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| **MHLDA Ward Managers Development Programme**  **Culture Change Funding Application** | | | | | | | | | | | | |
| **Aim of the fund:**  • To support culture change and enable things to be done differently  **Funding amount:** up to £1000 per participant. Applicants can submit multiple applications but cannot claim more than £1000 in total  **Criteria:**  • Your idea:   * Fits within the Culture of Care Standards * Is co-produced with patients, carers and staff * Developed with a view of longer-term impact and culture change * Has considered any risks   **Approval process:**  Applications are considered by a bursary committee made up of FoNS staff including those with lived experience  **Guidance:**  The application if made up of 6 sections, it’s an opportunity for you to share with us the process and story behind your idea  **Section 1:** Your idea **Section 4:** Culture of Care Standards  **Section 2:** Co-production **Section 5:** Risks  **Section 3:** Impact **Section 6:** Funding   * We need a brief overview in each section. We suggest you read over all sections before completing the form. Bullet points are accepted * If you find you have answered a question in another section, it is ok to tell is this rather than repeat information you have already told us * If a question is not relevant to your idea, please put in ‘not applicable’ and tell us why, if it is not obvious | | | | | | **Name:** | | |  | | | |
| **Organisation:** | | |  | | | |
| **Speciality of ward/unit:** | | |  | | | |
| **Email** | | |  | | | |
| **Telephone:** | | |  | | | |
| **Ward manager group:** | | | (Group number or location) | | | |
| **Questions, support and submitting your application:**  Please email [culturesofcare@fons.org](mailto:culturesofcare@fons.org) if you have any questions, would like further support and to submit your application. | | | | | | |
| **Timescales:**   * Applications are reviewed at least fortnightly. We aim to get back to you within 2 weeks * Applications can be made throughout your ward managers programme and up to 3 months after completion. We are happy to discuss any special circumstances if an extension is required. | | | | | | |
| **Section 1: Your idea** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| 1. What is name/title of your idea? |  | | | | | | | | | | | Brief and to the point |
| 2. What would you like to do? |  | | | | | | | | | | | Remember we only need a brief overview but would love to know what your vision is |
| 3. Why is this needed? |  | | | | | | | | | | | Think about what led you here. Why this idea? Examples might include:   * Our activity room is always empty, when we talked to patients, they weren’t interested in any of the activities we were providing. We knew we needed to do something different which is what led to the idea. |
| 4. Who will benefit from it and who will be involved? |  | | | | | | | | | | | A list of beneficiaries and who is involved  Examples might include:   * Patients, staff, carers and visitors will all benefit from our weekly ward café. Patients will be developing menus, making snacks, and serving food. |
| 5. How long do you expect it to run it for? Do you have a start and end date in mind? |  | | | | | | | | | | | Answering this will depend on your idea. You may be exploring options or have already made a more definite plan. If it is not applicable just add N/A. This will also give us an idea of when to send your monitoring form. A rough guide is acceptable. |
| 6. Is it something new, or are you continuing something that has worked well previously? |  | | | | | | | | | | | Tell us if this is a brand-new idea or building on or enhancing some other work you are already doing |
| **Section 2:** **Co-production** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| 1. How have you worked with patients, carers and the wider staff team to develop your idea? |  | | | | | | | | | | | Please share what you did to include a variety of voices for example:   * Did you hold a ward meeting with colleagues, patients, carers? * Have you used a survey or held a focus group? * Did the idea originate from a patient, carer or member of your team? |
| 2. How will you ensure people are involved throughout the development and implementation of your idea? |  | | | | | | | | | | | Examples might include:   * Setting up a regular meeting for everyone involved to be part of the process * Sending update emails and texts * Postcards * Assigning and sharing out roles in the development of your idea e.g. a patient may take the lead on sharing news with other patients |
| **Section 3: Impact** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| 1. What impact do you and others hope your idea will have? |  | | | | | | | | | | | This section is about sharing with us the impact you hope your idea may have. We need to see that you have considered the possibilities |
| 2. How will you know it has made a difference? |  | | | | | | | | | | | Think about what you, patients, carers and other staff might see, hear or feel as your idea becomes a reality |
| 3. How will you capture evidence to:   * Evaluate success? * Measure impact? * Use learning to   shape future ideas and actions? |  | | | | | | | | | | | Examples might include:   * Asking people to feedback on a sticky-note * Taking photographs and quotes from people * Interviews with patients, carers and staff |
| 4. How might you ensure your idea is sustainable? |  | | | | | | | | | | | Examples might include:   * By gathering evidence of success, we hope to build a business case to present to senior managers to continue to grow the idea * We are introducing an enterprise aspect to our nature club by having a healthy tuck shop where patients, staff and visitors can purchase things to help sustain a small fund |
| **Section 4: Culture of Care Standards** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| Which Culture of Care Standard or standards and equity principles will your idea contribute to? | Lived Experience |  | | Needs-Led | |  | Autism informed | | |  | | Please put a cross or shade out the main ones that are relevant |
| Safety |  | | Choice | |  |
| Relationships |  | | Environment | |  | Trauma Informed | | |  | |
| Staff Support |  | | Things to Do | |  |
| Equality |  | | Therapeutic Support | |  | Culturally Competent | | |  | |
| Avoiding Harm |  | | Transparency | |  |
| Please explain how your ideas are contributing to each of the standards or equity principles that you have chosen |  | | | | | | | | | | | We just need a brief overview for example   * **Lived Experience:** Setting up a monthly co-production group on the ward is helping to ensure patients are supported to have their voice heard and help with on-going co-production on the ward. Our organisation’s strategic peer lead is facilitating the space and ensures issues and ideas from our ward feed into the senior management group |
| **Section 5: Risks** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| What are the risks associated with your idea? |  | | | | | | | | | | | Please tell us any of the risks relating to your idea. For example:  **Risk:** Reluctance of wider team to get involved because of time pressures  **Mitigation:** Involving wider team from the start and working with them to understand and include their perspective to encourage engagement and motivation  Consider individual and organisational risks |
| What steps have you considered to mitigate the risks? |  | | | | | | | | | | |
| How have you considered all the relevant organisational policies and procedures that might be relevant to your idea? |  | | | | | | | | | | | Examples of this may include:   * Ensuring any equipment purchased meets health and safety regulations * Buying in services from reputable providers who have relevant insurance and DBS certificates for staff |
| **Section 6: Funding** | | | | | | | | | | | | |
| **Question** | **Answers** | | | | | | | | | | | **Guidance Notes** |
| What are the costs associated with your idea? | **Item** | | | | | | | **Cost** | | | | Please list each item separately.  Ensure costs are accurate and based on quotations.  **Examples of what we may fund**   * Equipment, materials * Coaching and activity costs * One-off events * Lived experience involvement fees * Training costs * Volunteer expenses * Transport to support engagement * Refreshments/room hire if no other option and will prevent idea developing   **We cannot fund**   * Retrospective costs * Alcohol * Statutory activities * Things normally funded by your organisation * Overseas travel * Cash that will be given directly to individuals * Political activity and campaigning |
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| **Total:** | | | | | | |  | | | |
| Is this the total cost of your idea or part of a larger project for which you are receiving other financial contributions? |  | | | | | | | | | | | An example of this might be that the ward is renovating a whole outdoor space with organisation funding and this application for funding is supporting the development of a sensory garden |
| **Payment details:** | | | | | | | | | | | | |
| Please choose and compete option 1 or 2. Please contact [culturesofcare@fons.org](mailto:culturesofcare@fons.org) if neither of these options are suitable. | | | | | | | | | | | | |
| **Option 1- Individual Ward Manager** | | | | | **Option 2 - Employer** | | | | | | | |
| **Note:**  The fund must be paid to a bank account in the name of the programme participant/Ward Manager. | | | | | **Note:**  We must have a reference from your employer’s finance department to accompany our payments. The money should be ring-fenced by your finance department only for your use for the Ward Manager programme. We will need to carry out further checks on the destination of the funds and that is why we ask for a contact email address at your employer finance department. | | | | | | | |
| **Online payment to participant** **details:** | | | | | **Online payment to employer details:** | | | | | | | |
| **Name on individual bank account:** | | | | | **Name of employer’s bank account:** | | | | | | | |
| **Account number:** | | | | | **Employer’s bank account number:** | | | | | | | |
| **Sort code:** | | | | | **Employer’s bank sort code:** | | | | | | | |
| **Email address:** | | | | | **Employer reference number to make payment (we must have this):** | | | | | | | |
| **Telephone number:** | | | | | **Employer finance department email address and telephone contact:** **(we must have this):** | | | | | | | |
| **Evidence of spending and monitoring**  We will send out a monitoring form to capture evidence of spending and key learning from your work. Ensure you keep receipts (email confirmation and photos of receipts are acceptable) as we will need copies of these. | | | | | | | | | | | | |
| **Terms, conditions and consent** | | | | | | | | | | | | |
| * I have completed all information to the best of my knowledge * I will inform FoNS of any changes in circumstances that may impact the development of the idea and associated spending * I will complete a monitoring form and provide evidence of spending | | | | | | | | | | | | |
| **Print Name**: | | | **Signature**: (electronic accepted) | | | | | | | | **Date:** | |