**Innovation Capture Form**

**Please complete as much as the form as you are able. This is to enable us to understand the idea as much as possible. We will contact you within the next 10 days.**

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| --- | --- |
| **Name** |  |
| Contact Details (phone number and email address) |  |
| **The Idea** |  |
| Describe your idea – What is it? | (100 words max) |
| What problem does it solve? | (200 words max) |
| Describe the benefits from your idea (patients/staff/organisation) | (200 words max) |
| **Evidence** |  |
| What is already available/being done? | (200 words max) |
| Is there something similar in another area? | (200 words max) |
| Is there any evidence that this is useful/effective? | (200 words max) |
| Has the idea been tested? What did you learn? | (200 words max) |
| **Progress** |  |
| Describe where you are with developing your idea? | (100 words max) |
| What level of support is there for this (internal and external)? | (100 words max) |
| What challenges have you faced so far (if any)? | (200 words max) |
| What are your next steps? | (100 words max) |