

Scaling Up Improvement

Call for applications

Round Two

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The Health Foundation
Tel 020 7257 8000
www.health.org.uk

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1. About the Health Foundation

The Health Foundation is an independent charity working to improve the quality of health care in the UK.

We are here to support people working in health care practice and policy to make lasting improvements to health services.

We carry out research and in-depth policy analysis, run improvement programmes to put ideas into practice in the NHS, support and develop leaders and share evidence to encourage wider change.

We want the UK to have a health care system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable.

For more information visit: www.health.org.uk.

2. Scaling Up Improvement at a glance

- We are looking to support up to seven projects that aim to improve health care delivery and / or the way people manage their own health care, through redesign of processes, practices and services. Projects should result in direct benefits on patients within the programme timescale.
- These projects will be using ideas, interventions and approaches that have been tested and shown to be successful at small scale – i.e. through small scale improvement projects, feasibility studies or through appropriate research evidence – and have the potential to be widely adopted across the health service.
- These projects must be able to make improvements at scale at care pathway, health board, clinical network, organisational, regional or national levels.
- Independent rigorous evaluation is an essential component of this programme to generate robust evidence of impact and learning. Successful project teams will be responsible for delivering a full evaluation of their improvement work.
- Each project will receive up to £500,000 of funding to support the implementation and evaluation of the work. This funding can be supplemented by applicant organisations as appropriate.
- The Health Foundation will provide successful project teams with access to quality improvement experts through webinars, workshops and seminars.
- Applications can come from any health or health and social care provider organisation in the UK where NHS services are delivered free at the point of delivery. We welcome applications from primary, secondary or tertiary care, as well as organisations providing health and social care.
- Applications should demonstrate a clearly identified problem or potential problem that they will address. The case for addressing this problem needs to be convincing, i.e. it is a significant quality issue, widely relevant to UK health care, and potential improvements should be generalisable and widely applicable.
- Applications must be able to provide robust evidence to demonstrate that ideas, interventions and approaches have already been tested in the same setting, been shown to be successful and be ready to be implemented at scale. If the intervention/s is being transferred from a different setting, a convincing case will need to be made for feasibility in the proposed setting, i.e. the context for the original intervention needs to be described, the conditions for success clearly identified and an explanation of how these conditions exist or will be created in the proposed setting.
- The intervention/s chosen to address the problem identified should be based on a logical rationale of why it will address the identified issue and result in improvements in health care, and which groups of patients the intervention is aimed at.

- Applications should include a clear description of the expected improvements, including how these will be assessed and measured. Applications will be expected to have a detailed measurement framework and plan in place, including key metrics and a description of existing baseline data.
- The Health Foundation is exploring the extent to which we can track the impact of interventions on patient care remotely using routinely collected electronic data. Projects will be expected to work with data analysts at the Foundation to do this.
- Applications should come from a partnership of organisations working together. Due to the range of skills and experience required to deliver an improvement project of this scale, we expect a number of organisations will need to work together.
- Applications should come from teams with a strong track record in change management, measurement and evaluation. Project teams need to include an organisation that can influence wider practice and opinion.
- The funding for each project within this programme will run for up to two years, following a recommended six-month set-up phase. The implementation of each project is expected to begin by September 2016. Reporting to the Health Foundation is built into the programme and will continue 12 months after the end of funding, to measure the impact and sustained work of the projects. In some cases, the Health Foundation may want to continue a relationship with the project team beyond this period.
- The deadline for outline applications is **12 noon, Tuesday 2 June 2015**. Applicants should read the *Call for applications*, *FAQs* and application guidance notes in the outline application form in full before completing an application. These are available at: www.health.org.uk/scalingup.

The Health Foundation reserves the right to close ahead of this deadline date if the programme is oversubscribed.

3. An overview of the programme

The Health Foundation has £3.5 million on offer to support up to seven project teams in Round two of the Scaling Up Improvement programme. Each project team will receive up to £500,000 in funding to design, implement and evaluate their proposed intervention.

The aims of this programme are to:

- support demonstrable improvements in quality with the potential for wider adoption across the health service
- build the knowledge of how to improve the quality of care for patients, service users and / or carers
- demonstrate how to embed new practices into health care operations
- contribute to the evidence base through the robust measurement of improvement and independent evaluations
- generate evidence of improvement and cost benefits through robust evaluation in order to encourage wide interest and adoption across the UK health service.

This programme aims to make demonstrable improvements in the delivery of health care and / or the way people manage their own health care by supporting those with ideas, interventions and approaches that have been tested and shown to be successful in making improvements at a smaller scale.

The programme aims to support projects that can make a case that they will build on tested approaches to make demonstrable improvements at scale using recognised methodologies (for further information see section 5.2). We recognise that 'scale' will have different implications depending on the focus of the project. By 'scale', we mean, for example, a care pathway, a health board, a clinical network or at organisational level.

Robust independent evaluation is an essential component of this programme. Evaluation is the best mechanism we have to demonstrate effectiveness at scale convincingly, and generate a detailed understanding of how, and why, this was (or was not) achieved. Successful project teams will be responsible for delivering a full evaluation of their improvement work.

In addition the Health Foundation is piloting the extent to which it is able to boost local evaluations through near real time remote analysis of routinely collected electronic information, which will be fed back to sites. Successful project teams (likely to be through an informatics lead) will be expected to engage with data analysts at the Foundation.

This programme will not support any untested innovative solutions to the problems in health care delivery or quality. New innovation projects are supported through the Health Foundation's Innovating for Improvement programme¹ which will be open for applications for two further rounds (summer 2015 and winter 2016).

Unsuccessful applications from earlier rounds will not automatically be considered in this round and it is essential that organisations resubmit using the updated material and application form for this round.

¹ Register via our website for email alerts about **new programmes open for application** at: www.health.org.uk

4. Benefits of participating

The Scaling Up Improvement programme aims to make demonstrable improvements in the UK health care system, by supporting improvement projects with the potential for wider adoption.

Participating organisations can expect to benefit in many ways, including:

- Funding of up to £500,000 for each of the successful projects.
- Opportunities to be seen as leaders in health care improvement and to showcase work to a variety of key stakeholders.
- Protected time to implement an improvement in a service.
- Opportunities to connect with other project teams, to strengthen existing networks and develop new networks.
- Opportunities to deepen knowledge about evaluation of the intervention, in particular quantitative evaluation.
- Opportunities to tap into experts in quality improvement methods through programme wide webinars, workshops and seminars.
- Support for a local 'showcase' event for each project team at the end of the funding period, to disseminate findings to key stakeholders.
- Opportunities to inform the Health Foundation's agenda for influencing policy and practice nationally and internationally.

5. The Scaling Up Improvement programme in detail

5.1 Types of projects

The Scaling Up Improvement programme is looking to support a diverse portfolio of up to seven projects. Projects should address an identified problem² or potential problem in health, or in health and social care. We are seeking applications across the spectrum from primary, secondary or tertiary care, or across boundaries such as health and social care. This could include but is not limited to mental health, learning disabilities, care homes, maternity and children's services, as well as care delivered in the patient's own home.

This programme is specifically concerned with projects that:

- equip people to manage their conditions and health care more effectively
- equip health care providers to improve the quality of care provided to their patients on a daily basis, by making improvements in direct services for people with health care needs in any health care setting
- will lead to direct benefits for patients within the programme timescale.

This programme **will not** support projects targeted at:

- health promotion, screening and preventative activities (e.g. prevention of injury or illness)
- research into the causes and treatment of illnesses
- development of new or existing treatments, drugs or medical devices
- development of technical interventions such as (but not limited to) surgical techniques and procedures.

5.2 The problem your project aims to address

Applications should provide evidence of a clearly identified problem or potential problem that they want to address that is a significant quality issue, widely relevant to UK health care and for which potential improvements should be practical and generalisable. Applications should describe the nature and severity of the problem that the intervention seeks to address. You might choose to reference the significance of the health issue, condition or disease for patients; the impact on mortality; impact of symptoms; and / or the impact on quality of life locally or nationally. Applications may draw on information such as population prevalence and incidence, cost to health services and to wider society, and alignment of priorities with key stakeholder organisations.

5.3 The intervention/s and improvement methods

Projects must demonstrate an impact on an identified problem or potential problem or risk. Applications will need to demonstrate evidence of a logical link between the identified problem and the proposed intervention. The intervention must have already been tested in the same setting and been shown to be successful and be ready to be implemented at scale. If the intervention is being transferred from a different setting, a convincing case will need to be made for feasibility in the proposed setting. In this case, the context for the original

² A problem refers to an event that has already occurred.

intervention will need to be described, the conditions for success clearly identified and an explanation of how these conditions exist or will be created in the proposed setting.

The evidence base for the interventions could be from a local, national or international setting, and from research or practice. It could be from small scale improvement projects, feasibility studies or through appropriate research evidence. It could also be from a small scale intervention in the applicant's own organisation that has been shown to work, has resulted in improvements, and is now ready to be implemented at scale.

We are specifically looking to support ideas that have wider benefit and are likely to be generalisable and widely transferable across the health service. We would therefore expect to see a clear measurement framework and outline of expected benefits. We would also expect to see that earlier work has been published or presented beyond the local setting.

This programme will only support projects that seek to improve the delivery of health care and / or the way people manage their own health care through the redesign of processes, practices and services using recognised methodologies.³ These include, but are not limited to, the following approaches: business process reengineering, experience-based co-design, Lean, model for improvement including PDSA (Plan, Do, Study, Act), six sigma, statistical process control or theory of constraints.

The programme **will not** support projects using the following:

- Traditional research or laboratory-based activities.
- Education and training as a primary purpose or focus of the project. (We will fund education and training as part of the proposal to support implementation.)
- Any development or capacity building which is unlikely to have a direct impact on patients within the lifetime of this programme.
- Development of technical or clinical interventions focused on clinical effectiveness such as (but not limited to) surgical techniques and procedures and drug administration techniques.
- Product or technology development as a primary purpose or focus of the project. (We will fund improvements to services, processes and practices supported by IT solutions where applications can provide a very convincing case that the technology development is not the primary purpose.)

Below are examples of previous Scaling Up improvement awards. These are for illustration purposes only, and are not an indication of any preference by the Health Foundation.

Improving prescribing safety in general practices in the East Midlands through the PINCER intervention is led by Lincolnshire Community Health Services NHS Trust. The use of a proven pharmacist-led information technology intervention for reducing medication errors, PINCER, has been shown to reduce rates of prescribing errors by up to 50%. This project will involve rolling out PINCER in at least 150 general practices in the East Midlands.

Tackling acute kidney injury – a multi-centre quality improvement project, led by Derby Hospitals NHS Foundation Trust aims to improve outcomes for patients with acute kidney

³ *Quality Improvement made simple: What everyone should know about healthcare quality improvement*, The Health Foundation, 2013. Available via <http://www.health.org.uk/publications/quality-improvement-made-simple/>

injury. This project will involve introducing a package of interventions across two hospital networks – Leeds and Bradford in Yorkshire, and Ashford and St Peter's and Frimley Park in Surrey – including an electronic acute kidney injury detection and alerting system, a tailor-made education package and a care bundle.

Violence reduction programme on inpatient psychiatric wards, led by South London and Maudsley NHS Foundation Trust aims to reduce the frequency of violent incidents in inpatient psychiatric units by 25% within two years. This project will involve implementing a clinical toolkit across two different trusts in two very different areas of the country – South London and Maudsley NHS Foundation Trust and Devon Partnership NHS Trust.

5.4 Scale

A key ambition of this programme is to generate and share evidence of best practice in health care improvement. This will require the applicants to demonstrate the intervention will be delivered at scale over the course of the programme. We recognise that 'scale' will have different implications depending on the focus of the project. By 'scale', we mean, for example, a care pathway, a health board, a clinical network or at organisational level. A large acute trust may be able to demonstrate scale through a trust-wide intervention such as an initiative to reduce patient falls; whereas a patient focused pathway intervention such as improved condition self-management may require the participation of a number of separate organisations.

The rationale for the scale, including the number of patients and the number of NHS service provider organisations and partners to be involved in the project, will need to be addressed in the application.

5.5 Evaluation

Robust independent evaluation is an essential component of this programme. Evaluation is the best mechanism we have to demonstrate effectiveness at scale convincingly, and generate a detailed understanding of how, and why, this was (or was not) achieved. Successful project teams will be responsible for delivering a full and independent evaluation of their improvement work.

The Health Foundation has developed [a quick evaluation guide](#) intended to assist those new to evaluation by suggesting methodological and practical considerations and providing resources to support further learning. The guide answers some of the commonly asked questions about how to approach evaluation of quality improvement in health care. Prospective applicants should read the guide when considering their application for this programme.

5.5.1 Evaluation team composition and expertise

Organisations will be expected to work in partnership to deliver a project that implements improvements while carrying out a credible evaluation. We do not expect the lead applicant to possess the necessary expertise in evaluation (for further information see section 6.1). Instead, they will need to partner with or commission an external team to carry out an independent evaluation of the intervention. This partnership will need to be in place at the outline application stage, and a named evaluation lead from the partner organisation should be provided. The lead applicant should also have experience of working with evaluation

providers and / or commissioning evaluations of improvement interventions. The evaluation partners should be close enough to the work of the project to help inform the design of the intervention by asking challenging questions and providing ongoing feedback to the implementation team. However they will also need to remain distant enough from the implementation team to be able to provide objectivity, and carry out an appropriate independent evaluation of the intervention.

5.5.2 Evaluation methodology

By tasking project teams and their evaluation partners with designing and delivering their own evaluation, project teams are expected to deliver an evaluation that is appropriate to their specific improvement intervention and the context of their work. The Health Foundation is, therefore, not specifying the aims, evaluation questions and methodology that project teams should use for their evaluation, but expecting the applicants to provide this detail. Applicants' evaluations should aim to contribute to both the general knowledge base around effective interventions to improve the quality of care, and to the topic of the applicant's specific project.

The evaluation should be consistent with best practice in evaluation, in order for the evaluation results to be credible. In particular, all evaluations are expected to undertake an evaluability assessment, sometimes called exploratory evaluation, as part of their evaluation work.⁴ Our experience suggests that evaluability assessment forms a useful step in evaluations of improvement interventions, supporting the refinement of the design of both the evaluation and the improvement work itself. Indeed, given its role in supporting evaluation and intervention design, applicants are expected to demonstrate elements of evaluability assessment in their applications. Should applicants think that evaluability assessment is not appropriate for particular circumstances, this will need to be justified fully in the application.

Applications should show that their evaluators are fully cognisant of the Medical Research Council's (MRC) updated guidance on *Developing and evaluating complex interventions*.⁵ While we do not necessarily expect a full economic evaluation, applicants should capture the costs of the intervention and undertake some form of economic analysis.

5.5.3 Research governance

The application should demonstrate an appreciation of the ethical considerations of undertaking evaluation and should include plans to attain any necessary ethical approvals. Should the application be successful, the evaluation component of the project should be supported by an advisory group, established and facilitated by the project team. A Health Foundation research manager will join the group as a condition of the funding.

⁴ See for example Leviton et al. Evaluability Assessment to Improve Public Health Policies, Programs, and Practices. *Annual Review of Public Health* 2010;31:213–33. Available via <http://www.annualreviews.org/eprint/3qapif412Mnmg6RfSDFX/full/10.1146/annurev.publhealth.012809.103625>

⁵ Craig et al. *Developing and evaluating complex interventions: new guidance*, Medical Research Council 2008. Available via <http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC004871>

5.5.4 Expected outputs from the evaluation

The evaluation should provide both an interim and a final report. The final report is intended for publication on the Health Foundation website⁶; the interim report is not intended for publication. Evaluation findings should inform the final project report to the Health Foundation, but a final evaluation report deadline could be extended beyond the funding period if the intention is to capture post-project findings. Beyond this, the project teams will be free to agree appropriate reporting arrangements with their evaluation partners.

The Health Foundation encourages publication, preferably in open access peer reviewed journals, as an excellent way of disseminating learning from the evaluation to a wider audience, and will be looking for evaluation partners to have a track record of publication and plans to publish related articles.

5.6 Pilot evaluation by the Health Foundation

The Health Foundation is piloting methods to quantify the changes in service use and costs (and other outcomes where possible) of individual patients (appropriately anonymised and consistent with current guidelines and legal requirements) where this is relevant to the intervention being implemented in each project. The Health Foundation's data analytics team will liaise and provide ongoing feedback to sites using routinely collected data, where applicable. The anonymised individuals tracked over time in this way will be compared to both a group of controls with similar characteristics in the project, and external to the project. This may help project teams understand the impact of their work more fully.

Successful project teams will be expected to work with the Health Foundation on this remote evaluation. This pilot should not substitute for a full local evaluation as outlined above.

5.7 Spread and wider adoption

Applicants will need to demonstrate the participation of a relevant influential organisation that can assist with the further dissemination of the intervention and increase the likelihood of wider impact. This may be a professional body, membership organisation, improvement network, clinical network, patient organisation or health related charity.

This organisation's role may be as an active participant in the project or in an advisory role. At a minimum, it will be expected to have a role on the steering group of the project and to promote learning and insights to others. Some applications may benefit from involving more than one influencing organisation.

In England this could be at a national or regional level. Applications based in Scotland, Wales or Northern Ireland may choose to work with a body that covers only their own nation or that has a UK-wide remit.

5.8 Timescale

The programme has been designed with a set-up phase and up to two years for the implementation phase. The set-up phase, recommended for up to six months, will begin in

⁶ Publication will be at the discretion of the Health Foundation, but it is our usual practice to publish all work of sufficient quality and which is therefore of public benefit.

March 2016, once the formal agreements have been signed. Implementation should start by September 2016 at the latest.

Our experience has shown that complex projects like these often need time to prepare and realise the proposal before the implementation can begin (e.g. to collect baseline data, gain research approvals if necessary and recruit a project manager). This is why the set-up phase has been included.

5.9 Budget

The Health Foundation has funding available to support seven projects of up to £500,000 each. The maximum funding a project application can request is £500,000 but we anticipate some projects may require less and these are equally welcome to apply.

Applicants are expected to provide detailed budgetary information on the total cost of the project, what the funds will cover and details of any co-funding or matched funding.

The following list outlines types of expenditure we would expect to fund. The list is not exhaustive, and we are aware specific projects may require other types of expenditure:

- Backfill costs for leadership and clinician time spent on the project.
- Honoraria for any patient / carer / service user involvement.
- Project management for the duration of the funding period.
- Administrative support.
- Dedicated support and resources to rigorously test and evaluate the idea and produce a write-up of evidence and learning. Data collection, analysis and other technical support related to measurement (please see below for further details on evaluation costs).
- Attendance at meetings in relation to the project, including room hire, catering, etc if appropriate and travel to the participating provider organisations (if appropriate)
- Attendance at two learning sessions in central London (accommodation will be paid for by the Health Foundation).
- Backfill for staff (clinical and non clinical) requiring training, involved in project teams or implementing the changes, and attendance at the learning events.
- Communication materials and associated staff time required to promote the project and to take part in interviews / events related to the promoting the project.

The evaluation budget should be ring fenced and fully itemised in the application. The budget for evaluation should be sufficient to deliver the type of evaluation described in the application. We recognise that different types of evaluation methodology require different levels of resource. We therefore are not stipulating the proportion of the funding that should be allocated to evaluation activity, but we would expect the proportion to be in the region of 10% to 35% of the total budget and any deviation from this would need to be supported by a convincing justification.

The Health Foundation will not fund:

- Capital expenditure such as vehicles or buildings.
- Large items of equipment (over £2,000) including scanners, IT hardware, etc.
- Organisational overheads such as costs of premises, management and HR.

- The procurement of day-to-day consumables or of 'business-as-usual' equipment.
- Additional clinical posts linked to the specific intervention, unless there is a very convincing case of how these posts will be sustained beyond the funding period.

6. Who can apply

6.1 Who can apply as a lead applicant

The Scaling Up Improvement programme is open to applicants from across the UK. This programme is targeted at teams experienced in large scale complex improvement / change projects.

We expect applicants will apply as a partnership of a number of organisations working together. Within this partnership, we expect one organisation to act as the 'lead applicant' or 'lead organisation' and the other organisations as partners.

To be eligible to apply as a lead applicant / lead organisation, **all** of the following must apply:

- The lead applicant should be one of the organisations within which the intervention is being implemented; and
- The lead applicant must provide or deliver health services free at the point of care in primary*, secondary or tertiary care, or across boundaries such as health and social care. If a non NHS provider of health services, the organisation must be commissioned, or in an authorised position, to provide these services through the appropriate channels across the UK (e.g. registered with the Care Quality Commission in England). These providers must be able to demonstrate that more than 50% of their work is with NHS-funded patients.

*We expect primary care applications to come from provider organisations within which the intervention is being implemented, such as large and/or multisite GP practices, pharmacies or healthcare community organisations. However, if this is not feasible for these applicants and a convincing case is made, we may consider applications from a Clinical Commissioning Group acting as lead applicant on behalf of a number, for example, GP practices, pharmacies etc, in order to ensure wider inclusion. In these cases, we will need to be convinced of their commitment to provide leadership, governance and infrastructure for the project with clear division of roles and responsibilities.

If this is an intervention/s being delivered to a new group of patients or staff, where a service does not currently exist, i.e. virtual care or community based person centred initiatives, the application should be from a lead organisation responsible for establishing and sustaining the new initiative.

A lead organisation must be legally constituted. It may be constituted as an NHS body, a 'not for profit' organisation (e.g. a charity or a company limited by guarantee), a social enterprise, a company limited by shares or a community interest organisation. If the constitution allows the lead organisation to make a profit, the Health Foundation would have to be convinced that it is not supporting private profit making companies delivering only a small benefit to the NHS. Where a 'not for profit' organisation has another arm that is profit making, the Health Foundation would need to be convinced that our funding is going to the non profit making arm.

We will not accept applications from organisations based outside of the UK, individuals or sole traders.

The Health Foundation requires a lead organisation to ensure that there is appropriate influence and governance over the project, including the implementation of the intervention, engagement of clinical and non clinical staff, management of the project and the funding provided by the Health Foundation. The Health Foundation will contract with the lead organisation. The lead organisation will be responsible for creating and monitoring any sub-contracts with its partner organisations.

We strongly recommend that NHS service provider organisations (lead organisations) are only involved in one application. We are seeking to support a diverse range of projects so are very unlikely to support two projects significantly involving the same NHS service provider organisation.

6.2 Who can apply as a partner organisation

Partner organisations may include any of the following:

- Non NHS provider organisations, such as charities, voluntary organisations, patient led organisations, education bodies, companies and consultancies.
- Royal colleges.
- Specialist societies.
- Evaluation or research organisations.
- Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), Academic Health Science Networks (AHSNs) and improvement organisations.
- Clinical commissioning groups (for further information see section 6.1, page 16).

Where a private company or a profit making organisation is involved as a partner, we would not expect more than 15% of our funding to go to this organisation, directly or indirectly. This is not applicable to the evaluation partner (for further information please see section 5.7).

The Health Foundation expects that the partners will be critical to the successful delivery and evaluation of health care improvement projects of this scale.

Partner organisations may be involved in up to three applications but will need to discuss with the interview panel the feasibility of being involved in multiple projects, should all the applications they are involved with prove to be successful in reaching this stage.

6.3 Skills and experience of applicants

The Scaling Up Improvement programme is targeted at teams experienced in large scale complex improvement / change projects. We expect that in order for the project team to have the necessary skills and expertise, a group of organisations will need to work together to form a project team. The size of the project team may vary depending on the expertise within the organisations involved.

Due to the timescale and complexity of the work required it is likely that the organisations will have worked together previously or will have existing relationships. The Health Foundation is unable to help identify potential partners.

Project teams will be required to demonstrate that individuals within the team have a high level of expertise in designing and implementing quality improvement projects, and in particular implementing change at scale. They should involve an organisation/s that represents the interests of the patient, service user or carer.

The specific skills and expertise that will need to be addressed by applicants include:

- Clinical / service area expertise and engagement.
- Patient / service user / carer engagement.
- Technical knowledge of the relevant aspects of the proposed improvement.
- Quality improvement and change management.
- Evaluation (commissioning, managing and delivering).
- Measurement / data collection.
- Project management expertise.
- Budget management expertise.
- Communications.
- The ability to influence wider practice and opinion (for spread).
- Clear project leadership and accountability for delivery of the project.
- Strong engagement skills and clinical leadership of the project to bring about desired changes in clinical practice.

7. Selection criteria and process

7.1 Selection criteria

The Health Foundation expects a high level of interest in this programme. We have developed a two-stage application process and a rigorous selection process to ensure that we support high quality applications that meet our criteria. The selection process is lengthy and a decision will be made within about nine to ten months of receipt of the completed outline application.

Applications will have to demonstrate:

- the identified problem or potential problem that is significant and widely relevant to UK health care
- the (tested and evidence based) intervention/s / solution
- the use of recognised improvement methodologies
- how the project will be implemented
- how the project will be evaluated
- a willingness to work with the Health Foundation to pilot remote evaluation of impact
- the people and organisations involved in the project
- the scale of the project.
- the long term potential for wider adoption across the UK health service.

The table below gives more details of what applicants will need to demonstrate. Please note that these points will correspond to the questions in the application form.

The problem
A clear definition of the problem or potential problem that the intervention/s addresses; and that is significant and widely relevant to UK health care.
Clear evidence or logic to show the cause of the problem or potential problem.
The intervention/s
Clear identification of the proposed intervention/s and evidence to show how and where it has previously improved health care delivery and / or the way people manage their own health care.
A clear explanation of the rationale for how the proposed intervention will address the problem and thus result in improvements.
A clearly identified patient group which will benefit from the intervention and an appropriate structure and process for recording patient data.
A clearly identified (and supported) location/s for the intervention to be implemented during the project, including the numbers of patients to benefit.
A clear understanding of the contextual factors that are likely to challenge the work and credible strategies for overcoming these.
A description of significant 'spread potential' for the idea (a) across the organisation/s initially involved and (b) across the NHS if implemented everywhere that could benefit.
A description of how the intervention represents good return on investment for the organisation/s, the Health Foundation and the NHS.
Stakeholder mapping and engagement
Evidence of the involvement of key stakeholders in identifying the problem and potential solution (intervention/s), including the evaluators and patients / carers / service users.

A convincing analysis of the strategic and stakeholder context for the proposed project: for example, describing what the advantages and disadvantages will be for different groups including patients / service users.
A plan for managing any relevant potential organisational / stakeholder instability, including changes in key individuals.
The people and organisations
Evidence that as well as being a provider of NHS services, the project team contains expertise in the following areas: <ul style="list-style-type: none"> • Clinical / service area expertise and engagement. • Patient / service user / carer engagement. • Technical knowledge of the relevant aspects of the proposed improvement. • Quality improvement and change management. • Evaluation. • Measurement / data collection. • Project management expertise. • Budget management expertise. • Communications. • The ability to influence wider practice and opinion (for spread).
Clear project leadership and accountability for delivery of the project, including financial management.
Clear descriptions of the relationships between the organisations involved in the project team and a clear plan of how partner organisations intend to work together to deliver this project.
Demonstration of proactive involvement of patients and service users throughout the programme.
Demonstration of commitment from senior leaders in all organisations as well as operational leads in the provider organisations.
One identified lead organisation (who the Health Foundation will contract with and who will be responsible for managing the funding).
Evidence of team members' past delivery of large scale projects to improve the quality of health care delivery.
Evidence that the organisations in the project team have implemented and sustained at least one initiative of similar complexity before, together with a statement of what they have learned from this experience.
Evidence of an appropriate structure for the project that will ensure the involvement of all key stakeholders. Also, how the project will feed in to organisational structures and governance.
Implementation of the project
Clear plans to show when and how the project will be implemented.
A detailed and realistic budget, representing value for money, with an appropriate split of funding (see section 5.7).
Clear identification of recognised improvement tools and techniques that will be used during the project and a logical explanation for their use.
An appreciation of the risks associated with the work and credible plans to mitigate and / or manage these risks.
A detailed measurement framework, including key metrics and a description of existing baseline data, and a sound explanation of why these are appropriate.

Evidence that members of the project team have experience of successfully using the identified improvement techniques.
Sustaining and spreading the project
Evidence of plans for sustaining and continuing to spread the improvements at the end of the Health Foundation funding of the project.
A strong commitment from the partner organisations to sustain and spread the approach beyond the length of the project.
An initial communications plan for how the project will be communicated throughout its lifespan, and initial plans for dissemination of findings. Selected teams will be expected to develop the plan during the set-up phase.
Strong ideas for the spread and embedding of the intervention, recognising that this stage of the work may require a different set of skills and approach from the initial intervention.
Evaluation of the project
Experience of working closely with evaluation providers and / or commissioning evaluations of improvement interventions, and an understanding of the value that evaluation can bring to the implementation and sustainability of quality improvement work and / or complex interventions (lead applicant organisation).
Experience of evaluating quality improvement interventions, and an understanding of the particular challenges to evaluation design of evaluating quality improvement work and / or complex interventions (evaluation partner).
Experience of establishing and effectively managing / utilising advisory groups.
An evaluation plan / design that will show the effectiveness of the project / intervention and generate a detailed understanding of how, and why, this was (or was not) effective.
An evaluation plan / design that includes evaluability assessment, or a convincing rationale for why this is not appropriate.
An evaluation plan / design that will produce credible findings and is in accordance with best practice guidelines, such as the MRC guidance on <i>Developing and evaluating complex interventions</i> .
Clear identification of the evaluation questions to be addressed.
Clear identification of the methodology that will be used and the rationale for its use, and evidence that the evaluation partner is experienced in the chosen methodology.
Track record of publishing, and plans to publish, evaluation findings in peer review journals (evaluation partner).

7.2 Application process

There is a two stage application process:

- outline application
- full application.

Applicants who fit all the requirements of this programme (detailed in sections 5 and 6) should complete an outline application form.

As this is likely to be a very competitive programme, applicants should read in full this *Call for applications* as well as other supporting information (FAQs and application guidance notes contained within the outline application form) fully and only proceed to application stage if the proposal fits within the parameters of this programme.

7.3 Assessment process

Outline applications will be assessed by staff at the Health Foundation with input from external experts as necessary. Those applicants who are judged to meet the key assessment criteria of the programme will be invited to submit full applications. Those proposals that do not fit the key criteria of the programme will be rejected. Due to the volume of applications expected, we will not be able to provide feedback to applicants at this stage.

The application process, at both outline and full application stage, is likely to be highly competitive. Invitation to submit the full application is not a guarantee of success or funding.

Full applications will be assessed by the Health Foundation's College of Assessors. The College of Assessors is made up of experts in quality improvement, measurement and evaluation. It is drawn from across a range of health care settings and from a range of professional backgrounds.

At the full application assessment stage, the Health Foundation will consider applications across sectors, disease areas and the full range of approaches being proposed. We will aim to shortlist a diverse portfolio of applications which fit the criteria of the programme, represent a good investment, will generate knowledge and add to the evidence base.

Following this assessment process, shortlisted applicants will be invited to attend an interview. Applications that are not shortlisted at this stage will be rejected. Some written feedback will be provided at this stage.

7.4 Selection interview

Shortlisted applicants will be asked to attend a selection interview in London (travel costs including accommodation and expenses to attend the interview will be reimbursed by the Health Foundation). A maximum of five members from each project team will be asked to attend. We expect the key team members identified in the application to attend the interview and to represent the range of partners involved in the application. Those that

attend the interview should be those people who will be actively involved in the implementation and evaluation of the project.

The interview panel will include Health Foundation staff and external assessors.

Feedback will be provided to those teams that are selected for interview but are unsuccessful at this stage.

7.5 How to apply

Once this *Call for applications* and other supporting documentation have been read in full, applicants should complete the [screening tool](#) on our website www.health.org.uk/scalingup.

The screening tool supports applicants to make an assessment of whether their proposed project meets the parameters of this programme. If the criteria are met, the applicant will be directed to the Outline application form which will be available to download. The screening tool can be completed more than once.

We expect this programme to receive a high level of interest. We have developed a two-stage application process and a rigorous selection process that is likely to last between nine and ten months before the final decision is made. Please be guided by the key dates in the table below.

Applicants should ensure that all of the programme criteria are met (outlined in sections 5, 6 and 7.1) before proceeding with an outline application.

The deadline for outline applications is **12 noon on Tuesday 2 June 2015**.

Important information: The Health Foundation reserves the right to close ahead of this deadline if this programme is over subscribed. Applicants should apply early, ahead of the deadline date, to avoid disappointment.

7.6 Key dates

Activity	Date
Open for outline applications	28 April 2015
Information call for potential applicants	Monday, 3 pm 11 May 2015
Application deadline (We reserve the right to close ahead of this date if we are oversubscribed.)	Tuesday, 12 (noon) 2 June 2015
Outline applicants informed of the outcome of their applications	By 17 August 2015
Deadline for full applications	1 October 2015
Applicants informed of the outcome of their full application	By 11 January 2016
Interviews	February 2016

Final decisions	March 2016
Contracting process starts	March 2016
Start of set-up period	March 2016
Start of the implementation period	September 2016
Induction event	Spring 2016
Midpoint event	Autumn 2017

8. Working with successful applicants

8.1 Support from the Health Foundation

In addition to financial support, the Health Foundation will provide successful project teams with the following:

- Opportunities to build and strengthen networks at programme-wide events that bring project teams together – at the start of the project and mid-way through the implementation phase.
- Coordinated and facilitated access to experts in topics such as health economics, measurement, dissemination, stakeholder engagement and evaluation through programme wide webinars, seminars, guides and workshops, based on a needs analysis undertaken at the start of the programme.
- Regular contact with the Health Foundation’s Assistant Director, Communications Manager and / or Research Manager to for example, review specific communications outputs and / or draw on technical or content expertise.
- Review and feedback by the Health Foundation and external experts.
- Support for an end point local ‘showcase’ event for each project team to disseminate findings to identified stakeholders.
- Opportunities to promote and disseminate work through the Health Foundation’s website, newsletter, national themed learning events, publication of learning reports and roundtables / workshops.

This support package will not include local support to each individual project team, as it is not designed for those who are new to quality improvement and large-scale complex improvement / change projects. Instead the support is designed to enhance and further develop the knowledge of experienced teams through facilitated access to experts in those topics identified through a needs analysis and applicable to all the project teams.

The Health Foundation will work in a partnership with other organisations to provide this support programme to the successful teams.

8.2 Project management and reporting

The Health Foundation expects the successful Scaling Up Improvement projects to be managed to the highest standards. Projects should have a dedicated project manager who has experience of managing the complexities of a multi-organisation approach to health care improvement projects.

Reporting requirements will include:

- A review with the Health Foundation at the end of the set-up phase to discuss progress and challenges.
- Regular phone calls with the Health Foundation's Programme Manager to review progress, discuss issues and troubleshoot.
- Regular contact with the Health Foundation's data analytics team to exchange data on patients participating in the programme.
- A six-monthly project progress report including six-monthly financial statements showing spend against the agreed budget.
- An interim evaluation report.
- A final report, which should provide a 'route map' to help other organisations understand how to deliver the changes implemented by the project; which may be published on the Health Foundation website.⁷
- A separate final evaluation report intended for publication on the Health Foundation website.
- A follow-up report up to a year after funding has ended. A continuing relationship with selected number of project teams may continue beyond this period.

The Health Foundation is currently piloting the use of the BMJ Quality Improvement online platform (<http://quality.bmj.com/>) which provides access to quality improvement learning modules and on completion of the project, enables submission for publication in *BMJ Quality Improvement Reports* journal. If proven successful, the Health Foundation will provide Scaling Up Improvement project teams with licences and expect the teams to use the platform to publish their improvement journey.

Project teams may also be asked to host site visits for Health Foundation staff and key stakeholders for learning, sharing or audit purposes.

8.3 Communication

Applicants will need to clearly demonstrate how the learning from the project will be communicated, both internally (within the project team's organisations) and to wider (national and international) stakeholders. We anticipate project teams will include communication experts who may be part of the existing communications team from the project team organisations.

As part of the project's communication strategy, project teams may choose to present papers / posters at relevant conferences. These should be made available for publication on the Health Foundation's website.⁸

8.4 Programme events and the support programme

As part of the programme, the Health Foundation will hold two events which members of the project teams will be expected to attend. The funding provided should be used to pay for travel (and associated expenses) and, where necessary, backfill. All events will take place at the Health Foundation's offices in central London.

⁷ Publication will be at the Health Foundation's discretion.

⁸ Publication will be at the Health Foundation's discretion.

Event	Date	Number of people to attend from each project
Induction event	Late Spring 2016	Up to 6
Mid-point learning event	Late Autumn 2017	Up to 6

As part of the support programme, project teams will be expected to participate in webinars, seminars or workshops where experts will provide information on a range of relevant issues and topics including health economics, measurement and evaluation. Project teams will also be offered some limited expert input locally, tailored to their own needs, identified through a needs analysis. At the end of the funding period, project teams will be offered additional support for a 'showcase' event where they will be expected to disseminate their findings to key stakeholders.

The project teams may want to develop their own informal networks between projects to share knowledge, learning and problem solving. The Health Foundation encourages this peer-to-peer learning and will support this as far as possible.

8.5 Intellectual property

Any intellectual property generated from the Health Foundation's funding will be owned by the organisations delivering the project but must be licensed to the Health Foundation to support its charitable objectives. A draft of the award agreement, including intellectual property clauses, will be circulated to teams invited to interview. Applicants might find it beneficial to discuss how intellectual property will be shared by the project team organisations during the application stage. Applicants invited to interview will be expected to show the arrangements the project team have jointly agreed for dealing with intellectual property generated by the project.

9. Next steps

Having read this *Call for applications* and [FAQs](#) in full, applicants should visit our website www.health.org.uk/scalingup for further information. If the proposal fits within the parameters of this programme, applicants should complete the [screening tool](#) on our website. The screening tool enables applicants to check whether their project proposal fits the Scaling Up Improvement programme. If the proposal does fit, applicants will be directed to the *Outline application form* which includes application guidance notes.

If applicants have any questions about this programme that have not been addressed, they should in the first instance email the Health Foundation on scalingup@health.org.uk.

10. Programme timeline for assessment and selection

Scaling Up Improvement programme selection flowchart

