



# Innovation Project Application Form

## Salford Innovation and Improvement Fund Locality Call 2022/2023

Each question in this application form is very specific about the information required. **Please ensure that you read the separate ‘Application Guidance’ document carefully, complete all sections of this form and provide all the information requested.** Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

### SUBMISSION DETAILS

<b>SUBMITTED BY</b> <i>(name, role, org.)</i>	Andy Higgins, Chair, Salford Deaf Community
<b>CONTACT NUMBER</b>	07799 118968
<b>EMAIL ADDRESS</b>	<a href="mailto:salforddeaf@gmail.com">salforddeaf@gmail.com</a>
<b>SUBMITTING ORGANISATION</b>	Salford Deaf Community Gathering
<b>PARTNER ORGANISATION(S)</b> <i>(if a joint bid)</i>	Salford Care Organisation/ NCA
<b>DATE SUBMITTED</b>	27 <sup>th</sup> /Aug/2022

<i>Details of how to complete each section of this form correctly are found in the Application Guidance document. Please confirm that you have followed this guidance</i>	<input checked="" type="checkbox"/> I have read and followed the Innovation Fund Application Guidance document
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## SECTION ONE: PROPOSAL OUTLINE

### 1) NAME OF YOUR PROPOSED PROJECT

*BSL and Deaf Awareness Training*

### 2) SUMMARY OF PROPOSAL

*Over the past 12 months there has been a clear link to complaints, comments and observations from d/Deaf people and those who work with them that there are regular access failings to provide effective communication.*

*During the course of his work. Andy Higgins has been told by Practice staff, and NCA Staff that they “would love to learn BSL” or have “More Deaf Awareness”*

*This innovation funding bid is to start the give Healthcare staff BSL Skills and Deaf Awareness to communicate with d/Deaf people who use health services in the city.*

### 3) KEY OBJECTIVES: WHAT ARE YOU TRYING TO ACHIEVE?

*(Key things that need to happen for the project to be considered successful)*

These objectives need to be **SMART (Specific, Measurable, Achievable, Realistic and Timed)**. Project objectives and associated payments need to be completed within the 12 month period after the agreed project start date.

If the project has more than five objectives, please list additional objectives in the comments section.

<b>Objective 1:</b>	For people to attend Deaf Awareness Training
<b>Objective 2:</b>	For people to go through and complete BSL Level 1 Course
<b>Objective 3:</b>	
<b>Objective 4:</b>	
<b>Objective 5:</b>	

**Comments:**

**4) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT AS A RESULT OF THIS PROPOSAL?**

Group/s	What benefit/s will be realised for this particular group?
<b>D/Deaf people</b>	d/Deaf: a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and/or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.

**5) HAVE YOU PREVIOUSLY SUBMITTED ANY APPLICATIONS FOR FUNDING TO DELIVER THIS PARTICULAR INNOVATION WITHIN SALFORD?**

*Please tick the relevant box, and provide details where necessary*

	Details
<input checked="" type="checkbox"/> <b>No</b>	
<input type="checkbox"/> <b>Yes – and it was not funded</b>	
<input type="checkbox"/> <b>Yes – and it was funded</b>	

**6) HAS YOUR PROPOSED IDEA BEEN IMPLEMENTED OUTSIDE OF SALFORD PRIOR TO THIS APPLICATION?**

*(If yes, please state where, when and provide details of the impact of this in the comments section below)*

- Yes  
 No

**Comments:**

**7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”**

There has been citizens panels for many years within the Clinical Commissioning Group, where d/Deaf people have explained incident after incident where BSL users have:

- had a lack of access.
- d/Deaf people have been left waiting for support for long periods without information
- People have tried to communicate using pen and paper.
- Ignorantly asked people to “lip read” whilst they are wearing a mask

This High Quality of feedback over many years has disappointingly never materialised into any meaningful training.

This would be a first to kick-start a programme of access to get healthcare staff on a British Sign Language Course.

There has in the past been communication books, that have gone misplaced.

**IMPORTANTLY – This is not to replace the use of a BSL Interpreter. This is more to bridge the gap in between.**

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**SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES**

**8) WHICH OF THE 2022-23 INNOVATION PRIORITIES DOES YOUR PROPOSAL ADDRESS?**

(This year's Innovation Priorities are summarised below. Please tick the **ONE** most relevant box for the priority area your proposal aligns with.)

2022-23 Innovation and Improvement Themes	
<input type="checkbox"/>	Neighbourhood based care
<input type="checkbox"/>	Safer Salford Care Homes and Domiciliary Care
<input checked="" type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Tackling vaccine / immunisation hesitancy

**A full breakdown of these themes is available in the separate Application Guidance document.**

<b>NONE / OTHER</b>	<input checked="" type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above priority topics, but you believe it addresses a current un-met need
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**9) WHICH OF OUR CORE INNOVATION PRINCIPLE/s DOES YOUR PROPOSAL EVIDENCE?**

(Please tick all that apply)

<input type="checkbox"/>	Exploiting the use of <b>Technology and Digital</b> Innovation
<input checked="" type="checkbox"/>	<b>Partnership Working</b> - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field
<input checked="" type="checkbox"/>	<b>Neighbourhood Working</b> - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks
<input checked="" type="checkbox"/>	Addressing <b>Health Inequalities and Wider Determinants of Health</b>
<input type="checkbox"/>	Improving the <b>Environmental Sustainability</b> of care

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## SECTION THREE: PROJECT DELIVERY

### 10) KEY PROJECT TIMESCALES

*(What is expected to happen, when?)*

	BSL Training	Deaf Awareness Course
<b>Month 1</b>	Engage and contract BSL tutors	Engage Tutor
<b>Month 2:</b>	Advertise courses to Healthcare staff	Advertise Courses to Health Care Staff
<b>3 months:</b>	January – Commence first BSL course and Deaf Awareness course	January Start course commencement
<b>6 months:</b>	Unit 101 completed	Have provided 6 courses (Monthly)
<b>9 months:</b>	Unit 102 Completed	Have provided 9 Courses
<b>12 months:</b>	Unit 103 completed and certificate received	Have provided 12 courses.

### 11) HOW IS THE PROJECT GOING TO BE MANAGED?

Salford Deaf Community Gathering will:

Engage tutor and book room hire  
Provide artwork for poster creation and delivery to healthcare hubs for dissemination  
Manage online admin form that people sign up

Work with the tutor to ensure classes are being attended and admin is completed to the awarding bodys standard

### 12) HOW WILL YOU MEASURE AND EVALUATE YOUR PROJECT?

**A) Does your proposal involve an external / independent evaluation?**

- Yes  
 No

**B) Who will be carrying out the evaluation of this project?**

**Salford Deaf Community Gathering**

**C) Please outline your plan for measurement and evaluation of the project**

**BSL Course**

We will be present at Month 1 3, 6, 9 of the BSL course to see how student are doing. Recording their comments and feedback via a survey or possibly video.

Hope to provide social media to support the course progress and student learning progress

**Deaf Awareness**

Ensure all participants are given a feedback survey. We will collate this information to be shared.

- Also to provide social media information on how many people/ Domains have completed Deaf Awareness courses.

**13) WILL THE PROJECT REQUIRE A CHANGE TO AN ESTABLISHED CARE PATHWAY?**

*If you are currently unable to assess if the activity will require a change to an established pathway, please indicate so using the Don't Know option. Applications selected to progress will be able to work with their sponsor to establish this.*

- Yes
- No
- Don't Know

*If Yes, please provide details of the existing care pathway and explain how your project will require a change to this.*

**14) IS THIS A DIGITAL HEALTH TECHNOLOGY (DHT)?**

- Yes
- No

*IF YES, please answer the below questions:*

**A) How would you categorize the function of this Digital Health Technology (DHT)?**

*(tick **ONE** option only)*

	Functional Classification	Description	Examples May Include
<input type="checkbox"/>	<b>System service</b>	Improves <b>system efficiency</b> . Unlikely to have direct and measurable individual patient outcomes.	Back office systems, Electronic prescribing, health record platforms, Ward management systems.
<input type="checkbox"/>	<b>Inform</b>	Provides <b>information and resources</b> to patients or the public. Can include information on specific conditions or about healthy living.	DHTs describing a condition and its treatment. Apps providing advice for healthy lifestyles (such as recipes). Apps that signpost to other services.
<input type="checkbox"/>	<b>Health Diaries</b>	Allows users to record health parameters to create health diaries. This information is <b>not shared</b> with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
<input type="checkbox"/>	<b>Communicate</b>	Allows <b>2-way communication</b> between users and professionals, carers, third party organisations or peers. Clinical advice is provided by a professional using the DHT, not by the DHT itself.	Instant messaging apps for health and social care. Video conference-style consultation software. Platforms for communication with carers or professionals.

<input type="checkbox"/>	<b>Preventative behaviour change</b>	Designed to improve <b>health behaviours</b> to prevent ill health consequences associated with smoking, eating, alcohol use, sexual health, sleeping and exercise. Based on accepted behaviour change theories	Smoking cessation DHTs and those used as part of weight loss programmes. DHTs marketed as aids to good sleep habits.
<input type="checkbox"/>	<b>Self-manage</b>	Aims to help people with a diagnosed condition to <b>manage their health</b> . May include symptom tracking function that connects with a healthcare professional	DHTs that allow users to record, and optionally to send, data to a healthcare professional to improve management of their condition.
<input type="checkbox"/>	<b>Treat</b>	<b>Provides treatment</b> for a diagnosed condition (such as CBT for anxiety), or <b>guides treatment</b> decisions.	DHTs for treating mental health or other conditions. Clinician-facing apps that advise on treatments in certain situations. Electronic prescribing systems that provide patient-level advice on prescribing.
<input type="checkbox"/>	<b>Active Monitoring</b>	Automatically records information and <b>transmits the data</b> to a professional, carer or third-party organisation, without any input from the user, to inform clinical management decisions.	DHTs linked to devices such as implants, sensors worn on the body or in the ward/home/care setting. Data automatically transmitted through for remote monitoring.
<input type="checkbox"/>	<b>Calculate</b>	Tools that perform <b>clinical calculations</b> that are likely to affect clinical care decisions.	DHTs for use by clinicians, professionals or users to calculate parameters pertaining to care, such as early warning system software.
<input type="checkbox"/>	<b>Diagnose</b>	<b>Uses data to diagnose</b> a condition in a patient, or to <b>guide a diagnostic decision</b> made by a healthcare professional.	DHTs that diagnose specified clinical conditions using clinical data. AI systems making diagnostic or triage decisions.

*Functional Classifications from NICE Evidence Standards Framework for Digital Health Technologies (April 2021)*

**B) Does the Digital Health Technology have a CE mark?**

- Yes  
 No

**C) Is the Digital Health Technology classed as a medical device?**

- Yes  
 No

**If yes, please state classification and whether currently approved by MHRA**

**15) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT SYSTEMS TO ENABLE DELIVERY?**

- Yes  
 No  
 Don't Know

*Please only select the 'Don't Know' option if you are currently unable to assess whether the activity will require access or changes to IT systems or infrastructure. If selected for progression, you will need to engage the relevant IT departments of pilot sites to complete this assessment and establish any requirements prior to achieving final sign-off for funding.*

**If Yes, please answer the below questions:**

**A) Which system/s or infrastructure will you require access to, changes to, or integration with?**

If delivered onsite. Access to Laptop and projector/Screen would be required

**B) What changes / integrations are required, and the timescales needed for this?**

N/A



**C) Who owns or manages this system / infrastructure?**

Venue

**D) How have you engaged with the relevant system owners / managers / IT departments so far to determine the feasibility of making these necessary changes?**

Not yet.

**16) WHAT RISKS HAVE YOU IDENTIFIED FOR THIS PROJECT, AND HOW WILL YOU MITIGATE THEM?**

**Risks**

- Students do not continue the whole course
  - o We will ask during the sign up the imperative nature that the student would need consent from a manager to attend.
  - o That during sign up missing lessons will be detrimental to their learning
  - o We could ask that registrations fees are paid back if students “withdraw”
- Student unable to pay for exams during the current economic climate
  - o As we wish to enrol a range of people we are including the registration fees we have included this £106 per student in the funding bid
- Tutor becomes unavailable
  - o We will seek other suitably qualified professionals
- Pandemic lockdown
  - o Seek to pause the course or provide training via online means.

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**SECTION FOUR: BUDGET & FINANCE**

**18) PLEASE PROVIDE A FULL BREAKDOWN OF HOW THE REQUESTED FUNDS WILL BE UTILISED**

*Please ensure the amount stated is fully inclusive of all VAT. Please include a comprehensive budget, ensuring you include VAT where applicable.*

**BSL Course**

**£7800**

£1900 - Tutor Fees

Deaf Awareness Course (8 weeks)

£2500 - Registration Fees (for 25 students)

£ 500 – Admin Support from Salford Deaf Community Gathering

**£7900**  
**TOTAL Requested £13,620.00**

**Deaf Awareness Course**

£3600 – Tutor Fees (£300 per session)

£1620 – Room Hire (£135 per 6 hour session)

£ 500 – Admin Support from Salford Deaf Community Gathering

**£5720**

**TOTAL Requested £13,620.00**

**19) HOW WILL THE PROJECT ACHIEVE A RETURN ON INVESTMENT / COST BENEFIT?**

This will have several main elements

- 1: Provide Continual Professional Development throughout healthcare
- 2: Ensure d/Deaf people, whilst a small project is a start to providing them with Better access and care in the wider Salford Care Organisation.

**20) WHAT COMES NEXT AFTER THIS FUNDING? HOW WILL YOU ENSURE THAT ACTIVITIES, OR RESULTS, ARE SUSTAINABLE AFTER THE 12 MONTH FUNDED PERIOD HAS ENDED?**

Approach SICP, NCA and GP consortiums, for more funding to ensure this can grow.  
Work with Salford Care Integrated Partnership Engagement officers and Commissioners to seek further course funding  
Also look to create a BSL level 2 Course.

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**SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT**

**21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?**

- Yes  
 No

*If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.*

Personal Data Items

- Forename(s)  
 Surname  
 Address  
 Postcode  
 Date of Birth  
 Home Telephone Number  
 Mobile Telephone Number  
 Other Contact Number  
 GP Name and Address  
 Legal Representative Name (Next of Kin)  
 NHS Number  
 National Insurance Number  
 Photographs / Pictures of persons  
 Other – please state below:

Emergency Contact if evening Out of hours Course

Sensitive Data Items

- Gender  
 Religion  
 Ethnic Origin  
 Medical Information  
 Occupation / Employment  
 Other – please state below:

*A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.*

- *If Yes is selected, a full DPIA will need to be completed*
- *If No is selected, the DPIA only needs to be completed up to Screen 5*

**Form Continues on Next Page**





**SECTION SIX: SOCIAL VALUE, EQUALITY AND INCLUSION**

**22) EQUALITY & DIVERSITY POLICY AND COMPLIANCE**

**A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?**

- Yes
- No

**B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes           | <i>If Yes, please give details here</i> |
| <input checked="" type="checkbox"/> No |   |

**23) PLEASE DESCRIBE HOW THIS PROJECT WILL ENSURE THE RIGHTS OF PROTECTED CHARACTERISTICS IN PARTICIPANTS, AND CONTRIBUTE TOWARDS TACKLING HEALTH INEQUALITIES IN SALFORD?**

This would align to  
NHS Act 2006, Equality Act 2010, Current NHS Principals and values, DCB1605  
(Also known as the Accessible Information Standard)

Aligning with the protected characteristic of Disability. It would support d/Deaf people in Salford and wider in Greater Manchester to access healthcare services in an accessible way.

**24) ADDED SOCIAL VALUE: WHAT OTHER SOCIAL, ENVIRONMENTAL OR ECONOMIC BENEFIT/s WILL SALFORD RECEIVE THROUGH THIS PROJECT?**

**It would show a clear commitment to d/Deaf people in Salford that the Integrated Care partnership are “finally” responding to the needs of the d/Deaf community.**

It would also add value to staff knowledge. Parts of the Deaf awareness course also provides a clear value in how you communicate with hearing people too and that the methods and behaviors for communicating with d/Deaf people can be employed for working with Hearing people and those with other needs.

Form Continues on Next Page





## SECTION SEVEN: OPERATIONAL DETAILS

### 25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Salford Deaf Community Gathering	C/O 22 Harrison Street Peel Green Manchester M30 7DL	Community Group
Salford Care Organisation	Swinton Town Hall Chorley Road Swinton	Local Authority

### 26) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

*Please note that funding will only be paid to registered organisations, and not to individuals*

**I'm happy to discuss/negotiate this.**

I think really the funds could be with Salford Care Organisation. It would then add value to build the relationship with the supplier for future endeavours. <fingers crossed>

Also this would be a few invoices to be paid:

- 1 to Salford Deaf Community Gathering
- 1 or 2 to Deaf Solutions 3
- 1 or 2 to the Room Hire venue.

If it would be paid to Salford Deaf Community Gathering it could affect us applying for funds in the future. That is. If we wish to apply for projects for d/Deaf people directly some project funding has £50K limits. I'm only stating that this funding is for Hearing people and not Deaf so by proxy would disadvantage them.



**27) WHO WILL BE THE INDIVIDUAL/s RESPONSIBLE FOR THIS PROJECT?**

*(Please complete all sections)*

**SENIOR LEAD** *(overall accountability and oversight of project)*

Name	<i>Andy Higgins</i>
Job Title	<i>Chair</i>
Organisation	<i>Salford Deaf Community Gathering</i>
Email Address	<a href="mailto:Salforddeaf@gmail.com">Salforddeaf@gmail.com</a>
Telephone Number	<i>07799 118968</i>

**OPERATIONAL LEAD** *(day-to-day delivery of project)*

Name	<i>Gary Taylor</i>
Job Title	<i>Tutor</i>
Organisation	<i>Deaf Solutions 3</i>
Email Address	<a href="mailto:contact@deafsolutions3.co.uk">contact@deafsolutions3.co.uk</a>
Telephone Number	<i>07860 141361 (Garys Hearing Personal Admin)</i>

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## SECTION EIGHT: APPLICANT AGREEMENT

### 28) PLEASE CONFIRM THAT IF YOUR PROPOSAL IS ACCEPTED YOU ARE AWARE OF, AND AGREE TO, THE FOLLOWING CONDITIONS:

*Applicants must tick all boxes to indicate that they agree to all conditions*

<input checked="" type="checkbox"/>	Bidding organisation must be able to confirm a commencement date for the project within 2 months of receiving funding approval or approval may be withdrawn
<input checked="" type="checkbox"/>	Completion of a 6 month (mid-point) project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
<input checked="" type="checkbox"/>	Completion of a 12 month (final) evaluation report, presented to IROG and the relevant Sponsoring Strategy Group

### 29) PLEASE CONFIRM THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS

- I have read and accept the Salford Innovation & Improvement Fund Terms & Conditions

### End of Application

Your completed application form, along with any requested additional information, should now be submitted via email to [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net)

You will receive confirmation of receipt within three working days, along with a unique Bid Reference for managing your application and for on-going communication regarding your proposal.

Applications can be withdrawn at any time, for any reason, by contacting [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net) with your Bid Reference

## MAILING LIST

**Want to be notified when we release new Innovation & Improvement funding opportunities?**

If so, please add your preferred email address/es in the box below to subscribe to the Innovation Fund Mailing List:

Salforddeaf@gmail.com

*All of the data you provide will be treated in accordance with the General Data Protection Regulations 2018 and will be stored securely. You may unsubscribe at any time by contacting [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net)*

