

# 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>	Dr Ray Kee, Head of Operations, Re:course AI
<b>CONTACT NUMBER</b>	07479 747372
<b>EMAIL ADDRESS</b>	ray.kee@recourseai.com
<b>SUBMITTING ORGANISATION</b>	Re:course AI
<b>PARTNER ORGANISATION(S)</b> <i>(if a joint bid)</i>	<b>Salford Integrated Care Partnership</b> (Elizabeth Walton, Assistant Director of Safeguarding & Quality/Designated Nurse Adults)  <b>Salford City Council</b> (Martin Sexton, Principal Manager of Liberty Protection Safeguards)
<b>DATE SUBMITTED</b>	31/8/22

*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*

I have read and followed the Innovation Fund Application Guidance document

## SECTION ONE: PROPOSAL OUTLINE

### 1) NAME OF YOUR PROPOSED PROJECT

*Mental Capacity Act (MCA) Training Using Conversational Artificial Intelligence (AI)*

### 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?*

#### **Initial Project Scoping and Salford ICP's Need within Mental Capacity Act Training**

We had initial conversations with Nadine Payne (Senior Manager of Innovation and Research, Salford ICP) about our innovation and how it can be used to not only improve existing training within healthcare and social care, but fill in the experiential learning gaps where training has traditionally been entirely didactic (lecture-based with case discussions).

One of the key topics discussed was Mental Health and Mental Capacity Act, which led to further discussions with Elizabeth Walton (Assistant Director of Safeguarding & Quality/Designated Nurse Adults, Salford ICP) and Martin Sexton (Principal Manager of Liberty Protection Safeguards, Salford City Council). We learned that our technology meets a long-time need of Salford ICP of finding a scalable digital solution, which provides experiential learning through decision-making scenarios, in Mental Capacity Act training.

#### **Our Innovation Proposal and Why Re:course AI**

Based on our initial project scoping, we propose using Re:course AI's proprietary technology in Conversational Artificial Intelligence to create life-like scenarios with digital humans related to the Mental Capacity Act. This will provide all relevant workforce within Salford ICP a standardised, experiential way to learn and practise decision-making in a high-fidelity environment. Our innovation captures the user's performance metrics, providing real-time insights of extra support needs before they find themselves in a patient care setting.

Current methods of learning the MCA in Salford ICP are largely didactic, with little-to-no experiential learning. Furthermore, current experiential alternatives, such as role-playing with patient actors, require an unrealistic degree of resources. From a financial perspective, there are costs associated with hiring out facilities, facilitators/instructors and role-playing actors. From a human resources perspective, practitioners would be required to step out from their day-to-day roles to instruct, facilitate and assess competencies. Unfortunately, resources and capacities are limited, which is why Re:course AI's on-demand, conversational AI solution is best positioned to fill the gap within MCA training, but at a lower demand of resources.

#### **Evidence of Need for Standardised, Experiential Training on Mental Capacity Act**

The Salford Safeguarding Adults Board (SSAB) identified various Salford-wide needs related to MCA training and practice:

1. Non-standardised and varied training opportunities and methods across different organisations and staff groups within Salford ICP; this has led to widespread variations in levels of MCA knowledge and confidence in applying to real life patient interactions
2. Lack of realistic practice opportunities to apply knowledge from existing training (current training revolves is highly didactic, using powerpoint based teaching with

- some case studies); this has led to some organisations and services procuring ad-hoc supplementary training, contributing further to (1)
3. Incidents have been reported where poor MCA practice have been found (e.g. patients autonomy not fully supported, best interest decisions made without following proper process, no assessments/documentations of mental capacity assessments of patients who should've been assessed

Specific SSAB Safeguarding Adult Reviews further highlight the need for standardised, experiential training on MCA. For example, in [SAR: Eric \(2020\)](#), patient Eric passed with cause of death as starvation. The review panel assessed that there was a lack of confidence in applying the principles of the Mental Capacity Act which led to neglect. When he was finally assessed as lacking mental capacity, it was too late for any treatment and he passed soon after.

Nationally, a review of the MCA by the Law Commission also raised concerns that the principles of the Mental Capacity Act had not been well understood or put into practice by health and social care professionals: *"Implementation has not met the expectations that it rightly raised. The Act has suffered from a lack of awareness and a lack of understanding. For many who are expected to comply with the Act it appears to be an optional add-on, far from being central to their working lives..... A fundamental change of attitudes among professionals is needed in order to move from protection and paternalism to enablement and empowerment. Professionals need to be aware of their responsibilities under the Act..."*

### **Summary**

Nationally and within Salford, there is a trend of the Mental Capacity Act not being well understood or properly applied in practice. Didactic training methods do not provide health and social care professionals the opportunity to apply the knowledge as they would in a real life setting. As a result, different agencies and organisations have attempted to plug this gap by providing additional or ad-hoc MCA training, resulting in disparities across Salford ICP. The lack of experiential learning of the MCA persists, leading to poor application of the principles of the act.

Re:course will work with Salford ICP to understand the key issues within the MCA that need addressing, which will allow us to create interactive, conversational AI scenarios that will allow all patient-facing staff to apply what they've learned in teachings into practice, in a scalable and cost-effective manner

### **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>	<b>Stakeholder Engagement and Requirements Documentation:</b>  By the end of Month 1, gather all requirements for scenario(s) development from at least 2 groups of key stakeholders within Salford ICP.
<b>Objective 2:</b>	<b>Digital Human (AI Scenario) Development and Support:</b>  By the end of Month 3, at least 2 AI scenarios developed, reviewed and approved by key stakeholders.
<b>Objective 3:</b>	<b>End User Participation:</b>  By the end of Month 6, at least 50 initial users signed up on Re:course, used the developed scenarios and completed feedback.  By the end of Month 11, at least 20 further users signed up on Re:course, used the developed scenarios, and completed feedback
<b>Objective 4:</b>	<b>Project Reporting:</b>  By the end of Month 12, product feedback and insights from at least 150 users are accessible and analysed, allowing for the evaluation report to be completed.
<b>Objective 5:</b>	<b>Project Exploitation:</b>  By the end of Month 12, develop a plan for Salford ICP to utilise the platform for the wider workforce to build their MCA knowledge and skill set post-project period
<b>Comments:</b>	

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>Advanced Healthcare Professionals (Medical doctors, surgeons, Advanced Nurse/Care Practitioners, Physician Associates)</b>	Understanding and applying basic principles of the MCA  Applying the core principles of the MCA to assess  Identifying situations to escalate in relation to MCA

<b>Social Care Staff</b>	Understanding and applying basic principles of the MCA Identifying situations to escalate in relation to MCA
<b>Healthcare Assistants</b>	Understanding and applying basic principles of the MCA Identifying situations to escalate in relation to MCA
<b>Nurses</b>	Understanding and applying basic principles of the MCA Identifying situations to escalate in relation to MCA
<b>Paramedics</b>	Understanding and applying basic principles of the MCA Identifying situations to escalate in relation to MCA

**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”**

Currently, Mental Capacity Act training depends on trainer and trainee availability and engagement. From our initial project scoping, we understand that MCA training within Salford is mostly trainer led with some case study discussions. Little-to-no experiential learning is present, and so many staff find themselves unable to properly apply the principles of the MCA when facing real patients. Furthermore, presenting realistic scenarios in a classroom or text-based format is less engaging and relies on resources such as room hire, timetabling, removing professionals from their daily duties and hiring external personnel (for example, patient actors).

With our proprietary technology in conversational AI, our digital humans are able to interact with learners to allow them to train on-demand. The use of digital patients ensures high fidelity but also facilitates a safe space for highly emotive, potentially distressing scenarios to be trialled, with zero risks to real patients.

Insights and performances by learners are also available instantly, allowing the learner to get feedback on-the-go, but also for trainers to identify knowledge gaps that need remediated. Performance insights across roles and organisations can also be highlighted to identify opportunities of improvement. .

Overall, with using Re:course AI, Salford ICP can now introduce MCA experiential learning at a low cost that is standardised across all relevant roles and organisations.

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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 type="checkbox"/>	<i>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</i>
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**9) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DOES YOUR PROPOSAL EVIDENCE?**

(Please tick all that apply)

<input checked="" type="checkbox"/>	Exploiting the use of <b>Technology and Digital</b> Innovation
<input 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 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?)*

<b>Month 1</b>	<ul style="list-style-type: none"> <li>• Hold interviews and discussion groups with various stakeholders as agreed with our partners within Salford ICP to identify pain points and training gaps related to the Mental Capacity Act</li> <li>• Confirm Key Objectives (see #3) and Metrics (see #12) to be used in the project</li> </ul>
<b>Months 2 - 3</b>	<ul style="list-style-type: none"> <li>• Develop AI scenarios that address the findings in Month 1</li> <li>• Review of scenarios by our partners and other relevant stakeholders (e.g. legal specialists in MCA, safeguard leads, MCA leads)</li> <li>• Identify and confirm selected sites and demographics for initial evaluation</li> </ul>
<b>Months 4 - 5</b>	<ul style="list-style-type: none"> <li>• Run initial evaluations as laid out in Months 2 - 3</li> <li>• Monitor real-time metrics to ensure timely engagement by evaluation participants</li> <li>• Review initial product feedback and analyse metrics related to Key Objectives laid out in Month 1</li> <li>• Identify and confirm wider Salford ICP sites and demographics for further evaluation</li> </ul>
<b>Months 6 - 11</b>	<ul style="list-style-type: none"> <li>• Run further evaluations to wider Salford ICP sites and demographics as laid out in Months 4 - 5</li> <li>• Monitor real-time metrics to ensure timely engagement by evaluation participants</li> <li>• Review further evaluation product feedback and analyse metrics related to key objectives laid out in Month 1</li> </ul>
<b>Months 12</b>	<ul style="list-style-type: none"> <li>• Review all product feedback (both initial and further evaluations) and analyse metrics related to key objectives laid out in Month 1</li> <li>• Complete evaluation write-up</li> </ul>

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

The project will be managed by Dr Ray Kee and Dr Hardeep Lotay of Re:course AI, with frequent check-ins and updates with the contacts of our partner organisations at Salford ICP and Salford City Council (Elizabeth Walton and Martin Sexton) on status and progress.

**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?**



Re:course AI with our partners

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

The following are the key metrics we plan to use for measurement and evaluation:

<b>Metric 1:</b>	Improved practical knowledge of Mental Capacity Act (MCA):  Pre and post MCQs will score before and after scenarios to identify whether improvements are made to performance score over the period up to 12 months. In addition, dashboard performance data will be utilised to assess scenario performance overtime on individual and cohort levels.
<b>Metric 2:</b>	Improved staff confidence in patient encounters involving MCA:  Likert scale confidence scores will be measured and a comparison % change will be used to guide evidence of improved confidence over the period lasting up to 12 months
<b>Metric 3:</b>	Reduced training costs associated with equivalent MCA training:  We will compare the costs associated with delivering the same volume of content and the same number of learners on our platform versus the existing MCA training approaches and demonstrate a significant (>25%) cost saving.
<b>Metric 4:</b>	Reduced litigation costs associated with MCA:  We aim to compare litigation costs associated with below standards MCA knowledge/implementation in the 12 months prior to our intervention compared with 12 months following and demonstrate a decreased cost.
<b>Metric 5:</b>	Reduced safeguarding adult reviews associated with MCA:  We aim to compare the number of safeguarding adult reviews in the 12 months prior to our intervention compared with 12 months following the evaluations to demonstrate a decreased volume

Because of the nature of Metrics 4 and 5, we hope to remain in contact with our partners for a period of time post 12 months of Re:course AI to realistically assess the improvements associated with litigation costs and volume of safeguarding adult reviews.

**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

**\*Please note that according to NICE, the ESF above is not intended to be used for evaluating DHTs designed for providing training to health or care professionals. Therefore we have not picked an option in the next part of the question**

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?**

None are required. The technology is hardware agnostic (no software download or specific hardware is required). For the conversational full experience, a web browser on a computer/laptop is all that's required

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

None are required as per (A)

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

Re:course AI owns and manages its entire platform and technology.

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

We've engaged with other NHS trusts and a primary care network and are carrying out evaluations/pilots on topics outside of MCA.

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

<b>Risk Type</b>	<b>Risk Identified</b>	<b>Mitigation</b>
Regulatory Compliance Risk	incorrect legalities of the MCA would be included within the training scenario	We have discussed this with our partner organisations at Salford ICP and Salford City Council and identified the need to consult with their recommended legal professional to ensure accuracy of MCA-related content. By doing so we will ensure the content is appropriate, factually correct and in keeping with the target learning outcomes.
Technical Risk	Scenarios developed would not be adequately tailored to the specific workforce at Salford ICP using it for their MCA training	We have agreed with our partners at Salford ICP and Salford City Council that before the scenarios are released to users, they and other relevant stakeholders will review and approve them, ensuring expert guidance to make any edits to the training content
Commercial Risk	<i>Poor engagement of the Re:course platform and MCA scenarios</i>	There's also a risk of a lower than expected engagement rate from users. There are two ways we will mitigate this issue: <ol style="list-style-type: none"> <li>1. We will engage key stakeholders at the beginning of the project, as laid out in #10 Key Project Timelines. This ensures leadership and management buy-in of the platform and improves the roll out of evaluation sites to improve user engagement.</li> <li>2. The project management team (Dr Ray Kee and Dr Hardeep Lotay) will monitor performance metrics frequently and give real time feedback to our partners if there are issues with engagement.</li> </ol>
Managerial Risks	<i>Failure to recruit platform users for the project</i>	We are supported by leaders in the Mental Capacity Act within Salford ICP: Elizabeth Walton (Assistant Director of Safeguarding & Quality/Designated Nurse Adults) and Martin



		<p>Sexton (Principal Manager of Liberty Protection Safeguards) who will help ensure strong buy-in of other key stakeholders. This will help ensure strong recruitment of users at various sites and organisations across Salford ICP for the platform to be used.</p> <p>Our team, which includes 3 full-time clinicians and experienced project managers, have also been involved in running other evaluations and recruiting participants for similar projects. As such we are well positioned to recruit healthcare professionals for this project.</p>

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## 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*

**£98,680**

*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*

N/A



**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.

Budget Component	Cost Including VAT
<b>Stakeholder Engagement and Requirements Documentation</b> <ul style="list-style-type: none"> <li>Mental Capacity Act training requirements gathering stakeholders through interviews, discussion groups and/or workshops</li> </ul>	£7,200
<b>Digital Human (AI Scenario) Development and Support</b> <ul style="list-style-type: none"> <li>Development by Re:course AI in-house clinicians and engineers</li> <li>Legal consultation and review of AI scenarios involving the MCA and other relevant legal frameworks</li> <li>User Licences and Support:                             <ul style="list-style-type: none"> <li>Access to the newly developed AI scenarios created for the project to all evaluation participants as agreed during requirements gathering</li> <li>Cloud hosting of the AI scenarios</li> <li>Continuous improvement of the platform and realism fidelity</li> <li>Monitored support for users</li> </ul> </li> </ul>	£31,200  £10,000  £25,896
<b>Project Management and Training</b> <ul style="list-style-type: none"> <li><b>Project management meetings</b> at launch and status meetings based on the Key Project Timescales (see #10)</li> <li>progress, including End User Participation (Sign-ups, Engagement and Feedback)</li> <li>Training sessions for evaluation participants</li> </ul>	£9,024
<b>Project Reporting</b> <ul style="list-style-type: none"> <li>Collate and review participant performance and product feedback for analysis and reporting</li> <li>Write up and deliver report</li> </ul>	£7,680
<b>Project Exploitation</b> <ul style="list-style-type: none"> <li>Develop post-project plan for continuity of MCA training using Re:course AI</li> </ul>	£7,680
<b>Total</b>	<b>£98,680</b>

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

1. Eliminate costs associated with booking out facilities and physical spaces
2. Eliminate money wasted on disrupted training (such as facilitator illness, difficulties in getting facilities and low engagement)
3. Reduced costs associated with hiring role-playing actors, should Salford ICP decide to increase experiential learning based on current practices in healthcare and social care education (currently the best method for experiential learning used widely in the UK is role-playing by hiring actors)
4. Economies of scale can be achieved with standardised training across all organisations within Salford ICP
5. Use of the Re:course AI platform do not require supervision or instruction, reducing the costs associated for facilitating/staff to be reallocated from patient facing work
6. Similarly, the platform is accessible on-demand, staff do not have to step away from busy periods of clinical/care practice to attend training sessions; the flexibility provided ensures that during busy periods of practice that staffing is optimal and not constrained by pre-scheduled training sessions
7. Reduced litigation costs associated with poor application of Mental Capacity Act knowledge and principles as for the first time staff will have an element of experiential learning, providing them more confidence and experience
8. The Re:course AI platform provides instant feedback and performances. This reduces costs and resource hours associated with collating feedback and performance metrics after each training session
9. Users can provide feedback any time on the platform (before, during or after completing any scenarios), reducing the resources required to run surveys for staff feedback on their training

## 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?

### **Project Exploitation**

During the 12 months of the project, we will determine, with our partners at Salford ICP and Salford City Council, how best to integrate the MCA scenarios into the existing training curriculum as a standardised requirement. This will allow continued use of the developed resources in a seamless way moving forward.

### **Dissemination**

Promotion of this project at both regional and international, industry-leading events (including, International Meeting on Simulation in Healthcare, and an abstract submitted for DEMEC).

### **Sustainable growth**

Re:course will secure additional private investment from a leading Venture Capital firm as a result of this project, enabling successful project exploitation by supporting recruitment of key personnel locally in the North West of England, including customer success and engineering team members to support ongoing innovation efforts.

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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:

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*

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**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?**

Participants (healthcare professionals) will have equal opportunity to access and engage with the platform. The virtual avatars themselves can be designed to represent the entire spectrum of protected characteristics, helping the healthcare professionals to train with a variety of demographics.

Ultimately, this will provide crucial skills as mental capacity issues - the theme of the project - can disproportionately affect the most deprived populations, and therefore improving clinician confidence and skills will benefit this population greatly.

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

**Social Benefits**

- Increased confidence from the Salford community in their healthcare and care professionals
- Reduced patient neglect and hence avoidable deteriorations and deaths
- Reduced reallocation of resources away from patient-facing roles as training using the Re:course AI platform is autonomous and on-demand
- High quality, standardised training in the MCA means there will be less discrepancy between different organisations and agencies, reducing in postal code based social inequity

**Environmental Benefits**

- Reduced air pollution as there will be decreased travel by role-playing actors, facilitating staff and training staff to a facility for training

**Economic Benefits**

- Reduced costs and hours associated with traditional methods of learning on the MCA (e.g. booking of large spaces of facilities, hiring of role-playing actors, high amounts of reallocation of practising staff for teaching/facilitation)

Reduced litigation fees associated with poor applications of the MCA



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**SECTION SEVEN: OPERATIONAL DETAILS**

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

Name of Organisation	Registered Address	Organisation Type
Re:course AI	8 Hewitt St, 2nd Floor, Manchester, M15 4GB	Private Organisation
Salford Integrated Care Partnership	7th Floor, St James's House, Pendleton Way, Salford, M6 5FW	Non-profit Organisation
Salford City Council	Salford Civic Centre, Swinton, Manchester M27 5AW	Local Government Organisation

**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*

**Re:course AI**

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

*(Please complete all sections)*

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

Name	Ray Kee
Job Title	Head of Operations
Organisation	Re:course AI
Email Address	ray.kee@recourseai.com
Telephone Number	07479 747372

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

Name	Hardeep Lotay
Job Title	Clinical Development Manager
Organisation	Re:course AI
Email Address	hardeep@recourseai.com



Telephone Number	07741 492996	
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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:

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