**AHSN Transforming Wound Care Programme**

**Test and Evaluation Sites (TES)**

**Application Form**

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| **Q** | **Detail** | **Weighting Score** |
|  | **Please list the main organisation (community provider) and supporting organisations, including ICS, who form part of this application to become a test and evaluation site. Please include the main points of contact, position and contact details.** **If you know who will fulfil the following roles in your programme of change, please indicate their details below:*** **SRO:**
* **Programme Manager:**
* **Improvement Lead:**
* **Data lead:**
 | 10 |
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|  | **Please set out why your organisation and system partnership wish to be selected as one of the test and evaluation sites (TES) for the Transforming Wound Care programme and plans to align with the NWCSP recommendations.** (Please consider your system and organisation priorities, a description of your existing wound care services and how they align with the aspirations of this programme, and current transformation plans, & ICS strategic alignment including NHS NetZero.)  | 20 |
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|  | **Please enclose a statement of support from your organisation and all necessary partners.** (Please consider commissioners, provider organisations, PCNs, ICS support)  | 10 |
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|  | **How are you considering health inequalities, particularly in your current wound care delivery, as part of the proposed approach?** **If you are successful, how would you evidence that you are reducing health inequalities?** Consider which populations in your area are most negatively impacted by health inequalities? How are you ensuring your work does not drive greater health inequalities? [Core20PLUS5](https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/)**Do you agree to undertake a Health Inequalities Impact Assessment for this programme if successful? Yes/ No (please circle).** | 1010 |
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|  | **Test and Evaluation sites will be supported to train and develop staff, to establish dedicated lower limb services in alignment with the NWCSP recommendations and implement a digital wound management system. Successful applications to be a Test and Evaluation Site receive £70,000 funding to support delivery (not for funding technology). What costs do you envisage needing to deliver this? Please complete the excel template attached and return with your application.**(Please consider the elements required to deliver the three areas of the programme including staff backfill including clinical staff, project/programme management & improvement team support, evaluation, digital and data).  | 10 |
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|  | **How do you plan to cover any additional funding requirements identified in the finance table, including funding technology and any additional staff costs?** | 5  |
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|  | **Describe the approach you will take to ensuring that staff are released to undertake the necessary training and education as part of implementing the Lower Limb Recommendations?** | 10 |
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|  | **Data will be a key aspect of the work. Tell us about the data currently collected for wound care in your area.** **What access does your organisation / partnership currently have to data sources across primary, community and secondary care settings? Do you have a Local Health and Care Record in place across your partnership?** **How could being a TES support development in this area?****How able are you to provide pseudonymised data from the programme to support metrics measurement reporting?** | 15 |
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|  | **Does your organisation or partnership use any wound care digital tools? If no, are you planning to invest in one and what are the timeframes?**  | 10 |
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|   | **Total Weighting Score** | 110 |

For you to be considered as a Test and Evaluation Site you will be required to return the following:

1. The AHSN Network is conducting an evaluation as part of this national programmes to further understand the impact. By signing below, you are declaring that your organisation/partnership are willing to participate in a Transforming Wound Care national programme evaluation, including sharing of data with the evaluation partners.
2. Completed Finance Table
3. Completed and signed Application form

**I confirm the information provided to the best of my knowledge, and with the requisite level of authority.**

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| **Name:** |  | **Signature:** |  |
| **Position:** |  | **Date:** |  |
| **Organisation:** |  |  |  |