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#  *Version: June 2021*Large Grant Impact and Evaluation Report

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| How to fill out this form***SECTION A:*** *Grant details****SECTION B:*** *Grant-holder details****SECTION C:*** *Description of grant activity****SECTION D:*** *Project evaluation****SECTION E:*** *Beneficiaries****SECTION F:*** *Priorities and outcomes****SECTION G:*** *Questionnaires (if applicable)****SECTION H:*** *Actual expenditure****SECTION I:*** *Data sharing consent****SECTION I:*** *Report author details & signature* |
| How to submit this formEmail a copy to: Charity.Grants@stgeorges.nhs.uk. If you need help or have any questions, please contact us at the same email address.NB for electronic submissions, we accept electronic signatures or explicit email endorsements |

This form is for Grantees to provide impact and evaluation feedback to the charity. This form can be used for both interim and final feedback reporting. Thank you for filling out this form. The feedback is very important to us because it helps us fundraise by showing our supporters the impact their generous donations have had. Please indicate at the bottom of this form whether you are happy for us to share your feedback on our website or via our social media channels. |

This form can be used to submit your interim or final report, please indicate which one:

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|  |  |  |
| Is this an interim or final report? (please tick) | Interim |  | Final |  |
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| SECTION A: Grant details |

|  |  |  |
| --- | --- | --- |
| Grant / Project name: |  |  |
|  |
|  |
| Grant Ref: |  |
|  |  |
| Fund Code: |  |
|  |  |
| Fund Name: |  |
|  |  |
| Grant amount: |  |
|  |  |
| Date awarded: |  |
|  |  |
| Grant period | From: |  | To: |  |
|  |  |

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| SECTION B: Grant-holder details |

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| --- | --- | --- |
|  |  |  |
| Grant holder name: |  |
|  |  |
| Position: |  |
|  |  |
| Division: |  |
|  |  |
| Directorate: |  |
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| SECTION C: Description of grant activity |

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Please provide a description of the grant activity that the funding was provided for.

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| SECTION D: Project evaluation |

Please tell us here about how the project has worked out. We are happy to know both the good and the bad; the difference it has made and the difficulties encountered. It is all useful and informs future learning.
Understanding the human side of the story is important to us.

*Please include case studies, anecdotes, quotes and photographs where possible and if appropriate*.

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| SECTION E: Beneficiaries |

Please indicate who the beneficiaries of the funding have been. Where possible, please be specific about exactly who has benefitted e.g. A&E patients, nursing staff on X ward etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|   | Description | How many? |
| Patients |  |  |
| Staff |  |  |
| Family / carers |  |  |
| Other |  |  |
|  |  |

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| SECTION F: Priorities and outcomes |

Please indicate which priorities and outcomes your project is linked to referring back to you original application:

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|  |  | **Strong Foundations** |  |
|  |  |  | Provide outstanding care event time, improving the quality of care provision |  |
|  |  |  |  |
|  |  | Invest in the Trust’s staff, improving staff health and wellbeing |  |
|  |  |  |  |
|  |  | Build a better St George’s (capital project focus), improving the hospital environment |  |
|  |  |  |  |
|  |  | Improve access for staff and patients to digital technology and information |  |
|  |  | Provide the right care, in the right place, at the right time, improving clinical outcomes for patients |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  | **Excellent local services** |  |
|  |  |  | Improved planned care for patients |  |
|  |  |  |  |
|  |  | Improved emergency and same day care for patients |  |
|  |  |
|  |  | **Closer collaboration** |  |
|  |  |  | Support care closer to home |  |
|  |  |  |  |
|  |  | Support meeting the changing needs for our aging population |  |
|  |  |
|  |  | **Leading specialist health care: cancer, children’s, neurosciences** |  |
|  |  |  | Improve provision of specialist healthcare |  |
|  |  | Support developing tomorrow’s treatment today through innovations and training leading to improved knowledge and understanding of effective treatment and practice. This includes research. |  |
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There is an additional Charity priority which may be applicable to your project:

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|  |  |  | Improve non-clinical experience for patients and visitors |  |
|  |  |

Please tell us here how you have measured the impact this grant has had and what the results of this measurement are?

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| SECTION G: Questionnaires (if applicable) |

Questionnaires only apply on a case-by-case basis and aren’t used by every project. If they were not use please skip this section

If they have been used, please give your completed questionnaires to the charity for analysis.

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|  |  |  |
| Which questionnaire was used? (please tick) | Staff: |  | Patient: |  | Other: |  |
|  |  |

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| --- | --- | --- |
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| When were the questionnaire used? | Pre-project activity: |  | Post-project activity: |  |
|  |  |

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| Who administered the questionnaire? |  |
|  |  |
| How many were distributed? |  |
|  |  |
| Who responded to the questionnaire?(e.g. patients, family, staff (doctors, nurses). Please be specific it is helpful. |  |
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| SECTION H: Actual expenditure |

Please indicate the actual costs (to date) against the estimate as per grant application.

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| Estimate (total £ requested in application): |  | Actual spend to date: |  |
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| SECTION I: Data sharing consent |

Please indicate with an “x” if you’re happy for us to share your story and photos with others to show our appreciation of the donations which made it possible, and to encourage others to apply for a grant for their own projects. This could include sharing your first name (never your full name or contact details), your feedback and photos with Trust staff as well as via our public communication channels (e.g. our website and social media).

|  |  |
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|  |  |
|  |  |  | I am happy for you to share my first name, feeedback and photos with Trust staff, on your website and via your social media channels |  |
|  |  |

If you would like further information on how we will use your feedback or photos, please contact us.

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| SECTION J: Report author details |

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|  |  |  |
| Date completed: |  |
|  |  |
| Completed by: |  |  |
|  |  |  |
| Position: |  |  |
|  |  |  |
| Are you the grant holder? | Yes |  | No |  |  |
|  |  |  |
| Signature: |  |  |
|  |  |  |

*NB for electronic submissions, we accept electronic signatures or explicit email endorsements*

Many thanks for completing this form!