# BHSCT Charitable Trust Funds Grant Application

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| **Amalgam Fund Name & Number** | **Medical / Surgical Fund** |

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| **For official CTF office use only**<br>**CTF Unique Approval Ref** | **Date** | **Initialled** |

**Please detail your request, breaking down all costs. In this section you should stipulate the Public Benefit to this request.**

This application seeks charitable funding of £499,613 per annum for a two-year pilot to establish a Virtual Wards Programme within the BHSCT.

Virtual wards enable hospital-level care to be delivered safely in patients' homes, improving outcomes while reducing pressure on acute hospital beds. This programme will deliver a dedicated multidisciplinary team to design, implement and scale virtual wards across high-impact pathways in advance of Winter 2026/27.

Charitable funding is requested as pump-priming investment, enabling rapid mobilisation and robust evaluation. The model is designed to become financially sustainable through efficiency gains and bed-day savings, with transition to recurrent funding through reduction in spend.

Health and social care systems are under sustained pressure from:

- Increasing unscheduled care demand
- Capacity constraints and delayed patient flow
- The need to shift care closer to home

Currently, there is no dedicated leadership or coordinated programme to deliver virtual wards at scale, resulting in fragmented progress and missed opportunities for innovation and efficiency.

Virtual wards directly address these challenges by:

- Enabling early supported discharge
- Reducing length of hospital stay
- Supporting technology-enabled, patient-centred care

They are fully aligned with regional policy priorities, including the HSC Reset Plan and Neighbourhood Model, which emphasise prevention, digital care, and community-based delivery.

**Funding Request and Cost Breakdown**

We request £499,613 annually for two years, with no capital investment required. Costs per annum:

- Clinical Director (0.2 WTE): £31,424
- Band 7 Nurse Lead: £79,090
- 2 × Clinical Nurses @ Band 6: £64,082
- Band 7 Pharmacist: £68,979
- Pharmacy Technician (0.5 WTE): £22,848
- Clinical Fellow: £69,852
- Project Manager: £80,371

- Ward Clerk: £36,141
- Non-pay costs: £46,825

**Total: £499,613 per annum**

This investment funds the core workforce required to safely operate and scale virtual wards, including clinical leadership, service delivery, medicines optimisation, and programme oversight.

**Expected Impact**

Virtual wards are an evidence-based innovation delivering measurable benefits:

- Reduced length of stay: 2–5 days per patient
- Admission avoidance: 20–40% across key pathways
- Patient satisfaction: >90%

The proposed pilot will:

- Launch by September 2026 to support winter pressures
- Focus on frailty, respiratory care, and early discharge pathways
- Deliver improvements in:
    - Patient flow and bed availability
    - Quality and safety of care
    - Patient experience and independence
    -

**Sustainability and Long-Term Funding**

***Efficiency and Bed-Day Savings***

Evidence from comparable NHS trust in England (Medway) demonstrates significant system benefits:

- 4,406 bed days saved in a single quarter
- Equivalent to 161 hospital beds released
- Delivering £864,000 staff cost avoidance per quarter

Even modest replication of these outcomes in the BHSCT will:

- Offset pilot costs
- Release acute capacity
- Reduce reliance on escalation beds

***Transition to Recurrent Funding***

This programme is explicitly designed to move beyond charitable funding. During the two-year pilot, we will:

- Collect robust data on activity, outcomes, and cost savings
- Quantify bed-day reductions and efficiency gains
- Demonstrate clear return on investment

By the end of Year 2:

- Savings and cost avoidance will support reinvestment into the service
- A case will be established for recurrent commissioning funding

Charitable funding therefore acts as a time-limited catalyst for a self-sustaining model of care.

**Public Benefit**

This proposal delivers clear and measurable public benefit:

***Improved Patient Outcomes***

- Care delivered safely at home, reducing hospital-associated harm
- Improved recovery, independence, and patient experience

***Improved Access to Care***

- Frees hospital beds for the most acutely unwell
- Reduces waiting times and crowding in acute settings

***System-Wide Efficiency***

- Reduces avoidable admissions and length of stay
- Maximises use of existing NHS resources
- Supports long-term financial sustainability

***Innovation and Equity***

- Expands access to digital and remote monitoring models
- Reduces unwarranted variation in care delivery
- Ensures equitable access to modern healthcare services

**Conclusion**

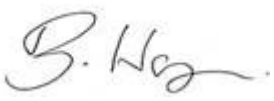
The Virtual Wards Programme represents a high-impact, low-capital investment that:

- Improves patient care and experience
- Reduces pressure on acute hospitals
- Generates measurable efficiency savings

Charitable funding will enable rapid implementation, early demonstrable impact, and long-term sustainability, delivering lasting benefit for patients and the wider health system.

**Amount Required Exclusive of VAT £: 499,613 per annum over 2 years**

**APPLICANT PRINT NAME:** **BRONAGH HAGAN**

**APPLICANT SIGNATURE & DATE**  **18/6/2026**

**Employee declaration FOR TRAVEL COURSE AND CONFERENCES UK & IRELAND ONLY**

Where applicable, by signing this form I confirm that:
My study leave application has been approved by the appropriate manager through HRPTS system in line with the assistance to study policy.
I am responsible for ensuring that the correct level of approval has been obtained when submitting the Charitable Funds Application

**SIGNATURE: _____** **DATE: _____**

**Have all other avenues been explored for funding and what was the outcome? i.e General Capital Funds**
All potential funding avenues have been fully explored as part of the development of this proposal. General capital funding was reviewed and deemed not applicable, as the Virtual Wards Programme requires revenue investment only (staffing and programme delivery) and does not involve any capital expenditure or estate development.

Commissioning / Recurrent Funding: At this stage, there are no available commissioning routes or recurrent funding streams to support the initial establishment of the service. The programme represents a new model of care requiring pilot implementation and evaluation prior to securing mainstream funding.

As a result, charitable funding is the only viable mechanism to pump-prime the pilot, enabling:

- Rapid mobilisation of the multidisciplinary team
- Robust evaluation of outcomes and financial benefits
- Development of a sustainable model for future commissioning

**Have you approached another Committee for this funding previously? If so, what was the outcome?**

No

**If your request is for the provision of Hospitality, please outline how this request is in line with the below DOH Directive. (Please note, for all external hospitatlity requests the below business case must also be submitted)**

**HSC (F) 19-2025 - Guidance on the Acceptance and Provision of Gifts and Hospitality.pdf**

**external_hospitality_proforma.docx**

Belfast Health and Social Care Trust
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Charitable Trust Funds

**Please note, the Committees decision can range from anywhere between 2-6 weeks to be relayed so please ensure your application is submitted well in advance.**

**Once a decision has been made, the CTF team will update you**

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| ***I have reviewed the attached request and I am content it meets the Public Benefit Test, it fits with the fund objectives, Trust objectives, values and is in line with the CTF Handbook & Guiding Principles*** | | | | | |
| ***Committee Member 1 Signature & Date*** | | | | | |
| ***Committee Member 2 or Chair Signature & Date*** | | | | | |
| **Category of Spend Please Select one** | | | | | |
| **Building & Refurb** | | **Medical Research** | | **Patient Education & Welfare** | |
| **Purchase of New Equip** | | **Staff Education** | | **Other** | |
| **Other- Please Specify** | | | | | |