NHS Forth Valley as a [Test Bed](https://hscinnoscot.vids.io/videos/069cd7b5111ee6c38f/test-beds-for-innovation-an-overview) .

**Please email this form to -**

FV.innovation@nhs.scot The Team will also be happy to answer questions and signpost to guidance. The team will support you with completion of this form.

**Approval Process**

This request will be reviewed by the NHS Forth Valley Innovation Governance Group which usually meets on a monthly basis. You may be asked to attend the meeting and, or provide additional information. You will be updated on the outcome.

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| **Section 1 – General Information & Governance**  |
| **Date** **of Request** |  |
| **Requestor Name** |  |
| **Job Title** |  |
| **Service/Department** |  |
| **Telephone Number** |  |
| **email Address** |  |
| **Service / Operational Manager (sponsor)** |  |

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| **Section 2 – What are you trying to accomplish?** |
| **Problem Statement**Articulate the clinical or care problem or need and how you intend to address it |
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| **Background** Provide a context to the project to help others understand why the project is being undertaken. Include details of any potential risks or legislative requirements for consideration |
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| **Aims & Objectives** Outline the outcomes that you want the project to achieve with clear milestones/ deliverables. Detail what integration with NHS Forth Valley systems is required, if any. |
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| **Scope**Define what is within the scope of the project (e.g. prototype development and testing) and what is outwith scope (e.g. clinical trialling for CE marking). What tangible project outputs should be produced? |
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| **Expected Benefits**What are the expected benefits to 1) patients, 2) NHS and social care and 3) the company? Include the expected timescales for these benefits to be realised, i.e. immediately, two years’ time etc. |
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| **Section 3 – Technical / eHealth Support**  |
| **Will the project require Information Technology / eHealth input or support?** | Yes ☐ *complete Section 3* No ☐ *skip to Section 4* |
| **Are there any associated specialist hardware**  | Yes ☐ No ☐Please provide details (if applicable) |
| **Are there mobile devices required?** | Yes ☐ No ☐Please provide details (if applicable) |
| **Is there interface development required?** | Yes ☐ No ☐ |
| With existing FV system: | Yes ☐ No ☐ |
| With an external party e.g. NSS | Yes ☐ No ☐ |
| Demographic feed | Yes ☐ No ☐ |
| Electronic letter to be sent to GP | Yes ☐ No ☐ |
| Letters/documents to be made available to EDMS/Clinical Portal | Yes ☐ No ☐ |
| Other | Please provide details: |
| **System Name** |  |
| **System Supplier** |  |
| **Supplier contact details** incl. website/email/telephone |  |
| **Is this a new system to NHSFV or an upgrade to existing system?** | New system ☐ | Upgrade ☐ |

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| **Outline the purpose of the system and the reason for implementation**  |
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| **Describe how the system will be used by the service / service user?** |
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| **Has an alternative \ existing solution been considered?** |
| Yes ☐ No ☐Please provide details (if applicable) |
| **Is this system used actively in any other Scottish Health Boards** | Yes ☐ No ☐Please provide Board details (if applicable) |
| **Estimated number of users** |  |
| **Timelines**Please provide details of any expectations. These will then be discussed prior to agreement | **Proposed Start date****Proposed End date****Intend to move to (Business as usual )BAU Yes\* ☐ No ☐** **\**Have post go-live support arrangements been considered?* Yes ☐ No ☐** ***Please provide details:*** |
| **Will IT / eHealth training or eLearning support be required?** | Yes ☐ No ☐ Please provide details: |
| **Section 4 – Governance** |
| **Has guidance from Information Governance been sought?**  Yes ☐ No ☐ *e.g. has the system been reviewed in regards security?* |
| **Does the system Involve the use of personal data?** Yes ☐ No ☐ If yes this would indicate that a Data Protection Impact Assessment (DPIA) will be required. |
| **If there is associated specialist equipment?** Yes ☐ No ☐ *e.g. is the solution a component of a medical device?*Please provide details:**Has guidance from Medical Physics been sought? Yes** ☐ **No** ☐  |

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| **Section 5 – Which Strategic Aim(s) Does This Request Deliver?** *Select all which apply* |
| **[ ]**  |  **Prevention** keeps people well whilst early treatment and support stops conditions from getting worse  |
| **[ ]**  | Health and social care services are **Person Centred** recognising that people have differing needs, circumstances and expectations of care |
| **[ ]**  | **Health Inequalities** are reduced & people are encouraged to take **Personal Responsibility** for managing their own health and conditions |
| **[ ]**  |  Care is provided **Closer to Home** and fewer people need to go to hospital |
| **[ ]**  |  **Planning Ahead** and working in **Partnership** with staff, patients, local councils and community organisations, avoids emergency hospital admissions and reduced A and E attendances |
| **[ ]**  | Unnecessary **Delays** and **Variations** in services are minimised and our **Workforce** is fully supported to deliver high quality, safe and effective care.  |