

Quality Improvement 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 Application Guidance document carefully, complete all sections of this form and provide all of 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 <i>(name, role, org.)</i>	Doug Wallace, physiotherapist, SCO
CONTACT NUMBER	0161 206 4104
EMAIL ADDRESS	Doug.wallace@nca.nhs.uk
SUBMITTING ORGANISATION	SCO
SERVICE NAME	ACM Therapy Team
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



I have read and followed the Improvement Project Application Guidance document



SECTION ONE: PROPOSAL OUTLINE

1) NAME OF PROPOSED PROJECT

Please provide a name for the proposed project that you wish to be considered

Specialised Frailty Therapy Support

2) WHAT IS THE PROJECT RATIONALE?

What is the problem situation / rationale for this Quality Improvement Project?

- Reducing hospital-acquired deconditioning for our frail patients who are most at risk. The Geriatric Medicine GIRFT report highlights those with a Clinical Frailty Scale (CFS) of 5 and 6 as those most at risk.
- Build on the hard work started as part of the Frailty Collaborative to reduce the disproportionate amount of harm that is caused by longer lengths of stay in hospital
- Current lack of specialist therapy input for a complex cohort of frail patients
- Build on and expand previous QI project (see 'Work Already Undertaken' box)
- The need for proactive education and training in a complex area such as frailty

3) WHAT IS THE AIM OF YOUR PROJECT?

Aim to reduce/increase by how much, by when and by whom/in what service? E.g. reduce falls by 10% by 31 January 2022

Hospital-acquired deconditioning has multiple factors that can influence it. The aim of the quality improvement project is to provide a specialist service to effect elements which will help reduce the risk of deconditioning:

- 1) 90% of patients with a CFS of 5 & 6 that are seen by the specialist therapy team will have at least 30 minutes of purposeful and meaningful activity on a daily basis by 30th November 2023
- 2) 50% of patients with a CFS of 5 & 6 that are seen by the specialist therapy team will attend a community service focused on socialisation and mobilisation by 30th November 2023

A quick audit on one day on our Ageing & Complex Medicine (ACM) wards showed that 49 out of 111 patients had a CFS of 5 and 6 and were potentially eligible for specialised support.

What do we mean by "purposeful and meaningful activity"?

This could include 'light activity' which the NHS defines as "moving rather than sitting down or lying down" but could also venture into other activities which the patient, their relative or care giver has identified as a normal 'day-to-day' task or hobby, that the patient normally enjoys.

4) WHAT QUALITY IMPROVEMENT METHODOLOGY WILL YOU BE FOLLOWING?

Outline the planned approach to delivering the QI project e.g. IHI Model of Change, Lean Thinking, Six Sigma, Total Quality Management, Theory of Constraints, PDSA cycles

Model for Improvement

We will use the Model for Improvement to help structure the quality improvement project and our tests of change. The model was developed by the Associates in Process Improvement and has





been adopted for Healthcare by the Institute of Healthcare Improvement. The Model for Improvement requires us to answer three questions:

1. What are we trying to accomplish? (our aim)
2. How will we know a change is an improvement? (our measures)
3. What change can we make that will result in an improvement? (change ideas)

We can then utilise the Plan, Do, Study, Act (PDSA) cycles to structure our tests of change on a small scale to understand what does and does not work.

The team leading this project have recently taken part in the Frailty Collaborative which included teaching on various aspects of quality improvement methodology including the Model for Improvement. We will also commit to attending further internal quality improvement capability building training.

If the quality improvement project is approved for funding, we will apply for internal quality improvement support through an established process. Our internal quality improvement team offer 6 month coaching support to applicants.

5) WHAT ARE YOUR CHANGE IDEAS?

Please list these, or attach an image of your Driver Diagram if you have completed one

See Driver Diagram

6) HOW WILL YOU KNOW WHETHER YOUR CHANGE/S MAKE AN IMPROVEMENT? (I.E. WHAT IS YOUR MEASUREMENT PLAN?)

Please include the data collection method you plan to use

Outcome Measures – have we achieved our aim?

% of patients with a CFS of 5 & 6 undertaking at least 30 minutes of “purposeful and meaningful activity” each day

% of patients seen by the specialist therapy team who are attending a community service following discharge

Process Measures – are we doing the right things?

% of staff on ACM wards receiving / attending frailty training

% of patients on ACM wards with a CFS of 5 & 6 seen by specialist therapy team

% of patients with visible activity goals

% of patients with a CFS of 5 & 6 receiving patient education/materials re. deconditioning and frailty

% of patients with a CFS of 5 & 6 that are seen by the specialist therapy team who are referred to a community service

Balancing Measures – are there any unintended consequences?

% of falls with harm experienced by patients with a CFS of 5 & 6

7) WORK ALREADY UNDERTAKEN

In this area, or in development of these ideas

Members of the ACM therapy team (lead by Jane Mort, OT, and Doug Wallace, Physio) have taken part in the Frailty Collaborative at Salford Care Organisation which was part of the Harm Pillar of work that included three other harm collaboratives across the NCA.



As part of the Frailty Collaborative we aimed to increase activity for patients with our current resources. We used the Model for Improvement to structure our change and measure our improvement, including the use of PDSA cycles.

The most notable Test of Change was our Seated Activity Group which started with 4 patients who were allowed to attend a group. We now regularly have 6-8 attendees for 2 separate groups that are carried out on a Tuesday and a Friday.

To measure the outcome of this work we used measures such as patients mood, gait speed and grip strength. We also collected basic data about the patients who have attended the group and if they would attend a similar group in the community. A small sample showed 89% of patients would attend a similar group once they had left the hospital.

We have begun to develop links within the community, and we have organised training by the Health Improvement Team for the ACM therapy service to develop their knowledge and understanding for the referrals.

We have made excellent progress in increasing activity levels for patients on the ACM wards and we want to continue with this and allow patients on all the ACM wards access to supervised activity or provision of self-guided activity. We would like to do more in the means of providing specific goals for patients based on what they would normally be doing at home, such as reading the newspaper, getting up to make a brew etc. to increase these activity levels.

We'd like to further develop those links with the community, where we see a sustained attendance of patients who have attended the groups in hospital to in the community. This will not only improve activity but their socialisation and psychological wellbeing.

8) FURTHER INFORMATION

Provide any further information which you would like to be considered

*"To reduce the risks of hospital-acquired deconditioning, we recommend that trusts should identify patients with mild (CFS 5) or moderate frailty (CFS 6) and prevent them becoming severely frail by providing the mobility support services, equipment and facilities needed to get people moving."
Page 8, GIRFT report*

*"This can mean patients are admitted to general or medical specialty wards, where staff may not have the same focus on frailty and may not have the time or facilities to aid mobility."
Page 51, GIRFT report*

*"Poor management of frailty can lead to deconditioning syndromes such as reduced mobility, as well as decline in physical and cognitive function, which in turn causes extended length of stay. Around a third of older people with frailty experience functional decline during their stay"
Page 51, GIRFT report*

The organisation has recently run a Frailty Collaborative so there is awareness and buy-in in relation to work around frailty. This is an excellent opportunity to build on this.

Copy of the email from Natalie Garratt for pre-approval:

"Hello

Thanks for sending this over, I'm happy to support.

Best wishes

Natalie



Natalie Garratt
Head of Innovation
Northern Care Alliance NHS Foundation Trust
natalie.garratt@nca.nhs.uk”

9) FINDINGS AND DISSEMINATION

How will your findings be used? Who will they be shared with?

- Share across the NCA
 - 1) Share with all therapy teams within SCO and involved ward managers/lead nurses
 - 2) We have a meeting organized in September with team leads in Oldham to share the work of the activity groups and how we implemented it / overcame barriers – similar meetings can be organized with outcomes from this Frailty Service
 - 3) Liaise with communications and engagements manager for the NCA to incorporate into media outlets (NCA Facebook / intranet page)

- Across frailty network
 - 1) Share with AGILE (older adults learning network for physiotherapists)

- Community
 - 1) Share with therapy leads in the community
 - 2) Share with lead district nurses

a. IMPLEMENTATION

Do you have your organisation’s support to enable recommendations from this work to be taken forward?

Yes / No

If **YES**, provide details below:

We have had support and/or input from the following individuals:

- Claire Guy (Operational and Professional Lead for Physiotherapy)
- Natalie Garratt (Head of Innovation)
- Rob Ward (Quality Improvement Lead, Quality Improvement Team)

If **NO**, how do you intend to progress learning arising from this project?

b. WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT OF THIS PROPOSAL?

Group/s	What benefit/s will be realised for this particular group?
Older adults with a Clinical Frailty Scale (CFS) of 5 and 6 – in hospital	Increased rates of activity, increased socialization, improved quality of life, improved patient journey, reduce occurrence of hospital-acquired deconditioning, improved links between acute and community services





CFS score of 4, 7 and above – in hospital	Preventative advice which can delay worsening of CFS score, facilitation with palliative or end of life goal setting
Older adults with a Clinical Frailty Scale (CFS) of 5 and 6 – in the community	Increased rates of activity, increased socialisation, better patient outcomes post-hospitalisation, prevent worsening of CFS. improved links between acute and community services
CFS score of 4, 7 and above – in the community	Preventative advice which can delay worsening of CFS score, increase rates of activity through awareness of community services, facilitation with palliative or end of life goal setting

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SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

12) WHICH PRIORITY AREA DOES YOUR PROPOSAL ALIGN TO?

(The 2022/23 Innovation and Improvement priorities are summarised below. (Please tick the **ONE** 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 type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input checked="" 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 Application Guidance document.

NONE / OTHER	<input type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above topics, but you believe it addresses a current un-met need
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13) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DO YOU BELIEVE YOUR PROPOSAL EVIDENCES?

(Please tick all that apply)

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





SECTION THREE: PROJECT DELIVERY

14) PROJECT TIMESCALES

(What is the proposed length of your project? Please tick the ONE relevant box below)

<input type="checkbox"/>	3 Month (e.g. 90 day improvement cycles)
<input type="checkbox"/>	6 Months
<input checked="" type="checkbox"/>	12 Months

15) HOW IS THE PROJECT GOING TO BE MANAGED?

- 1) QI coaching support to structure the project with bi-weekly meetings
- 2) Regular meetings with project team
- 3) Develop project plan with key milestones
- 4) Regular discussion at local governance meetings

16) 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.

17) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT INFRASTRUCTURE OR 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 establish these 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?

- ACM therapy team

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

- Will need to integrate into their current way of working

C) Who owns or manages this system / infrastructure?

- Claire Guy (Operational and Professional Lead for Physiotherapy), Lauren Stocks (ACM Physio Lead), Jane Mort (ACM OT Lead)

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

- Have discussed the proposal with them and agreed how this would fit into their current method of working and how to best utilise the service

18) WHAT RISKS HAVE YOU IDENTIFIED, AND HOW WILL YOU MITIGATE THEM?

- A caseload that is too large for the number of therapists set out. This will be managed with a strict criterion for appropriateness of therapy input (ie use of the CFS 5 and 6 criteria). Can also utilise the ACM therapy team to carry out their routine assessments and avoid overlap of information.
- Risk of no buy-in. This can be overcome with regular training with teams and ensure there is good communication of the success of the team through outlets described in box 9.

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

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

Staff:

1 x Band 7 salary - £55346.00

1 x Band 3 salary - £28488.00

Subtotal - £83,834.00

Resources:

2 x Laptop - £2620.00

Travel expenses (up to 200 miles) – 200 x 56p = £112.00

Subtotal - £2,732.00

Total: £86,566.00

SECTION FOUR: BUDGET & FINANCE

19) 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

£86,566.00

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

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

Reduced harm to patients who are 65 and older with the aim of:

- Increasing activity levels of the most vulnerable patient group
- Increase participation levels in activity groups in the community
- Improve socialisation for patients while in hospital

In turn, this will also have a positive impact on:

- Enhancing quality of life
- Improved patient experience
- Develop staff knowledge

Improve care provision

22) WHAT COMES NEXT AFTER THIS QUALITY IMPROVEMENT PROJECT?





HOW WILL YOU ENSURE THAT THE LEARNING FROM THE PROJECT OR ITS RESULTS ARE SUSTAINABLE AFTER THE FUNDING PERIOD HAS ENDED?

- Work with the QI team to ensure sustainability
- Creation of pathway/standard operating procedure
- Embedded in frailty pathway
- Developed links with MDT (including geriatrician)
- Developed links with community (therapy teams, GPs, MDGs)
- Raising awareness of the impact of frailty and upskilling the workforce to improve the care of the frail cohort of patient
- Utilise evidence to create a business case to request recurrent funding

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SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

23) 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: EQUALITY, DIVERSITY AND INCLUSION

24) 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 | |

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

The reason for the commencement of the frailty collaborative was due to the data collected suggested that our most vulnerable patients are being disproportionately harmed. This health inequality is something this project continues to strive to correct through increased care and attention for this group of patients which will improve care, increase activity and reduce length of stay in hospital.

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

- Healthier, ageing community
- Reduced length of stay
- Reduced readmission rates
- A more active, ageing community

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SECTION SEVEN: OPERATIONAL DETAILS

27) REGISTERED DETAILS OF BIDDING ORGANISATION/S

Name of Organisation	Registered Address	Organisation Type
Salford Care Organisation	Stott Lane, Salford, M6 8HD	NHS

28) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

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

Salford Care Organisation

29) WHO WILL BE THE INDIVIDUAL/S RESPONSIBLE FOR THIS PROJECT?

(Please complete all sections)

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

Name	<i>Claire Guy</i>
Job Title	<i>Professional and Operational Physiotherapy Lead</i>
Organisation	<i>Salford Care Organisation</i>
Email Address	<i>Claire.Guy@nca.nhs.uk</i>
Telephone Number	<i>0161 206 5334</i>

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

Name	<i>Doug Wallace and Jane Mort</i>
Job Title	<i>Physiotherapist and Occupational Therapist</i>
Organisation	<i>Salford Care Organisation</i>
Email Address	<i>Doug.wallace@nca.nhs.uk and Jane.mort@nca.nhs.uk</i>
Telephone Number	<i>0161 206 4104</i>

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SECTION EIGHT: APPLICANT AGREEMENT

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

Applicants must tick the box below to indicate that they agree to the condition

<input 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 type="checkbox"/>	Completion of a mid-point project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
<input type="checkbox"/>	Completion of a final evaluation report, presented to IROG and the relevant Sponsoring Strategy Group following the end of the project

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

- I have read and accept the Salford Innovation and 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

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