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Summative Assessment Final Report – Health Matters Project

Final Report
Innovation Agency
11th July 2023

J3148

INNOVATION AGENCY
Academic Health Science Network for the North West Coast

Health Innovation Manchester

University of Chester

HEALTH MATTERS
Cheshire & Warrington

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1 Introduction

1.1 Summative Assessment Aims and Objectives

Optimat Ltd was commissioned in June 2019 to undertake an ERDF compliant summative assessment of the Health Matters project, which, at that time, was a three-year project running from October 2016 to October 2019 (Phase 1). Our final report was submitted in April 2020 and is now referred to as an interim summative assessment.

The Health Matters project successfully applied for a continuation for another three years (Phase 2) and, following an extension to account for delays due to Covid-19, the final project completion date was set to 30th June 2023. This report presents a final summative assessment, to cover the entire duration of the project and is, essentially, an update of the interim assessment.

The aim of the assessment was to review project performance after almost the entire three-years of operation and to answer a number of specific questions as detailed in the European Structural and Investment Fund guidance document on Summative Assessment[1]:

1. Project Context
    a. What was the project seeking to do?
    b. What was the economic and policy context at the time that the project was designed?
    c. What were the specific market failures that the project was seeking to address? Was there a strong rationale for the project?
    d. Was it appropriately designed to achieve its objectives? Was the delivery model appropriate?
    e. Were the targets set for the project realistic and achievable?
    f. How did the context change as the project was delivered and did this exert any particular pressures on project delivery?
    g. Bearing in mind any changes in context or weaknesses in the project design / logic model, can the project reasonably be expected to perform well against its targets?
2. Project Progress
    a. Has the project delivered what it expected to in terms of spend and outputs?
    b. What are the factors which explain this performance?
    c. When the project draws to a close, is it expected to have achieved what it set out to?
3. Project Delivery and Management
    a. Was the project well managed? Were the right governance and management structures in place and did they operate in the way they were expected to?
    b. Has the project delivered its intended activities to a high standard?
    c. Could the delivery of the project have been improved in any way?
    d. For projects with direct beneficiaries: did the project engage with and select the right beneficiaries? Were the right procedures and criteria in place to ensure the project focused on the right beneficiaries?

[1] ERDF Project Summative Assessment Guidance – Appendices, ESIF-GN-1-034 Version 1, 9 August 2017

   e. How are project activities perceived by stakeholders and beneficiaries? What are their perceptions of the quality of activities / delivery?
   f. To what extent have the horizontal principles been integrated into and shaped delivery?
4. Project Outcomes and Impact
   a. What progress has the project made towards achieving the outcome and impacts set out in its logic model?
   b. To what extent are the changes in relevant impact and outcome indicators attributable to project activities?
   c. What are the gross and net additional economic, social and environmental benefits of the project (where relevant and applicable to project activities)?
   d. Can these benefits be quantified and attributed to the project in a statistically robust way?
   e. To what extent has / will the project contribute to the achievement of ERDF programme result indicators?
   f. What are the main sources of Strategic Added Value that the project has created?
5. Project Value for Money
   a. Was value for money achieved?
6. Conclusions and Lessons Learnt
   a. What were the project strengths and weaknesses?
   b. Any specific lessons for the following audiences: the grant recipient / project delivery body, those designing and implementing similar interventions, and policy makers?

Our summative assessment methodology was designed to address all the above questions and to present our analysis in the structure specified in the ESIF guidance document.

1.2 Assessment Methodology

Our assessment methodology comprised both a desk-based review of project documents and primary research in the form telephone interviews with a representative sample of direct beneficiaries of the project.

The interim summative assessment commenced with a start-up meeting, which took place at Innovation Agency offices in Daresbury on 20th June 2019. Those in attendance were:

- Mike Kenny, Innovation Agency Project Manager
- David Nutter, Innovation Agency Project Administrator
- Joginder Fagura, Lead Consultant, Optimat Ltd

The overall aim of the start-up meeting was to understand the project context, its delivery and the targets set. The summative evaluation methodology was discussed, together with our plans to consult a representative sample of project beneficiaries.

This was followed by a comprehensive review of the following Health Matters documents:

- Health Matters ERDF Full Application
- Health Matters Logic Model
- Periodic Progress Reports (from 2016 to Q1 2019)

- Evidence of workshop attendance
- Data on project dissemination

Our programme of primary research included both an in-depth introduction to the project by its lead delivery team during the project start-up meeting and numerous subsequent telephone and email discussions with a project administrator at that time. In addition, feedback was sought from a selection of the project's beneficiaries via telephone discussions. We completed six telephone interviews during the interim evaluation with the following beneficiaries:

- Melanie Jane, Love Yoga Love Life Ltd
- Mark Klarzynski, Konsie
- Colin Priestley, Bruin Biometrics
- Andy Beesley, Medication Management Solutions
- Chris Underwood, ESP Technology Ltd
- Kevin Teburi, Genedata Ltd

The final phase of work was to analyse the data to address the specific summative questions listed above and a final comprehensive evaluation report was submitted in April 2020.

Our methodology to update the interim assessment, to encompass Phase 2 of the project, followed a similar approach, namely:

- A review of project documents, such as the quarterly reports and operational group and strategic group minutes
- A programme of interviews with the project delivery team
- A programme of interviews with a selection of project beneficiaries

The following project beneficiaries were interviewed:

- Harman Singh, Cyphere
- Teressa Matilla, Optonet Ltd
- Cara Oliver, Nuvoair
- Colin Priestley, Bruin Biometrics
- Hilary Mines Trundl

As stated earlier, this is composite report to cover the entire duration of the Health Matters project.

2 Project Context

2.1 Project Aim and Objectives

The Health Matters project was aiming to support SMEs to better understand, work with and commercialise new products and services into the health and social care markets. This was a regional initiative for SMEs in the Cheshire and Warrington area, with the target beneficiary group encompassing:

- Existing healthcare SMEs in the region
- SMEs in the region that had potential to diversify into healthcare
- Related university spin-outs

The project was to provide bespoke specialist support to each SME covering a range of possible activities depending on the SME's stage of development and specific requirements. As discussed later, the overall aim of the project was to introduce innovative solutions to the NHS and, by doing so, increase the R&D and innovation capacity within the SME and the region. In addition to bespoke support, the project was to enable engagement between public and private sector organisations, themed around specific areas of unmet clinical need. The type of support measures that should have been provided (as listed in the project application) include:

- Guidance for new product development to ensure the proposed product concept meets a clinical need and that regulatory requirements are, or can be, met
- Evidence gathering to support NHS market entry
- Designing studies that will provide evidence for health economic analysis to develop the value proposition and case for adoption of the innovation e.g. cost, efficiency, quality, patient outcomes, etc.
- Focus groups, customer/site visits and expert meetings to understand market and clinical needs
- Access and introduction to potential customers and facilitation of meetings
- Producing case studies to support future sales activities
- Meetings with commissioners and/or procurement teams
- Identifying and establishing collaboration partners within academia and / or the NHS for trials and evaluations, co-development and funding applications
- Bid writing support and collaboration on bids if appropriate
- Tender writing support
- Understanding the potential market and defining the route to market
- Identifying how a new product or service would impact on current patient pathways and procedures
- Advice regarding clinical evaluations and trials to ensure the evidence and data gathered will support regulatory submissions and /or clinical decisions
- Understanding how products and services are commissioned and procured
- Use of social media channels to support networks, engagement, PR, referrals and sales

Originally, the project was jointly delivered by the Innovation Agency (the Academic Health Science Network for the North West) and Health Innovation Manchester (Greater Manchester Academic Health Science Network). Both partners are regional NHS organisations tasked with driving innovation in the health sector. The Innovation Agency acted as the project coordinator with responsibility for overall project management and project reporting. In addition, the University of Chester helped with beneficiary identification and access as well as supporting real-world validation of new products and concepts – the University of Chester become a full delivery partner during Phase 2 of delivery (discussed later).

Originally the project had a total budget of £1,573,561, with a contribution of £786,774 from the European Regional Development Fund (ERDF) and public match funding of £786,787 (£388,336 of match funding from the Innovation Agency and £398,450 from the Health Innovation Manchester). This was amended to a total budget of £1,161,000 and an ERDF contribution of £580,500, with match funding of £382,227 from the Innovation Agency, £175,825 from Health Innovation Manchester and £22,448 from the University of Chester. The original project start date was 31st October 2016 and project activity was to end on 30th October 2019 (Phase 1).

The delivery partners successfully applied for a continuation of the project and activities, as described above, for another three years (Phase 2) and, after a further extension was granted because of delays due to the COVID-19 pandemic, the project end date was set at 30th June 2023. The final total budget for the entire duration of the project (for Phase 1 and Phase 2) was £3,353,844 with an ERDF contribution of £1,676,922 at 50%.

2.2 Project Rationale and Market Failure

As stated in the project application and in the logic model, the applicant makes a case for the need to facilitate the introduction of innovative solutions, from a wider range of suppliers, into the NHS.

- It states that as demand on health and care services is set to continue rising, there is a growing need for innovative solutions to bring efficiency and explore new models and pathways of care. However, the NHS is a complicated sector to do business with…"the NHS is not a customer; it is a marketplace in its own right". It can, therefore, be very challenging for SMEs to enter the market with solutions that are innovative
- In the wider regional context, the healthcare sector is very important to regional growth plans. Business support, and in particularly SME growth, is a core element of the Cheshire and Warrington Local Enterprise Partnership (LEP) economic growth plans. The field of life sciences is highlighted as a key sector in the LEPs Strategic Economic Plan. A £30 million capital investment programme was announced for Alderley Park (following the departure of AstraZeneca from the site), to develop lettable laboratory space and office space for companies in this field. The site is part of the Cheshire Science Corridor and now home to many biotech and life science businesses

The solution proposed within this project was to support SMEs both with innovative product validation and with access to NHS supply opportunities. The Innovation Agency, Health Innovation Manchester and the University of Chester provided bespoke support, as detailed earlier, which could be in the form of expert advice and including independent validation of existing data the beneficiary held.

In our interim summative assessment, we stated that there was still strong rationale for the project and, three years on, this is still the case. Regarding NHS demand, there are several reports and reviews that clearly state the need for new and innovative solutions and the need to consider new pathways of care. NHS England (the body responsible for leading the National Health Service (NHS) in England), states that innovation is critical to delivering better outcomes for patients and the Academic Health Science Networks (AHSNs) were set up in 2013 by NHS England to encourage health innovations:

"I don't think there's a more important question the NHS faces than how can we get better at curating and spreading innovation? And who will serve as the NHS distribution network for innovation? The answer is the AHSNs as they enter their next phase and increasingly work together as a single national network of networks, helping to destroy NHS 'not invented here' syndrome".

Ian Dodge, NHS England's National Director for Strategy and Innovation

Similarly, there is wide acknowledgement of the difficulties faced by new entrants to the NHS market, particularly SMEs that have unproven products and / or services. All the beneficiaries that were interviewed as part of both the interim and final summative assessment agreed that the NHS is still a very difficult market to enter despite efforts made by organisations like NHS England and the AHSNs.

"There is certainly a need for this type of support. Understanding how to best communicate the benefits of our technology to NHS decision makers is critical and we have learnt so much on how best to do that thanks to this project" *Project Beneficiary*

In this respect, these beneficiaries agreed that there was continued need to provide the type of support offered within the Health Matters project.

2.3 Design and Delivery Model

The Health Matters project was a 72-month programme of support for SMEs in the Cheshire and Warrington area. The final project budget, covering Phase 1 and Phase 2, was £3,353,844 with £1,676,922 from ERDF and the remaining 50% via public match.

A summary of the project design is presented in the logic model overleaf.

The Innovation Agency was tasked with supporting businesses located within Warrington, Chester and Cheshire West, whilst Health Innovation Manchester was to support businesses in East Cheshire. 50% of the businesses supported would be based in East Cheshire and 50% in Chester and Cheshire West. In addition, the University of Chester was to work with both partners to support in the validation of new products and concepts. During Phase 2, the University of Chester was tasked with supporting beneficiaries with more in-depth independent validation of impact data where such data existed – referred to as Real World Validation (RWV):

- The aim of RWV support was to validate the beneficiary's technology in real world test bed sites involving clinicians / medical staff and patients / end users, building on initial evaluations conducted by the beneficiary. This work would provide evidence for the effectiveness of the products and services of beneficiaries and facilitate in the adoption across health care services

As highlighted in the interim summative assessment, a key aspect of the Health Matters project was to provide bespoke healthcare specific support rather than generic business development or general innovation support. It was, therefore, important to ensure the project was delivered in accordance with

more general business support programmes already operational in the region, such as the support provided via the Cheshire and Warrington Growth Hub Initiative.

As the innovation arm of the NHS (for the North West), both the Innovation Agency and Health Innovation Manchester have access to clinical expertise, commissioners and NHS procurement teams that otherwise would not be possible. In this project, regular internal meetings were held between commercial and clinical teams to identify areas of synergy and opportunities to align SME offering and proposed solutions to customer priority areas.

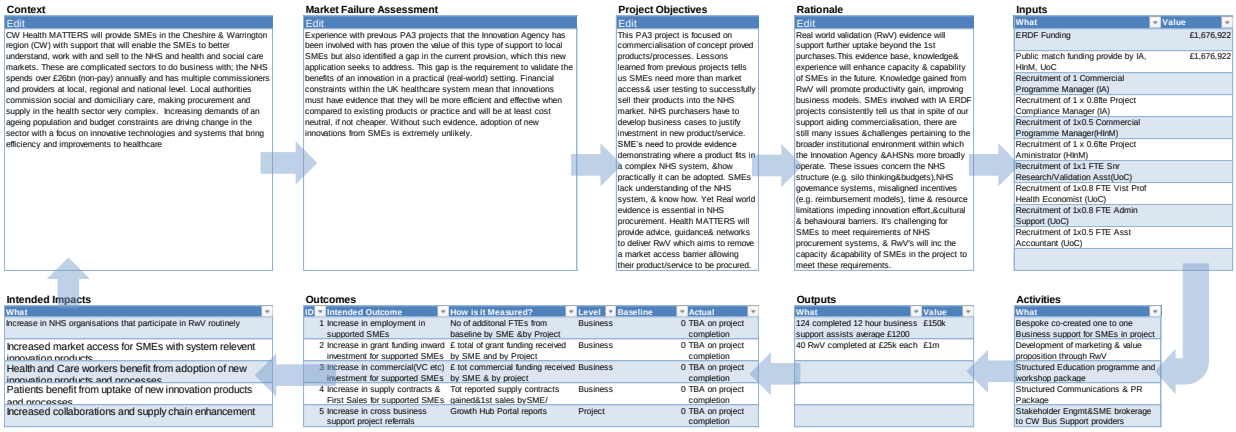

Figure 1: Project Design (see appendix for larger version)

Overall, we would agree that the project was designed appropriately to achieve the project objectives.

2.4 Project Activities and Targets

The main activity in the project was to provide 12 hours assistance to its target SMEs. As discussed earlier, during Phase 2 of the project, the University of Chester provided support to conduct real world validations of beneficiary technologies.

The final quantitative project targets, in terms of ERDF indicators, are listed in the table below:

Deliverable	Target (Phases 1 and 2)
C1 No. of enterprises receiving support	164
C4 No. of enterprises receiving non-financial support	164
C5 No. of new enterprises supported	24
C8 Employment increase in supported enterprises	85
C28 Enterprises supported with new products to the market	24

C29 Enterprises supported to introduce new to the firm products	33
P13 No. of enterprises receiving information, diagnostics & brokerage support	21

Figure 2: Project Deliverables and Targets

We note that the indicator C28 was no longer recorded from PPR8 onwards, in agreement with the Managing Authority. We understand that as a Priority Access 3 programme of support, C28 targets are not relevant to the Health Matters project. Also, it was agreed to re-profile P13 targets to the end of the project to avoid counting them prematurely as claimed outputs.

In addition, the Health Matters project committed to deliver 43 Real World Validations during Phase 2, although this is not an ERDF indicator and was subject to availability of data or testbeds.

In terms of providing bespoke business consultancy to beneficiaries, this could include:

- Clinical input to product development
- Procurement and tenders
- Clinical evaluation
- Health economics
- Access to clinical experts
- Establishing collaborations for co-development of new products
- Driving the adoption of new technologies in the NHS
- Developing the business case for adoption
- Help with tailoring marketing for the NHS
- Support to target finance (grants, venture capital etc.)
- Workshops
- One to one meetings and interventions

And with the addition of real-world validations in Phase 2.

In addition to bespoke support for each SME, the project was to host regular events to enable engagement between public and private sector organisations, themed around specific areas of unmet clinical needs, to encourage co-creation of new product solutions. A summary of the events delivered in Phase 1 is provided in the table below:

Event	Date Delivered	Location	No. Attendees
Health Sector Business Breakfast - health and smartphones	10 July 2019	Northwich	30
Excel in Health programme (3 days)	12 March 2019	Daresbury	37
Ask the Buyer	23 January 2019	Alderley Park	---
Dragon's Den - SME workshop	12 December 2018	Daresbury	27

Adoption and Spread of Innovation in the NHS	2 October 2018	Alderley Park	---
Health Sector Business Breakfast - procurement	20 September 2018	Northwich	29
Research and Innovation Showcase	19 September 2018	Alderley Park	---
Health economic evaluation of the NHS workshop - Cheshire	20 June 2018	Warrington	12
Access to funding - Health Sector Business Breakfast	16 March 2018	Northwich	40
Ask the Buyer	24 January 2018	Alderley Park	---
Health Sector Business Breakfast	7 December 2017	West Cheshire College	70
Health Sector Business Opportunities Breakfast	7 September 2017	Chester	57

Figure 3: Project Events and Workshop (delivered during Phase 1)

As is evident from the list above, the workshops were aimed at addressing the key barriers for SMEs trying to enter the NHS market, such as understanding NHS procurement rules and how to structure a bid to appeal to NHS buyers.

A similar programme of events was proposed for Phase 2, however, soon after Phase 2 commenced the UK was placed into lockdown due to the Covid pandemic. The Health Matters team worked to transfer workshops into an online format. For example, under the Excel in Health Programme, online workshops covered themes such as: NHS Landscape; Procurement and commissioning in the NHS; Culture of the NHS; Value Proposition; Data; Sustainability; Digital Readiness; Real World Validation; Marketing; and Intellectual Property.

As noted in the interim assessment and continued in Phase 2, the Innovation Agency and Health Innovation Manchester ran several additional events that were highly relevant to the SMEs supported within the project, although these events were not directly supported by the ERDF funding. These events were attended by NHS staff from across the AHSNs and so were good opportunities for regional SMEs to meet NHS Staff from other regions.

The project also engaged in a broad range of internal and external networking and knowledge raising events and meetings. These ranged from: business networking events, conferences and expos to promote the project; and patient engagement events to obtain feedback to steer potential solutions.

The activities reported in the PPRs are in accord with the commitments made in the project application (although Phase 2 workshops had to be transferred to online formats due to Covid-19 restrictions). Workshops were well attended with an average attendee number of over 30 for each event. For some

events we note a higher attendance of over 50 delegates, which is a positive achievement. The high event attendance level throughout the duration of the project would indicate that there is ongoing demand for the type of knowledge disseminated delivered by the Health Matters project.

2.5 Changes in Context / Design

Three change requests were submitted and approved over the duration of the project to amend budgets, partners and some other minor modifications:

- The first charge request was submitted in May 2017 and focused on a change in budget from £1,573,561 to £1,534,142. The budget was reduced to account for the underspend associated with the delay in recruiting the necessary staff to deliver the project. The outputs profile was also adjusted accordingly
- The second change request was submitted in January 2019 and encompassed a number of amendments: Change of project name from 'Building Capacity and Capability in Health and Life Science Businesses (Healthcare Business Connect C&W)' to 'C&W Health Matters'; the change of the role of the University of Chester from associate partner to full delivery partner, with allocated budget; and a reduction of the overall project budget, with outputs changed accordingly
- The third change request was submitted in April 2021 – a request for an extension to the activity end date from 31 October 2022 to 30 June 2023, with a reprofiling of budget and outputs in accord with the extension period. The purpose of this extension, which was granted, was to account for the impact of the COVID-19 pandemic and allow for a longer timeframe to undertake and complete RWV. This change also reflected the use of virtual tenancy agreements as physical office spaces were closed by SMEs during the pandemic. There was no change to overall total budget, ERDF contribution or output targets

The change to project budgets is summarised in the table below:

Budget Item	Original	Change Request May 2017	Change Request October 2018	Final Budget for Phase 1 and 2
Total Budget	£1,573,561	£1,534,142	£1,161,000	£3,353,844
ERDF Contribution	£786,774	£767,071	£580,500	£1,676,922
Public Match	£786,787	£767,071	£580,500	£1,676,922

Figure 4: Changes to Project Budget

The changes to project outputs are summarised in the table below:

Deliverable	Original Target	Revised Target	Final Target
C1 No. of enterprises receiving support	90	80	164
C4 No. of enterprises receiving non-financial support	90	80	164

C5 No. of new enterprises supported	20	15	24
C8 Employment increase in supported enterprises	60	50	85
C28 Enterprises supported with new products to the market	24	0	0
C29 Enterprises supported to introduce new to the firm products	11	11	33
P13 No. of enterprises receiving information, diagnostics & brokerage support	9	9	21

Figure 5: Changes to Project Targets

An additional change noted in the reporting documentation was the renaming of the Greater Manchester Academic Health Science Network (GMAHSN) to Health Innovation Manchester (HInM) from 1st October 2017.

There were no significant changes to the context or the design of the project during the review period.

3 Project Progress

3.1 Outputs

With regard to the key project outputs, namely the provision of support to regional healthcare SMEs, the project has performed very well. A summary of project progress against indicators, recorded at the time of writing this report (based on Progress Report for quarter 1, 2023), is provided in the table below.

Indicator	Targets		Performance at Time of Evaluation		Projected Performance at Project Closure		Overall Assessment
	Original	Adjusted	No.	% of Target	No.	% of Target	
C1. Number of enterprises receiving support	90	164	131	80%	136	83%	Green
C4. Number of enterprises receiving non-financial support	90	164	131	80%	136	83%	Green
C5. Number of New Enterprises Supported	20	24	27	113%	27	113%	Green
C8. Employment increase in supported enterprises	60	85	88.26	104%	88.26	104%	Green
C29. Enterprises supported to introduce new to the firm products	11	33	16	48%	21	64%	Amber

Figure 6: Spend and Output Performance

Of the five ERDF indicators, the project has currently overachieved for two indicators with 113% achieved for C5 (number of new enterprises supported) and 104% achieved for C8 (employment increase in supported enterprises).

Regarding the Real World Validations, the project has committed to deliver 43 assists, but could only offer 37 referrals to the University, of which 15 were eligible for a Real World Validation. It was also able to offer three pre-market positioning reports and a further three action plan assists. Clearly, progress is way below what was anticipated, and the factors that have influenced this performance is discussed in the section that follows.

Forecasted outputs for the variables above are provided in Section 3.3.

3.2 Factors Influencing Performance

3.2.1 Factors Identified During Original Summative Assessment

The most significant factor influencing project performance during the initial period of its duration was the delay in the placement of key members of the delivery team. As reported in the first few project progress reports:

- It was not until the second quarter of the project that the commercial manager for the East Cheshire region was recruited
- The circumstantial long-term sicknesses of key members of the team at the Innovation Agency and the University of Chester resulted in a resource gap at various phases of the project
- This was compounded by turnover of staff

These delays in establishing the delivery team resulted in a slow start to the project and underspend in the first period. This led to the first series of project amendments (change request submitted in May 2017) as the spend profile and company assist targets needed to be adjusted accordingly.

We understand that the recruitment delay was because of the need to adhere to the recruitment policies of the delivery partners, which require funding to be secured prior to commencing any recruitment activities. This is an issue that does arise frequently in projects of this nature and we have noted this in our subsequent discussion on lessons to be learnt. If the policy cannot be amended, a delay can be foreseen and should be factored into plans and mitigation steps should be taken. In this regard we do note that other staff members within the Innovation Agency were able to undertake some delivery roles, particularly to ensure beneficiary leads were generated in the early stages of the project.

3.2.2 Factors Identified During the Updata Analysis

The most significant factors influencing performance since the original summative assessment was completed was the COVID-19 pandemic and the resultant lockdown, restrictions to travel and minimised personal contact. The project was unable to hold face to face meetings with beneficiaries and run workshops as originally intended. Clinical staff were focused on COVID-19 related priorities with little time to support project activities. Further, access to test bed sites for real world validations was greatly restricted.

In response, the project undertook several measures:

- The RWV work was revised to focus on action plans that could validate data already held by the beneficiaries (pre-market reports) or simulate real-world settings where appropriate
- Workshops and events were reformatted for online delivery
- Project budgets were reprofiled, for example travel and subsistence budgets were reduced and staff costs were increased (to support the switch to an online offering)

In revising the RWV work, the project ensured it was continuing to support SMEs at their request with the generation of a pre-market report which validated the strength of their initial data; confirming any gaps and solutions to close these gaps; identifying alternative simulations, additional data sets and increasing the robustness of the initial evidence base. The aim was that “in market” Real World Validation of SME products or services would continue at such time when the test bed sites become appropriate for use again.

As a result of COVID-19 impacts, a change request was submitted in April 2021 to extend the project end date to end of June 2023. There was no change to overall project budget or outputs, but they were reprofiled to reflect the extended timeframe.

We would also highlight issues around recruitment of delivery staff at the University of Chester to support the real world validation activities. It is clear from quarterly reports and operational and steering group minutes that this was a consistent issue during Phase 2 of the project. However, based on the information provided, we believe these recruitment challenges were beyond the control of the

project as the University of Chester instigated a recruitment freeze, which affected all business facing activities.

The above challenges had the greatest impact on the delivery of real world validations, as evident from the underperformance highlighted in Section 3.1 above. Clearly, it was not possible to access relevant sites (such as care homes) and patients/end users during the pandemic lockdowns and this continued post lockdowns as the NHS and care sector focused on recovery.

3.3 Forecasts and Achievements

The forecasted performance of the project upon completion, in terms of ERDF targets is as follows:

- C1 – 136 assists delivered, equating to 83% of the target.
- C4 – 136 assists delivered, equating to 83% of the target.
- C5 – 27 new enterprises supported, equating to 113% of the target.
- C8 – 88.26 jobs created, equating to 104%.
- C29 – 21 enterprises assisted to introduce new to the firm products, equating to 64% of the target.

If these projections are achieved, then the project has performed reasonably well, with two of the five ERDF targets overachieved, two at 83% of the target and the remaining one at 64% of the target. The employment created figure is impressive and demonstrates the real economic benefits that have resulted from the project for the region.

Unfortunately, the project has performed less well regarding real-world validation, the reasons for this underperformance were discussed in Section 3.2. However, where this stream of support was provided, there are examples real value for the beneficiary, such as where the project assisted myHappymind to position the innovation in the emergent market space between Health commissioners and Education commissioners. It was able to demonstrate the Return on Investment of the innovation, which found that for every £1 spent £1.97 gross fiscal savings are generated, resulting in savings to the NHS of £9.385m over 5 years.

It is clear from the quarterly reports that the project has successfully supported many SMEs introducing new products to the NHS, achieving the overall aim of the project, and in many cases helping beneficiaries secure funding, including, for example:

- The support provided to Bruin Biometrics – introducing the company to Manchester University NHS Foundation Trust which resulted in the company winning its first NHS contract
- The project assisted Medtechtomarket to introduce its portable small point of care viscoelastic coagulation system to Liverpool Royal Hospital. In addition, Medtechtomarket received £974,822 SBRI (the Small Business Research Initiative) funding for an early detection of sepsis device
- With the support of the Innovation Agency, Optonet successfully won an SBRI competition receiving first phase £40k funding and subsequently, a second phase of £150k. This has facilitated in the trialling of its remote eye testing innovation within six NHS hospitals across Scotland providing valuable real world validation evidence
- Virtu has been successful in winning various funding awards including £135k from Innovate UK and £146k from NIHR i4i award to undertake a multi-site trial led by the Countess of Chester Hospital, with support from University of Chester

- For Sonaids, the Innovation Agency undertook PR work to promote the company, which resulted in the Daily Mail picking up the story and running a further editorial. Consequently, the company had an increase in sales of its product Snorgo with 400 units being sold. In addition, the SME was introduced by the Innovation Agency to another company that facilitated an increase in the distribution of the Snorgo product
- MedPredict has been successful in attracting £40k funding from STFC (Science Technology Facilities Council) for the development of a dashboard to support its AI driven emergency bed management system, which has facilitated in the software being trialled at Adden Brookes Hospital
- With the help of the Innovation Agency, Cyphere won an Innovate UK grant of £50k to develop and bring to the market a new cyber security assessment product for SMEs
- Frequasense achieved an investment of £175k seed funding from LCR Ventures to further develop its early detection sepsis technology
- Trundle was introduced to, and worked with, the University of Chester to analyse the data it already had to look at carbon saving when trundling rather than driving
- myHappymind, with a digital solution to assist with maintaining positive mental health in school children, worked with HInM and UoC to produce a report to highlight the national success of myHappymind and then applied for secured additional funding of over £150k with HInM to focus on Bury as a case study for implementation and roll out to Tameside and Glossop and Oldham Councils
- Rinicare received support to successfully deploy its AI-driven patient monitoring system in a critical care setting, as part of a product evaluation at Wythenshawe Hospital (part of Manchester University NHS Foundation Trust)

The above is just a selection of the many SME's assisted via the project and evidence of its achievements.

4 Project Delivery and Management

4.1 Project Governance and Management

The Health Matters project is managed and delivered by a dedicated resource spanning all three delivery partners: the Innovation Agency, HInM and the University of Chester. The dedicated delivery team is supported by wider expertise across the three organisations.

As is evident from the quarterly reporting documents, the project has held regular management meetings. These comprised of operational and strategic meetings. Monthly operational group meetings were held to coordinate the overall management of the project, track progress and discuss any operational issues that may have arisen.

In addition to operational meetings, governance of the project comprised quarterly strategy steering group meetings. Comprising representatives from the Innovation Agency, Health Innovation Manchester and the University of Chester, the aim of the steering group was to ensure project delivery and to have overall responsibility for project performance. The monthly operational group produced a quarterly report for the Strategic Steering Group, which highlighted activities undertaken, outputs and KPIs, good news stories, challenges and opportunities.

As is to be expected in a project covering over six years, there have been changes to the composition of the operational group and steering group, although the key members have remained the same. The current members of these groups are listed in the table below.

Role	Name	Title	Organisation	Group
Chair	Lindsay Sharples	Director of Partnerships	Innovation Agency	Operational and Steering
Member	Mike Kenny	Associate Commercial Director	Innovation Agency	Operational and Steering
Member	Inderjit Singh	Commercial Programme Manager	Innovation Agency	Operational and Steering
Member	Tracy Milsom	ERDF Project Compliance Manager	Innovation Agency	Operational and Steering
Member	Richard Deed	Associate Director Industry	Health Innovation Manchester	Operational and Steering
Member	Daniel Zamora	Commercial Programme Manager	Health Innovation Manchester	Operational and Steering
Member	Beth Kirby	Project Administrator (SME Co-Ordinator)	Health Innovation Manchester	Operational and Steering
Member	Joe McArdle	Director of Medical and Health Innovations	University of Chester	Operational and Steering
Member	Gemma Rogers	Research Assistant	University of Chester	Operational and Steering
Member	Charlie Taylor	Research Assistant	University of Chester	Operational
Member	Tobi (Oluwaseyi) Owaseye	Researcher	University of Chester	Operational
Member	Alex Fenton	Head of the Centre for Professional and Economic Development	University of Chester	Steering

Figure 7: Project Operational Management and Steering Group

Based on the documents provided for this evaluation, and feedback from the project team and project beneficiaries, we would conclude that project management and governance has been excellent through the duration of the project. The project has been monitored to very high standard, as is evident from operational and steering group minutes and documents such as the risk register. There was consistent positive feedback from the beneficiaries on governance and project management during the interim evaluation and the final summative assessment.

"I always found the team to be very approachable and could see they were trying their best to support our plans."

"We cannot fault the commitment of the project team in their efforts to introduce us to potential NHS customers."

"We have good engagement with the team and they provided some very useful contacts for us to pursue."

"We've had excellent support from the Health Matters team."

4.2 Project Team Structure

The Health Matters management and delivery team comprised of the following core staff

- Lindsay Sharples, Associate Commercial Director within the Innovation Agency
- Mike Kenny, Associate Commercial Director within the Innovation Agency
- Tracy Milsom, ERDF Project Compliance Manager
- Inderjit Singh, Commercial Programme Manager, Innovation Agency
- Daniel Zamora, Commercial Programme Manager, Health Innovation Manchester
- Richard Deed, Associate Director Industry, Health Innovation Manchester
- Beth Kirby, Project Administrator, Health Innovation Manchester
- Joe McArdle Director of Medical & Health Innovation from the University of Chester
- Gemma Rogers Research Assistant, University of Chester (attended the POG's and SSG meetings until she left in June 2022)
- Basma Ellahi, Professor, University of Chester

As stated earlier, the project team was supported by the wider Innovation Agency, HInM and University of Chester administrative, procurement and legal teams. We note that Innovation Agency and HInM staff that had a clinical background were regular speakers at project events and often assisted in the writing of event content. The Innovation Agency Communications Team has supported the project throughout with e-shots, event support, and marketing. The Innovation Agency PPI (Patient and Public Involvement) team has been involved when arranging focus groups for SMEs to gain feedback on their solutions. Further, ex-clinical staff often reviewed products and gave support to SMEs with pitching practice and business cases. The University of Chester's academic members of staff were available to review products and ideas and provide advice on product validation.

In terms of the day-to-day delivery of the project, this was led by the Innovation Agency Commercial Programme Manager, Inderjit Singh, working closely with the HInM Commercial Programme Manager, Daniel Zamora. The overall responsibility for ensuring project performance was with Lindsay Sharples, the Associate Commercial Director of the Innovation Agency.

We note that the University of Chester found recruitment of key personal to deliver real world validations challenging. From 2020 onwards the university was under a recruitment freeze, which affected all business facing activities.

4.3 Selection of Beneficiaries

We understand that initial generation of beneficiary leads was based on a series of business breakfasts that were jointly delivered by the Innovation Agency and the Cheshire and Warrington Local Enterprise Partnership in 2015, themed around market entry into the life sciences sector and how to work with the NHS. Approximately 70 companies attended these events. In addition, a survey of over 200 companies was undertaken to gather data on the potential life science / NHS supply industry in the region.

This foundation of SME leads was then expanded as the project was promoted at a number of regional business meetings, networks and associated events. We note that these networking events are mentioned in each quarterly project progress report.

In terms of the type of SMEs supported, we note that a broad cross-section of companies was targeted and assisted. This includes companies that would be considered as providing core healthcare products, such as orthopaedics, as well as companies specialising in IT services for health sectors and new, emerging domains such as E-health and Telemedicine. We also note the inclusion of companies within

the domain known as preventive care, for example companies looking to provide a holistic and yoga-based preventative care solution.

As the project progressed into Phase 2, generating new leads did become more challenging. As discussed earlier, there were challenges due to the Covid-19 pandemic. There was also the recognition that possibly there was not the pool of SME's, companies looking to supply into the NHS, within the region as originally thought. As discussed later in the evaluation, the targets set may have been over ambitious.

Based on the information provided, we believe the process used to select potential beneficiaries was appropriate for the project. In particular, we commend the project's efforts to engage with the wider business community in the region, which is evident from the high number of networking and promotional events reported in the project progress reports. We also note that in the last 12 months of the project, the Innovation Agency procured a data analytical platform system for the ERDF programme, which provided a tool to source SMEs in the region. This provided access to high growth SMEs being tracked for progress within the sector. As commented upon in our conclusions, projects such Health Matters would have benefitted from using such a tool from project commencement.

4.4 Quality of Delivery and Activities

Based on feedback from the project team and project beneficiaries, the activities delivered via the Health Matters project was consistently high throughout the duration of the project. As stated in the interim evaluation and reiterated by beneficiaries in the final assessment, all agreed that there was a clear need for programmes that provide SMEs with support to enter the NHS supply market. They, therefore, viewed the project in a very positive light and believed the support provided was of high value.

As stated by beneficiaries during the interim evaluation:

"This type of support is very much needed as the NHS is a very difficult market for SMEs to enter….the project has helped introduce us to contacts we would otherwise have never met"

"Our understanding of how to enter the NHS supply industry was greatly enhanced through our interaction with the project and from adding the various events and workshops"

As echoed in the final assessment:

"I would say the quality of delivery has been excellent, I couldn't have asked for better support"

The general impression from the survey at both interim and final assessments was that the programme was of good value and the quality of delivery was high.

4.5 Improvement of Delivery

At the interim evaluation stage we stated that all beneficiaries interviewed at the time expressed a strong wish to see more in-depth support provided – greater assistance with developing NHS procurement contacts, more events to introduce procurement procedures and more assistance with developing pilots to demonstrate solutions and validate effectiveness.

It was acknowledged that the project could only do so much, within its budgetary limits and resources. There was, therefore, a consistent message that demand did exist for a larger programme of support for

SMEs to enter the NHS market. It was felt that, despite efforts by NHS England and other organisations to support the adoption of innovation with the NHS and wider health and social care markets, there are still significant barriers for new entrants and new solutions. Some beneficiaries suggested the role of the AHSNs should be extended to allow a first level appraisal of technologies that would then lead to an NHS based pilot and, if favourable, adoption across NHS trusts.

We note that the Health Matters project, on being granted the 3-years continuation, implemented a workstream called Real-World Validation, to provide more in-depth data to support new product introductions to the NHS.

We also observed a strong view from the project team that, going forward, projects of this nature should possibly focus greater effort on a smaller selection of beneficiaries – to provide more in-depth support. From the interviews we conducted with beneficiaries, it seemed that this would be a welcomed direction.

4.6 Horizontal Principles

In this section, we have considered progress and achievement against two ERDF Horizontal principles: sustainable development and equal opportunities.

The Innovation Agency, Health Innovation Manchester and the University of Chester have established and detailed policies regarding sustainable development and equal opportunities. These were detailed in the project application and we are confident that work carried out within the project was undertaken in accord with these policies.

Further, we understand that the project has referred some SMEs to both regional and national low carbon initiatives. Similarly, we note that the project actively signposted SMEs to WRAP and the Carbon Trust:

- The Waste and Resources Action Programme (which operates as WRAP), which was set up in 2000 to promote sustainable waste management, runs a range of support initiatives for SMEs, such as events and guides to help companies reduce their environmental impacts
- The Carbon Trust Green Business Fund is dedicated to supporting small to medium sized organisations (SMEs) in England, Scotland and Wales and provides opportunities to improve energy efficiency and reduce energy costs

5 Project Outcomes and Impact

5.1 Outcomes and Impacts for Beneficiaries

The specific project outcomes and impacts, as set out in the project logic model, are listed in the tables below. The first table covers outcomes and impacts for Phase 1, as assessed during the interim evaluation. The logic model was revised and the 2nd table presents the outcomes and impacts for Phase 2.

We note that project outcomes and impacts targets are not quantified so it is difficult to measure what impact the project has had directly and indirectly on beneficiaries, the industry and the economy.

Outcomes	Impacts
Increased GVA (gross value added)	Cheshire & Warrington is a key place for Health & Life Sciences businesses to innovate and incubate
Growth in turnover of assisted businesses	Cheshire & Warrington develops a Health & Life Sciences strategy from its existing Life Sciences Strategy
Supported businesses have enhanced ability to "sell" new products into the NHS market	Programme influences development of key strategic plans e.g. Health and Life Sciences Strategy, Digital Strategy for Business
Innovation and new healthcare technology supports the NHS transformation agenda in C&W	More long term conditions services are provided in the community rather than in hospitals
Cheshire & Warrington finds it easier to attract talent and retain talent	Citizens in Cheshire & Warrington are active in managing their conditions / self-care through the adoption of healthcare innovation such as connected wearable devices, and links to public awareness campaigns supported by Warrington Wolves (for example) in partnership with SME's and NHS Patients with LTC's (Long Term Conditions) can remain happy and healthy for longer in their own homes rather than being cared for in hospitals and care homes

Figure 8: Specified Outcomes and Impacts for Phase 1

Outcomes	Impacts
Increase in employment in supported SMEs	Increase in NHS organisations that participate in RWV routinely
Increase in grant funding inward investment for supported SMEs	Increased market access for SMEs with system relevant innovation products
Increase in commercial(VC etc) investment for supported SMEs	Health and Care workers benefit from adoption of new innovation products and processes
Increase in supply contracts & First Sales for supported SMEs	Patients benefit from uptake of new innovation products and processes

Increase in cross business support project referrals	Increased collaborations and supply chain enhancement

Figure 9: Specified Outcomes and Impacts for Phase 2

The beneficiaries consulted for both the interim and final evaluations were highly positive regarding the support provided through the Health Matters Project, highlighting the following direct benefits:

- Increased understanding of NHS structures, procurement procedures and new solution adoption and valuation practices
- Greatly increased understanding of how to present new solutions in a format that is compatible with NHS practices and goals
- The development of new connections with potential NHS customers and associated organisations within the health and social care industry

As highlighted at the interim evaluation stage, and which still hold true, is the contribution the project has made to increase the understanding of NHS structures and procurement procedures amongst the regional SME community. All beneficiaries agreed that there continues to be major obstacles to entering the NHS supply chain as a new supplier, particularly with unproven innovative solutions. Successfully navigating the complex structure of the NHS is one of the biggest challenges faced by these companies. The project has helped companies to better understand the NHS structure, through both one-to-one assistance and via one-to-many workshops.

Another key contribution highlighted by beneficiaries was the guidance provided by the project on how to develop the necessary materials and evidence to demonstrate the effectiveness and benefits of a new solution in a format that is attractive to NHS procurers. SMEs that have no experience of supplying into the NHS would find difficult to acquire this knowledge as part of normal business operations. This type of support was, therefore, very valuable to the beneficiaries of the project.

As the structure of the NHS is so complex, identifying the key decision makers is extremely difficult for new entrants. The support provided via the links that the Innovation Agency has with NHS organisations has been very valuable to SMEs.

At the final evaluation stage, it is evident from the quarterly reports and feedback from beneficiaries that the Health Matters project has supported many SMEs secured further funding to continue product development, an example list was provided in Section 3.3 above.

5.2 Gross and Net Benefits

As highlighted previously, quantitative targets were not set for the project at the application stage or within the logic model for either Phase 1 or Phase 2. We have, therefore, created an estimation of the gross and net project impacts as purely illustrative of the project's success.

The gross impacts generated via the project are based on data supplied by the delivery partners regarding employment created to date, which is estimated at 88.26 full time equivalent (FTE) employees. We have multiplied this figure by an estimated gross value added (GVA) for the sector of

most relevance to the type of company supported, namely the life science sector[2]. This results in a gross impact of £9,179,040 as shown in the table below.

Number of FTEs	GVA per Head	Gross Impact
88.26	£104,000	£9,179,040

In accord with ESIF guidance, we have applied the following additionality factors to calculate a net additional impact:

- Deadweight / reference case – the proportion of total outputs/outcomes that would have been secured anyway. This considers the counterfactual i.e., what would have happened in the absence of the support.
- Displacement / substitution – this is the number or proportion of outputs/outcomes that reduce outputs/outcomes elsewhere across the economy.
- Leakage – is the proportion of outputs that benefit those outside the projects geographical target area.

Of most significance to this particular project is the estimation of deadweight. We believe a certain number of jobs would have been created within the supported companies without the project's intervention. However, with no baseline data provided in the project application or logic model, we estimate a deadweight of 20 employees - that is to say that there would have been growth in employment amongst the companies supported to the degree of 20 new employees had the project not existed.

As the project is aimed at supporting the introduction of new innovative solutions, we have applied a zero score to the question of displacement and substitution – namely the companies supported are not displacing existing businesses and there will be no negative impacts on the supply chain.

With regard to leakage, we do believe there may be some proportion of the outputs benefitting those outside the project's geographical scope. We specifically refer here to employees that may live outside the region. We have, therefore, applied a low figure of 5 employees to leakage.

This analysis is summarised in the table below:

Additionality Factors	Employment (FTE)
Gross FTE	88.26
Deadweight	20
Displacement	0

[2] The Economic Contribution of the UK Life Sciences industry, PWC, 2017

Leakage	5
Equating to a Net FTE	63.26
Multiplied by GVA per Head equates to:	£6,552,000

This shows a net project additional economic impact of £6,552,000 as a direct result of the Health Matters project.

5.3 Contribution to ERDF Indicators

As commented upon in section 3.1 of this evaluation, the project focussed on five 'Support for Business' indicators, namely:

- C1 No. of enterprises receiving support
- C4 No. of enterprises receiving non-financial support
- C5 No. of New Enterprises Supported
- C8 Employment increase in supported enterprises
- C29 Enterprises supported to introduce new to the firm products

At the time of this evaluation, the Health Matters project has overachieved on two of the five indicators, namely C5 and C8, and almost achieved C1 and C4. Currently, the project has achieved below what would be anticipated for C29, at 64% of target.

5.4 Strategic Added Value

The project has positively contributed to four specific areas:

- Increasing the potential for new innovative solutions to be adopted into health and social care – the project has contributed to an increase in interaction between SME developers of new health and social care solutions and organisations responsible for delivering this type of care
- Improving the capability and knowledge within potential SME suppliers of innovative health and social care solutions – the project has raised awareness of NHS structures and procurement practice and procedures within the potential SME supply chain
- Supporting access to additional funds in support of technology development – many of the project beneficiaries were either supporting or guided to funds, such as Innovate UK funding, to assist in their ongoing development of new solutions
- Increasing regional employment and commercial performance amongst beneficiary SMEs – the project has directly resulted in new job creation and has resulted is some supported SMEs realising new sales

As previously highlighted, both policy makers and clinicians and managers within the NHS and social care industry acknowledge the immediate need to increase the adoption of innovative solutions to enable the realisation of improved care for patients and greater efficiencies across the services provided. This project has worked to directly address this need by supporting SME developers of innovative solutions to overcome the many barriers that are still prevalent despite efforts from both government and health and social care bodies to make it easier for new entrants to this industry. This is clearly evident from the many examples of support provided to SMEs highlighted in Section 3.3 of this report.

The Innovation Agency and Health Innovation Manchester, as Academic Health Science Networks, are ideally placed to support SMEs increase their level of knowledge and understanding of the various industry requirements to more effectively engage with clinicians and procurement managers as they work to develop and introduce new solutions to the industry. In addition, the University of Chester provided expertise to support beneficiaries with more in-depth independent validation of impact data where such data existed.

All beneficiaries with which we have engaged in this evaluation have confirmed the ongoing need for such support and have been very complimentary of the support provided within the Health Matters project and the efforts made by individual staff to support market entry.

In addition to transfer of knowledge and increasing SME capabilities, the project has resulted in clear economic benefits for the region in the form of increased employment amongst the companies supported. Further, we note that some supported SMEs have secured pilots and product placements as a direct result of the project.

We, therefore, believe the project has resulted in high degree of strategic value for the region.

6 Project Value for Money

Overall, we believe the Health Matters project has represented good value for money.

With regards to the economy, the project is relatively low cost, with £1,676,922 ERDF investment (50% of total project funds, with the rest matched with public funds), over a six-and-a-half-year period. As commented upon in Section 5.2, this investment has resulted in an economic contribution to the region of £6,552,000 from job creation alone as a direct result of the project.

Based on the information provided for this evaluation, we believe the resource allocation for the activities undertaken was appropriately considered and in accord with the level of activity and support delivered.

In terms of efficiency, we believe utilisation of resources has been excellent. This is mainly because of the inherent knowledge of health and social care and NHS procedures and practice within the Innovation Agency and Health Innovation Manchester, coupled with the extensive links the Innovation Agency and Health Innovation Manchester has with NHS organisations and clinicians, and the expertise provided by the University of Chester in conducted Real World Validations.

This has enabled the project to offer valuable support to SMEs that are seeking to enter the NHS and wider health and social care markets.

7 Conclusions and Lessons Learnt

The Health Matters project sought to assist SME developers of innovative health and social care solutions enter the market by transferring knowledge and increasing SME capability to supply into this domain and by facilitating connections with health and social care organisations. The project was led by the Innovation Agency, the Academic Health Science Network for the North West Coast, with Health Innovation Manchester (the Academic Health Science Network for Greater Manchester) and the University of Chester as delivery partners. It had a total budget of £3,353,844 with a contribution of £1,676,922 from the European Regional Development Fund (ERDF)

The Health Matters project has effectively addressed a known need – to support SME developers of innovative health and social care solutions enter the market. There is widely acknowledged need to increase the adoption of innovative solutions within the health and social care industry, however, it is well recognised that new entrants face considerable challenges in navigating the complex structure and procurement practice within the NHS and to establishing contact with clinicians, key decision makers and procurement managers.

All beneficiaries we interviewed for the interim and final evaluation agreed that the project provided a high degree of value. In some cases, the support provided has led to real commercial benefit for the companies involved, for example in the form of new potential product placements. Even in cases where the support did not result in a commercial benefit, the companies assisted were very complimentary about the support and the efforts made by the project delivery team to either address knowledge gaps or facilitate contact with clinicians and potential buyers. Further, the project was very proactive in helping beneficiaries secure additional support and funding to assist with product development.

The project has managed the challenges posed by the Covid pandemic extremely well. Clinical staff were focused on COVID-19 related priorities with little time to support project activities and access to test bed sites for real world validations was greatly restricted. The project successfully transferred events to an online format and refocused other activities to maintain momentum as best as possible during a very challenging period.

In terms of outputs and impact, the project has either achieved all that it set out to do or was close to achieving this. In some cases, such as new jobs created, the project has exceeded its target, with 88.26 new jobs as a result of the intervention. Although quantitative targets for GVA were not set, we have estimated gross impact of the project to be £9,179,040 and net impact to be £6,552,000. This further demonstrates that the project was value for money.

In terms of lessons learnt we would highlight the delay on project commission of recruiting the necessary staff to deliver the project as an aspect of project planning that could be improved upon, should the delivery partners undertake a similar ERDF project. It is an observation that should be noted by organisations designing and implementing similar interventions. It should also be noted by the managing authority, with the delay possibly factored into the initial stages of programme delivery and agreed at the project commissioned stage.

We would also highlight the benefits of using analytical tools to help identify suitable SMEs for such support programmes. As highlighted in the report, in the last 12 month of the project, the Innovation

Agency has purchased access to such a tool to identity suitable high growth SMEs. It was commented upon that possibly the number of accessible SMEs with the geographic scope looking to enter the health and social care sector was over estimated. Such tools would help with project planning, setting targets and project delivery.

In terms of key lessons for policy makers, we would highlight the clear ongoing need to support SMEs with innovative ideas to enter the health and social care market. As discussed earlier in this evaluation, all beneficiaries consulted emphasised that significant barriers still exist for companies looking to introduce a new and innovative idea into this market, with it being particularly challenging for unproven solutions. There is, therefore, an opportunity for ongoing support programmes similar to the Health Matters project. Further, beneficiaries highlighted the need to deepen the scope of such support programmes to allow for more one-to-one bespoke assistance to be delivered – with some companies suggesting that the AHSNs should have a greater role in the validation of innovative ideas on behalf of the NHS to further support the introduction of these solutions into the health and social care industry.

We note that this evaluation will be distributed to the delivery partners in the C&W Health Matters project. Useful insights contained within the report can be adapted by Innovation Agency staff going forward in relation to both SME support and in the delivery of Real World Validations. Parts of the report will be shared at an Innovation Agency all staff meeting, which will celebrate the success of the programme on 7th July 2023

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