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

SUBMITTED BY *(name, role, org.)*	James Burch
CONTACT NUMBER	07787 507356
EMAIL ADDRESS	jb@decently.co.uk
SUBMITTING ORGANISATION	Decently Limited
PARTNER ORGANISATION(S) *(if a joint bid)*	Northern Care Alliance NHS FT
DATE SUBMITTED	31/08/22

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	X	I have read and followed the Innovation Fund Application Guidance document

SECTION ONE: PROPOSAL OUTLINE

1) NAME OF YOUR PROPOSED PROJECT

Melo - a 12 month pilot of a new digital health innovation to help better identify and manage the behavioural risks of challenging patients within acute neuro-rehab inpatient groups.

2) SUMMARY OF PROPOSAL

What are you proposing to do and why? What need are you addressing and what evidence can you provide of that need?

We are looking to work with clinicians, healthcare staff and broader stakeholders at Salford Royal to conduct a 12 month pilot of ***Melo***. The aims of the pilot are to help improve clinical decision making by creating a real-time view of the patient in terms of behavioural risks and triggers, and provide staff with richer insights around the escalation of patient behaviours. By doing so we aim to improve patient and staff outcomes and help reduce the number of violent & aggressive incidents currently experienced across the Trust.

The project has the backing of Dr Krystyna Walton (Clinical Lead for Rehabilitation Medicine, Consultant in Rehabilitation Medicine) and Anne-Marie Elt (Director of Nursing, Medical Neurosciences). It also has the support and backing of Natalie Garrett (Head of Innovation for the Trust).

The project will encompass a number of different phases including a period of discovery and co-design, further enhancements and configuration of the ***Melo*** platform to address the identified needs of patients and staff and ultimately the implementation of ***Melo*** onto wards through a real world validation pilot.

What needs are we addressing?
The resulting impact of behaviours that challenge is a global issue with 50m people suffering a traumatic brain injury each year and 1 in 3 of these displaying violent and aggressive behaviour which has far reaching consequences for themselves, families, healthcare staff and many related operational issues and costs. In the UK there are approx 70,000 assaults on healthcare staff each year, many of these in mental health settings costing the NHS £2.5bn in increased costs of care, staffing costs and litigation.

Locally in Salford, traumatic brain injury accounts on average for approximately 25% of the admissions to Salford Royal Critical Care and the need for this project was specifically validated by the clinical sponsor, Dr Alistair Teager, Consultant Clinical Neuropsychologist in the Department of Neuropsychology and part of the Acute Neurorehabilitation Teams, who we have been having exploratory conversations with for a number of months. Dr Teager has conducted extensive research in this area and is currently writing a book with Dr Abi Methley on "*Working with challenging patients to manage behaviours in an acute neuroscience setting*". He has previously delivered training and developed family and staff resources on positive ways to manage challenging behaviours with the Greater Manchester Integrated Stroke and Neurorehabilitation Network and strongly supports how digital innovation can further contribute to positive outcomes in this area as a natural evolution of his work.

Furthermore, the Northern Care Alliance Traumatic Brain Injury Management Guidelines [1] surmise "*There is no 'magic bullet' therapy for TBI, the key to maximising outcome lies in* ***attention to detail*** *and ensuring* ***evidence based practice*** *is reliably implemented in all of*

the patients all of the time." One of ***Melo***'s key aims is around providing vital intelligence to clinicians at the point/time of need in order to inform evidence-based decision making.

This need is also in line with some of the local key priorities highlighted in the Salford Locality Plan 2020-25 [2] where there is a special focus on mental health and a desire to improve digital maturity, increase data intelligence for safety and protect vulnerable members of the community.

If successful, the funding will enable the pilot to go ahead by providing direct resources to the hospital, together with the resources required from our team in terms of project management, implementation, support and evaluation.

Longer term we plan to assess the outcomes of the pilot via an independent, academic evaluation - aligned to the latest NICE ESF - and work with local decision makers to build a business case for sustainable adoption.

As part of our work on this project with Salford we will identify more specific local benchmark data (not available from the business intelligence team at time of application) to help form the baseline for the real world validation study with Liverpool John Moores University.

1.https://salfordcriticalcare.org/wp-content/uploads/2019/11/Traumatic-Brain-Injury-Management-Guideline.pdf

2.https://www.partnersinsalford.org/media/qcvfgpp2/locality-plan-2020-to-2025.pdf

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.

Objective 1:	Within the first 3 months of the project, we will have completed the Discovery phase including (a minimum of) 3 workshops, interviews with our 6 key stakeholder groups, questionnaires and other methods in order to fully explore and understand the clinical needs of patients, staff and stakeholders in Salford.
Objective 2:	By the end of month 3, we will present a set of recommendations (to the project team and senior stakeholders) for configuration of the ***Melo*** platform to meet those needs in preparation for the pilot to move forwards.
Objective 3:	During the first 3 months of the project we will scope and define the approach of the pilot, ready to launch ***Melo*** (pending level of configuration required) and manage across a number of wards in Salford Royal for a minimum of 6 months.
Objective 4:	For the period of ***Melo*** being used on the pilot wards, we will gather ongoing feedback, ideas, data and evidence in order to evaluate impact. We will report back findings to the project team as the pilot progresses.
Objective 5:	To conclude the 12 month project with an independent evaluation of the outcomes and evidence, and a set of recommendations for a decision around whether to embed ***Melo*** further into the long term care pathway for the Trust.

Comments:

We are working with Liverpool John Moores University to create a robust evaluation protocol which will outline a set of clinical KPIs and metrics to evaluate the outcomes of the pilot against. (e.g, does Melo help improve cross team/shift communications, does Melo improve (evidence-based) clinical decision making relating to patient care, does Melo save time/cost, does Melo ultimately help reduce incidents?).

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

Groups	What benefits will be realised for this particular group?
Patients with neurological conditions	Improved prognosis
	Reduced length of stay in hospital
	Increased engagement in therapy
	Increased cognitive and motor recovery
	Better functional outcomes
	Reduction in use of pharmacological intervention
	Reduction in use of physical intervention
Families/carer of individuals with neurological conditions	Reduced carer stress
	Increased understanding
Staff working with individuals with neurological conditions	Increased confidence and competence
	Improved consistency of care
	Increased access to training and professional development
	Reduced staff stress
	Reduced sickness and absence

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
X	**No**	This is a new application
☐	**Yes** – and it was **not funded**	
☐	**Yes** – and it **was funded**	

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
X No

Comments:

We are exploring similar pilots with a number of other NHS Trusts - including Liverpool University Hospitals NHS FT, Mersey Care NHS FT and Black Country NHS FT. However, this would be the first real world implementation of ***Melo*** (offering NCA NHS FT an opportunity to really shape the product and be recognised as innovation leaders).

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS "INNOVATIVE"

We will be co-creating a unique health tech platform within the UK - using a combination of behavioural bio markers, Big Data and AI driven analytics to help clinicians provide better, more proactive care for their patients. This would be the first NHS pilot site for ***Melo.***

As a project, we believe this represents innovation across a number of areas:

- Clinical innovation: you as our NHS partners will be using this project to change and improve operational processes to find new and improved ways of looking after patients.

- Partnership innovation: working in collaboration with the NHS and academia, we are creating a powerful open innovation model to create positive change.

- Technology innovation: we are bringing the latest thinking in technology (mobile apps, AI, Big Data) into the NHS at a time when innovation is required in order to deal with a number of macro-level challenges in a post pandemic time.

Our research into digital trials in this specific clinical domain has identified a project in Australia [1] where an 85% uptake of a digital version of a specific clinical risk management framework (DASA-IV) led to an average 50% reduction in violent and aggressive incidents. Our aim is to build on research like this to create a new innovation with the NHS but with similarly positive outcomes.

1 https://researchbank.swinburne.edu.au/file/a13c2e48-8bd3-4c4b-b4b1-6d9b5be137a6/1/jessica_griffith_thesis.pdf

Form Continues on Next Page

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	
☐	Neighbourhood based care
☐	Safer Salford Care Homes and Domiciliary Care
☐	Workforce Transformation
☐	Sexual Health
☐	Frailty and ageing
☐	Screening
☐	Tackling vaccine / immunisation hesitancy

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

NONE / OTHER	X	*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 unmet need* ***Melo*** is looking to address a current unmet need and **aligns closely to a number of key priorities identified in the Salford Locality Plan 2020-25**. The clinical need has also been validated and supported through ongoing conversations with clinical and innovation leads from within the Trust.

9) WHICH OF OUR CORE INNOVATION PRINCIPLE/s DOES YOUR PROPOSAL EVIDENCE?

(Please tick all that apply)

X	*Exploiting the use of **Technology and Digital** Innovation*
☐	***Partnership Working** - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field*
☐	***Neighbourhood Working** - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks*
☐	*Addressing **Health Inequalities and Wider Determinants of Health***

☐	*Improving the **Environmental Sustainability** of care*

Form Continues on Next Page

SECTION THREE: PROJECT DELIVERY

10) KEY PROJECT TIMESCALES

(What is expected to happen, when?)

Month 1	Project kick-off (including contracts, project plan and DPIA)
3 months:	Discovery & co-creation activity complete
6 months:	Launch of ***Melo*** onto identified pilot wards
9 months:	Initial review of 3 month impact & outcomes
12 months:	Independent review & recommendations from full project (based on at least 6 months evidence and outcomes data)

11) HOW IS THE PROJECT GOING TO BE MANAGED?

Decently would put in place a project team to work alongside local stakeholders, together with a local NHS Band 5 Assistant Psychologist who will be funded to work on the project part-time to help deliver the project.

A full project plan would be agreed as part of the kick-off, with regular progress meetings and steering group calls setup as appropriate.

However, the project would be managed through relevant Work Packages (WPx) and key milestones (Mx) below:

WP1 - Project management
- Contracts.
- Project plan.
- Stakeholder meetings.
- DPIA.

WP2 – Discovery phase
- Face-to-face workshops.
- Virtual user testing and feedback sessions.
- Summary of requirements and recommendations.

WP3 – Co-design and configuration
- Preparation of ***Melo*** for the Salford pilot through configuration and local content
- Lab-based user acceptance testing with clinical stakeholders (ahead of going live with real patient data).
- Further refinement and configuration ahead of ***Melo*** going live onto pilot wards.
- Work with CIO & IG team to ensure compliance with the Trust's data protection, GDPR and Information Security standards.

WP4 – Pilot & evaluation

- Launch ***Melo*** onto the identified wards in Salford - including training and ongoing support.
- Evaluate initial 3 months data and findings to inform further product enhancements and configuration changes.
- Complete full external evaluation of impact/evidence (with Liverpool John Moores University).
- Deliver and close the project with final report and recommendations for sustainable adoption (including plans for decommissioning and data repatriation if required).

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?

Liverpool John Moores University

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

We are currently working with an academic team at Liverpool John Moores University as part of the AHSN sponsored Health Matters programme (https://lcrhealthmatters.com/) to create a robust evaluation protocol for our first pilots of ***Melo***.

This will be aligned with the latest NICE ESF guidelines and allow us to compare data and evidence gathered through the pilot with a robust local baseline (where available) in order to draw conclusions around uptake/impact, patient outcomes, time/cost savings and broader benefits to the NHS.

We are also looking to measure whether the implementation of ***Melo*** has any secondary benefits relating to the reduction of restrictive practices. This aligns with the NHS England initiative to reduce use of restrictive practices by 50% by the end of 2024.

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

We don't see that this pilot would require any immediate changes, however based on the outcomes of the pilot the Trust may consider improvements to the current care pathway.

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 categorise the function of this Digital Health Technology (DHT)?

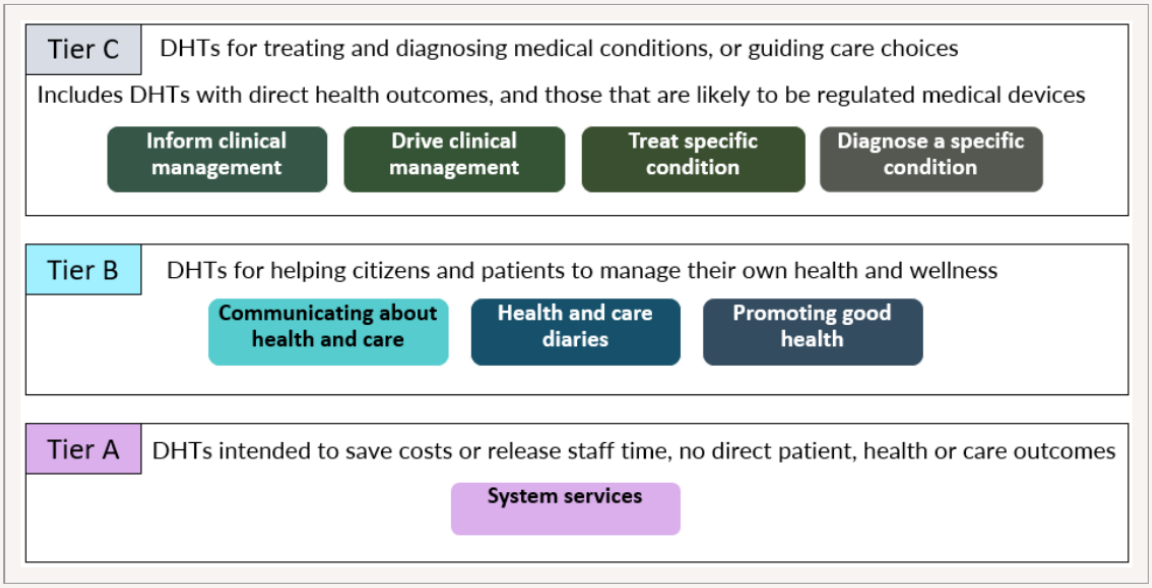
*(tick **ONE** option only)*

	Functional Classification	Description	Examples May Include
☐	**System service**	Improves **system efficiency**. Unlikely to have direct and measurable individual patient outcomes.	Back office systems, Electronic prescribing, health record platforms, Ward management systems.
☒	**Inform**	Provides **information and resources** 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.
☐	**Health Diaries**	Allows users to record health parameters to create health diaries. This information is **not shared** with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
☐	**Communicate**	Allows **2-way communication** 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.
☐	**Preventative behaviour change**	Designed to improve **health behaviours** 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.
☐	**Self-manage**	Aims to help people with a diagnosed condition to **manage their health**. 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.
☐	**Treat**	**Provides treatment** for a diagnosed condition (such as CBT for anxiety), or **guides treatment** 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.
☐	**Active Monitoring**	Automatically records information and **transmits the data** 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.
☐	**Calculate**	Tools that perform **clinical calculations** 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.
☐	**Diagnose**	**Uses data to diagnose** a condition in a patient, or to **guide a diagnostic decision** made by a healthcare professional.	DHTs that diagnose specific 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)

Note: we have selected the 'Inform' category based on conversations with the Trust's Innovation Lead and with reference to the updated NICE ESF guidance, against which we see ***Melo*** sitting within Tier C - 'Inform Clinical Management' category.

Figure 1 DHTs classified by intended purpose and stratified into risk tiers



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

☐ Yes
X No

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

☐ Yes
X 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
X No

It is anticipated that for the pilot there wouldn't be need to integrate ***Melo*** with any existing IT systems, however this could come as a later phase of activity based on the outcomes of the pilot and decision about whether to fully implement into the care pathway.

☐ 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?

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

C) Who owns or manages this system / infrastructure?

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

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

Clinical engagement risk

Risk#1: Challenges around the ability of the Trust to convert resources into capacity in order to fully support the pilot.

Mitigation#1: We have built funding into the application for an additional member of staff (band 5) to be appointed to manage the project from the Trust side. We would work directly with this person to manage the implementation of the pilot.

Risk#2: Lack of engagement from busy nursing / HCA staff that results in poor/low engagement and data capture.

Mitigation#2: Focus on co-creation and co-design during the Discovery & Design stages with nursing/HCA staff to increase buy-in from staff at all levels including Exec Support. Work with ward managers in order to be able to clearly communicate the objectives of the pilot and to help users understand projected impact. We would also work with local teams to rollout training and support (including SOPs, a microsite and appropriate ongoing support to users).

Implementation risk

Risk#3: Concern from NHS CIO's and Clinicians relating to Security, compliance and content validity of ***Melo***

Mitigation#3: From outset we have involved key specialists relating to adherence to the DTAC (the NHS Digital Technology Assessment Criteria) to ensure ***Melo*** is a

secure/compliant tool furthermore we have an ever increasing team of clinical specialists to review and validate the content and frameworks that underpin ***Melo***.

Risk#4: Communication issues/delays with relevant stakeholders

Mitigation#4: We will put in place regular project meetings with identified stakeholders from the Trust, to ensure timely decision making and ensure comms are open and free flowing.

Clinical safety risk

Risk#5: Without proper clinical governance, there is a risk that the content of the app might not align with clinical best practice.

Mitigation#5: We will have a clear clinical sponsor in place from the outset, who will work together with our team to ensure appropriate clinical safety measures are in place ahead of launch to a real world patient setting.

Resources risk

Risk#6: the project lacks sufficient resources (time, money, people).

Mitigations#6:

Time: Development of ***Melo*** is currently the sole focus of our team at Decently.
Money: All work to date is being carried out 'at cost' of Decently, with a 'go/no-go' decision for the full 12 month pilot not being solely based on this funding. However, if unsuccessful then we may need to revisit the scope of the project to ensure it remains commercially feasible.
People: Decently currently have all the resources necessary for completion of the pilot.

Form Continues on Next Page

SECTION FOUR: BUDGET & FINANCE

17) WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE REQUESTING?

This must be a set figure – requests for variable amounts will not be accepted. Please ensure the amount stated is fully inclusive of all VAT

£62,219

Payment schedules for successfully funded projects will be finalised prior to sign-off. The typical arrangement is to pay 50% of awarded funds up front, with the remaining 50% released upon receipt of a successful 6-month project update report. If you would require any different payment schedule or arrangement, please give details below

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

Please include a comprehensive budget, ensuring you include VAT where applicable.

Assistant Psychologist/Research Assistant 0.6 FTE for 12 months (Band 5) £23,519 (including on-costs) (paid to Northern Care Alliance NHS FT) to project manage and support the pilot on the ground at Salford Royal.

Pilot delivery costs (paid to Decently Ltd) £38,700 (including VAT):

- These costs will cover the required resources for the 12 month pilot in terms of:
    - **project management** *(to manage the overall pilot, project reporting, risk & issues, communication with stakeholders)*
    - **implementation** *(to work with local teams to plan and launch the pilot, including IG, training, communications, accounts setup etc)*
    - **support** *(to provide ongoing support to users throughout the pilot)*
    - **evaluation** *(to work with local teams and academic evaluators to collate, analyse and present the findings of the pilot).*
- The technology itself (eg the ***Melo*** software) is being provided free of charge for the period of the project (i.e. no standard licence fee which would normally cover hosting, further development, support etc)
- Additional resources will contribute to the project but have not been costed as part of the fund application. For example:
    - Project time from our two co-founders.
    - Technical oversight and assurance from our CTO and external partners (ORCHA, Digital XRaid).
    - Academic support from Liverpool John Moores University.

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

As already stated, specific local Salford data relating to the cost of V&A incidents has not yet been made available at time of writing this application therefore obtaining this intelligence (where possible) will form part of our data baselining during the discovery phase. Furthermore with this being such a complicated data request we anticipate that another benefit of this project is that ***Melo*** will be able to help address future data requests by providing a rich data source.

However, from research conducted by NHS Resolution team in May 2019 [1] - the average payment to claimants resulting from an Assault claim is £23,000 and over a 5yr period, over £53m was spent settling claims where the majority of incidents occurred in a mental health setting.

A very high-level RoI hypothesis model would therefore suggest:

- By using ***Melo*** to help improve risk management of patients, we will help to reduce the number of violent & aggressive incidents over time.
- Reduction in violent assaults will in turn lead to a reduction in the costs associated with those assaults.
- Looking purely at the associated litigation costs of the most serious incidents, then avoiding a single incident of this type could save the Trust ~£23k. (Additional costs around operational, staffing, patient and social costs would increase this number significantly.)
- With the overall project costing £62k, then avoiding 3 of these kinds of incidents over a 12 month period would start to realise a positive return on investment.

Further work would be conducted to develop this model once appropriate Trust level data is made available.

1.https://resolution.nhs.uk/wp-content/uploads/2019/05/Did-you-know-Assault-Digital3-1.pdf

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?

We would commit to working together with local commissioning and exec teams to build a health economic business case for further adoption within Salford. In addition, we would also look to work with Health Innovation Manchester to explore wider ICB adoption and funding.

In parallel to this project, we are also exploring similar pilots with a number of other NHS Trusts - including Liverpool University Hospitals NHS FT, Mersey Care NHS FT and Black Country NHS FT.

The aim is to use these different pilots to help gather more data and evidence to build our longer term value proposition to the NHS, and therefore enhancing the sustainable business model across those early adopter pilot sites.

Form Continues on Next Page

SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?
X Yes ☐ No

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

Personal Data Items	Sensitive Data Items
X Forename(s) X Surname ☐ Address ☐ Postcode X Date of Birth ☐ Home Telephone Number ☐ Mobile Telephone Number ☐ Other Contact Number ☐ GP Name and Address ☐ Legal Representative Name (Next of Kin) X NHS Number ☐ National Insurance Number ☐ Photographs / Pictures of persons ☐ Other – please state below:	☐ Gender ☐ Religion ☐ Ethnic Origin X 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?

X Yes
☐ No

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

☐ Yes X No	*If Yes, please give details here*

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

Our Equality, Diversity and Inclusion policy states that our aim is for all employees and customers to be truly representative of all sections of society, and for each employee to feel respected and able to give their best. Our intention would be to see this policy working in practice as part of this project with many protected characteristics groups represented across Salford healthcare staff and patients.

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

We anticipate that successful delivery of this project, together with moving forwards to develop and launch a fully fledged product would have a number of wider benefits, including:

Societal benefits
With 25% of admissions to Salford Royal critical care currently being from patients with traumatic brain injuries, then the subsequent impact on families, carers and loved ones from any of these patients developing behaviours that challenge is significant. ***Melo*** can help to reduce the social impact of these incidents and thus lead to broader societal benefits across the local patient population.

Long-term partnerships
The project will help to establish and maintain a strong open innovation model across industry, academia and the NHS. This will directly benefit the project/product by ensuring the right people are involved in the ongoing validation, user-groups, beta-testing, case-studies and provision/sign off of future clinically validated content and frameworks.

Job creation
We anticipate that successful funding of this project will help create 0.6 FTE (e.g. Band 5 Assistant Psychologist/Research Assistant position) within the duration of the project, and a further 2 - 5 roles over the next 12 months.

Environmental benefits
Increased adoption of digital solutions will in time reduce the reliance on paper and therefore make a positive contribution to the NHS Net Zero agenda. As a digital company we also put Net Zero at the centre of our decision making around areas such as hosting infrastructure, remote first working and other ways to offset our impact.

Salford centre of excellence for digital health
A new NHS backed product, developed across Salford and the wider GM Regional ecosystem will further enhance the reputation of Salford as a leading health tech cluster - driving potential further inward investment, new products and further health tech startups to the region.

Value for money for partner NHS Trusts
In return for early stage partnering it is envisaged that our 'founding partner' NHS Trusts will further benefit through early access to future developments but at a discounted licence fee/shared royalties model to reflect their early involvement.

Value for money for wider GM ICB
If successful, ***Melo*** would offer an NHS ready, and interoperable, digital platform solution configurable for a wide range of risk assessments. The NHS across Greater Manchester currently spends a significant amount of public money on standalone, digital solutions for single domain clinical risks. Creating ***Melo*** would therefore represent a significantly lower cost option for the regional NHS teams as over time for the price of a single licence the platform could be used to replace a number of existing licences.

Potential for international growth
A digital solution of this kind could in the long term provide market opportunities outside of the UK, within other digitally developed healthcare markets (eg, Europe, US).

Research opportunities
The “Big data” created and processed by ***Melo*** will constantly be growing and evolving to the point it would become of interest for longer term health and academic research studies - specifically providing a quantitative and qualitative research base around the risks and contributing factors of patient harm. We would continue to work with local academia to explore this.

Form Continues on Next Page

SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Northern Care Alliance NHS FT	Mayo Building Salford Royal Stott Lane Salford M6 8HD	NHS
Decently Ltd	Clockwise, Edward Pavilion, Albert Dock, Liverpool, L3 4AF	Digital Health Company

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

- Northern Care Alliance NHS FT
- Decently Limited

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

(Please complete all sections)

SENIOR LEAD *(overall accountability and oversight of project)*	
Name	*James Burch*
Job Title	*Co-founder*
Organisation	*Decently Limited*
Email Address	*jb@decently.co.uk*
Telephone Number	*07787 507356*

OPERATIONAL LEAD *(day-to-day delivery of project)*	
Name	*Dr Alistair Teager*
Job Title	*Consultant Clinical Neuropsychologist*
Organisation	*Salford Royal Hospital*
Email Address	*Alistair.Teager@nca.nhs.uk*
Telephone Number	*0161 206 4694*

Form Continues on Next Page

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

X	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
X	Completion of a 6 month (mid-point) project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
X	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

X 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

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 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:

jb@decently.co.uk

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