Health Education England SW Simulation Network

Simulation and TEL Project Application Form 2021

Introduction

Health Education South West Simulation Network (HEESWSN) has been allocated funding for projects which will seek to develop multi-disciplinary education through the use of innovative educational technologies across the South West region. Such projects will usually be based around simulation-based education, but might also include e-learning programmes, virtual reality technologies and others.

Funding will usually be in the form of Fellowships for one year, but other projects will also be considered subject to the scoring criteria. Where projects propose to appoint simulation technical staff, priority will be given to projects that utilise Apprenticeship schemes, and which will deliver training pathways in line with the RSCiTech qualification (https://sciencecouncil.org/scientists-science-technicians/which-professional-award-is-right-for-me/rscitech/).

The projects must support the development and delivery of multi-professional educational projects and initiatives throughout the South West region within NHS providers, HEIs, social care or other healthcare settings. Any resources developed through these projects must be shared with other NHS providers, for instance using the iRIS platform. All proposed projects must align **with at least one of the 5 Simulation Network**

- **Multi-agency Simulation Activity**
- **Simulation Technicians**
- **Research**
- **Virtual Simulation, Digital Technologies and Innovation**
- **Standardised Patients.**

Project leads must be supported by an executive sponsor from their host organisation and will be expected to submit quarterly reports to HEESWSN. HEESWSN will support the project team with a dedicated mentor drawn from the Network, and the team will be encouraged to share their progress with the other successful project teams at Network meetings.

Project funding will incorporate funds to execute the project (such as a salary for the Fellowship position) and other costs that are deemed necessary. Purchase of simulation equipment will be not usually be funded, but applicants are welcome to incorporate requests for specific items of equipment within the overall bid.

www.hee.nhs.uk   We work with partners to plan, recruit, educate and train the health workforce.

Page **1** of **25**

HEESWSN will convene a Simulation Project Selection Committee who will be representative of the Network and will include members from a diverse range of backgrounds. The committee will be tasked with assessing bid applications and the final group of successful bids will be selected based on merit.

Division and management of the funds

The intention is to spend the funding supporting Trusts, NHS providers and other healthcare organisations in establishing educational projects with demonstrable human factors, patient safety and quality improvement benefits for multi-professional workers within their organisation and across the SW region, or supporting development of a safe and capable workforce, preventing ill health and supporting healthier lives. Furthermore, HEESW proposes that organisations explore the sustainability of these posts with the intention of permanently funding the role after the 12 month funded post ends.

Simulation Fellowship roles may be drawn from medicine, nursing or other healthcare professional backgrounds. Technician posts funded as part of this funding stream should be open to all eligible applicants and should be linked to Trust Apprenticeship Schemes where possible. Technician posts do not normally have to be filled by individuals with a clinical background, but the range of technician roles is wide and all suggested posts will be considered. Funding will be available for a maximum of £30,000 per project. Priority will be given to projects that target groups or organisations that have limited access to simulation-based education or other TEL interventions.

Criteria and contractual obligations for bids

Bidding organisations are obliged to provide suitable professional continuing support for a fellow, technician or other staff member employed as part of the project. It is imperative that there is time set aside that enables the fellow/technician to convene at least **weekly** with a project lead or mentor from their organisation. They should also be provided with appropriate resources to support the project – information and a proposed outline about these must be detailed in the bid.

HEESWSN will provide a named member of the Network who will be the liaison between the Network and each project, and who will provide external mentoring and guidance as well as receiving project reports and updates, as detailed below. We would anticipate that the Network Liaison would have contact with the fellow/technician and project lead on a monthly basis, with quarterly face-to-face meetings, and agreement to this is a fundamental requirement in order to receive funding.

The bid must include a detailed section describing how the fellow/technician and/or the project they undertake will improve the quality of patient services and enhance patient safety, and how this will be shared across the South West region through HEESWSN. All projects will be expected to develop multi-professional and multidisciplinary groups in their work, ensuring full inclusion of medics, nursing, AHPs and other organisation employees.

Full co-operation and participation is required from all organisations, fellows/technicians and mentors with the use of iRIS (www.irishealthsim.com). This is a web platform to developing, collaborating and sharing of simulation and education resources.

All healthcare workers engaged in SBE in the South West region can have access to the system and this will be arranged for all successful applicants if they do not already have access. All scenarios and learning materials developed must be uploaded to the iRIS system for collective use where appropriate.

Whilst all fellows/technicians, project leads and other staff appointed through this funding stream will be employees of the bidding organisation and not of HEESW, it is a prerequisite of the bid that good communication is fostered and maintained with the Simulation Network and the Associate Deans for Simulation.

A detailed quarterly update is required from each project. This is essential to ensure a regular review with risks and issues at the end of each quarter is reported to HEESW via the Network Liaison. An end of project form detailing outcomes and benefits must be completed to demonstrate for value for investment.

Meetings of the HEESWSN will be held quarterly throughout the year, and attendance at these meetings is mandatory. Additional meetings will be organised to support development of the fellows/technicians and project leads within their roles, provide a forum for sharing practice and activity and offer educational development. Projects also undertake to present their project at the annual South West Simulation Network Conference, held in October of each year (next due to be held in October 2022).

A project lead and executive sponsor is a precondition for each bid. Assurances will be required from these individuals that the project has full support from the organisation and all parties involved from each division that the project crosses.

Finally, projects must be novel and not previously funded through the HEESWSN – the funding is strictly for one year only and will not be recurring.

Guidance on completion of the application form:

- Applications should clearly outline the planned Human Factors, Patient Safety and Quality Improvement objectives to be addressed through a simulation-based or other TEL educational intervention.
- Priority will be given to projects which include strategies to train disciplines or groups that do not currently have access to this type of training or are based in organisations without established access to this type of training.
- Priority will be given to projects which support clinical placements in health and social care organisations.
- Priority will be given to projects that take a multi-disciplinary approach to training.
- Priority will be given to projects that incorporate innovative technologies or other educational methods.
- Priority will be given to projects that will prevent ill health and support healthier lives.
- Priority will be given to projects that will enhance healthcare resources across the South West region.
- Priority will be given to projects that involve partnerships between organisations and between the NHS and private enterprise.

Identified professional background of fellow/technician, project lead and other proposed project staff

- Applications should clearly state the professional background of all staff who are to be involved in the project, or the proposed background of staff that are planned to be recruited. In situations where the fellow/technician has already been identified their details should be included in the application. In most situations it would be expected that the project lead will provide mentorship to the fellow/technician, but if this is not the case then proposals for how the fellow/technician will be mentored should be included. Applications where mentoring arrangements for the fellow/technician have already been identified will be favourably reviewed.

Organisational resources to support fellowship

- The bidding organisation should outline the resources available to support the project in terms of infrastructure, support staff including mentoring systems and access to equipment to implement the project. In situations where resources are not yet in place applications should be accompanied with a business plan outlining organisational funds identified and steps being taking to ensure resources will be in place.

Support from the Organisation leadership

- Applications should identify how the objectives of the project align with the strategic intent of the organisation. In addition, written support from leadership (an executive sponsor) of the bidding organisation must accompany the application along with information about how the post will be professionally supported.

Level/grade of Fellow (eligibility for Simulation Fellowships)

- Positions will be open to all health and care professionals across the Southwest. Please state clearly in the bid application the staff group, grade and/or level of the proposed Fellow. In cases where an organisation's application for funding has identified the professional background of the proposed Simulation Fellow to be medical, only postgraduate trainees of the level ST4 and above will be considered. Where the organisation has proposed a Fellow from another professional background they must hold a band 6 post or above during the fellowship. SAS and non-training grade medical Fellows should be ST4 equivalent or higher. An exception may be made in situations where the proposal is to employ a simulation technician at a lower band than Band 6, but in this case it would be expected that the technician would not be the Project Lead. Where funding is not sufficient to employ the fellow on a full-time basis, there should be a plan for employing them in a less than full time capacity and making up their hours with clinical work or through other means.

Scoring of applications

Applications will be assessed with a score of 1-5 on each of the following criteria:

- Detailed description of objectives and scope of the proposed project
- Potential contribution of project to improve patient safety and outcome
- Potential for the project to increase opportunities for clinical placements in health and care settings

- Clear commitment to the multiprofessional nature of the project and its goals
- Information about how the project/intervention links with Trust and HEESWSN objectives/workstreams
- Potential for benefits to the wider healthcare network across the South West
- Comprehensive description of implementation methodology and timeline of the initiative
- Detailed information about the level of support and resources that will be in place in the organisation to ensure success of the project
- Details of the named mentor for the simulation fellow/technician, including their experience in simulation, human factors, quality improvement and patient safety activities
- Clear and detailed description of how monthly progress reviews will be carried out
- Evidence of support from leadership of proposed clinical implementation area (detailed letter of support to be included)
- Clear plans for the evaluation of impact identified
- Thorough plan for disseminating the results from the project described in detail

Application process

Proposals for consideration (including this form and supporting documents) should be sent by email to PenADAdmin.SW@hee.nhs.uk by 12 noon on Friday 30th July 2021. Scoring and evaluation will be completed during August and shortlisted applicants will be notified as soon as possible. Successful projects will receive their funding from HEE in before the end of 2021. Projects should be able to commence before the end of the 2021-22 financial year.

Proposals must be submitted using the pro-forma in this document and will be assessed using the criteria listed above. The decision to shortlist a project proposal will be based upon the quality and relevance of the submitted information on this form. Please complete HEE South West Project Initiation Document (page 5-8 Brief PID value less than £10,000 or Full PID for greater than £10,000, pages 5-15). HEESW PID **must** also be completed, and will form the basis of ongoing project management through HEESWSN if the project is successfully funded (PID Part 2 pages 12-14). In addition, please complete the additional application questions on page 15.

Requests for further information and any queries about the application process should be directed to the Associate Deans for Simulation – Wai-Yee Tse and Dan Freshwater-Turner (wai-yee.tse@nhs.net or dan.freshwater-turner@uhbw.nhs.uk)

Please complete the HEE South West Project Initiation Document and additional application questions (please note that the additional application questions should be completed for **both Brief or Full PIDS**) below:

Health Education England South West Simulation Network Project Proposal Form 2021-22

HEE South West Project Initiation Document
PART 1 – Initiation and Review - To be completed for Review *(And then updated during Project Delivery as necessary)*
(Please refer to guidance document to aid completion)

Section 1 – Summary					
Funding Year:	2021-22	**Project Title:**	Simulation Based Education Learning Needs Analysis		
Funding Required from HEE:	£30,000	**Organisation to receive funds:**	Dorset HealthCare University NHS Foundation Trust		
Total project value:	£30,000	**Other Funding Bodies:**	N/A	**Value:**	N/A
NHS Priority:	Cross System (ALL)	**Main staff group impacted:**	All Clinical Staff	**Primary aim:**	Improve patient experience
Start Date:	30/10/2021	**End Date:**	31/12/2022	**Revised End Date:**	Select date
Project Manager - Name and Title:		Ashley Ellis, Head of Education, Learning and Development. Phil Redford – TEL /Mandatory training Lead. Bid is endorsed by Catherine Granville, Executive Sponsor (Interim Director for People and Culture)		**Email Address:**	ashley.ellis@nhs.net

Project Manager - Organisation:	Dorset HealthCare University NHS Foundation Trust	Contact Number:	07584467358
Provide a short summary for the use of these funds including the output:	To undertake Learning needs analysis of simulation based education across the whole organisation – a multitude of specialist services, community services, mental health, learning disability and children, young people and family services and across different educational specialisms. This will cover all our diverse groups of staff across multi-disciplines and utilising our QI methodology. The output will be to discover, design and implement our approach to simulation based education based for our workforce and ultimately improve patient care. As an organisation we have limited access to, and experience in, delivering simulation based education. We recognise the benefits that can come from simulation based education but first we need to understand what our needs are before defining our approach and resources needed – to do this we need to create capacity and capability, in which a project resource/facilitator will provide this opportunity.		

Geographical Area Covered:	☒ HEE Region: **South West**
	☒ ICS: **Dorset** ☒ Training Hub: **Dorset** ☒ Other…***please overwrite***…

HEE Star:	Upskilling	COVID-19 Related:	No	People Plan:	1. Making the NHS the Best Place to Work

For ICS projects: **Is this project aligned to all ICS Diversity and Inclusion Plans?**	Yes

Please provide, if appropriate, a short summary:	Simulation activity could include scenarios in which approaches to caring for and treating patients upholds the recognition of individuals' personalised needs. This also links to our key EDI priorities of 'belonging' and transforming our 'people practices'.

For HEE projects: **Is this project aligned to the HEE SW Diversity, Inclusion, & Participation Business Plan?**	Please Select
Please provide, if appropriate, a short summary:	

Does this project contribute to widening participation in the healthcare workforce?	Yes
Please provide a short description:	Our simulation based education project will scope the need of our entire workforce, including our bands 2-4 workforce. We would also scope for our

	students, trainees, work experience and apprenticeships.

Is Expert by Experience (EBE) included within this project?	Yes

If yes, how? If not, please explain why?	In DHC and in L&D in particular we work very closely with 1) our participation team, and 2) Dorset Mental Health Forum – charity, of which we have a recovery and wellbeing partnership and Recovery Education Centre. With both we are very experienced of working together to co-design, co-produce and co-deliver education and training (and patient services) as we see the importance and richness that peer specialists and experts by experience (EBE) bring to our learning culture. This project will be no different and the project scope and stakeholders would include these groups, particularly in any co-design.

PID Completed By: *(Name, Email, Job Title & Organisation)*	Ashley Ellis, ashley.ellis@nhs.net Head of Education, Learning and Development, Dorset HealthCare University NHS Foundation Trust	**Date:**	26/07/2021

Section 2 – Briefly outline why this funding is required?	
Background / Need:	Dorset HealthCare recognises the value and benefits that simulation based education can provide and bring to our workforce however there is a recognised inequality of access to simulation. As a progressive team, we are quite forward thinking in our TEL – with regards to actual technology and eLearning, we have our own eLearning platform, creative software, developers, and video production equipment – RapidMooc. We are well embedded in the HEE TEL network and regularly demonstrate, share and provide advice and guidance to other organisations within

Section 2 – Briefly outline why this funding is required?	
	the group.
	For us simulation doesn't always mean technology, but sometimes it does mean space and being spread geographically across Dorset over 300 different sites has been a challenge, as well as having dedicated and/or skilled resources to give us the time and space to provide the quality input that such areas of education need and demand. We also recognise in a Trust as diverse and spread out as ours, a one size fits all approach will not meet the needs of our staff groups. The funding is vital to review how simulation education in our rural areas may need to look different to our urban areas and recognising we do not have fixed education sites in all parts of the Trust, the project lead role will explore how flexible simulation education can be taken to colleagues rather than them having to leave clinical practice.
	As a 'University Trust' we have a commitment, and a responsibility, to be a learning organisation and provide equity of access to simulation education similar to that which we see in our ICS/regional colleagues, particularly in Acute Hospital Trust's. As mainly a community and mental health provider we recognise our needs are different to those acute/physical health colleagues in partner organisations but we do see opportunities to join up and share once we get going on our journey – we have a large health/Arts University in Dorset and feel there is so much discovery work to be undertaken as part of our QI approach to this.
	We need a dedicated resource to come in and project lead our discovery and design work, working with a number of internal and external stakeholders to engage and capture our organisational needs, this will then inform our implementation phase, which will also see the project lead test out and facilitate some of the design principles that will be discovered and agreed.
	The plan would be to recruit a Project Lead/Facilitator with the project skills and facilitation skills to undertake this project with support from a number of other key people.
	Costs: Band 6 with on-costs for at least 3 days a week (22.5hours) for 12 months, plus additional bits for non-pay will come to just over £30,000.
	Depending on the outcome of this work, and it's demonstrable impact, it would then form an internal business case for additional funding if further resource is required to progress recommendations or benefits not realised from the discovery, design or implementation phases.
Rationale:	We are well versed in offering a blended approach to education and training in a wide variety of approaches. However, we recognise simulation is a gap in our blended approach.

Section 2 – Briefly outline why this funding is required?	
	We know simulation based education is one approach to develop workforce skills, confidence, knowledge and attitudes, whilst shielding our patients from unnecessary risks.
	Simulation based education can be a vehicle for us in which it is seen as a valuable tool in learning to alleviate ethical tensions and resolve practical dilemmas, taking the learning, confidence and knowledge back into the workplace to improve the care being provided.
	We also know that simulation based education techniques, tools, and strategies can also be applied in designing structured learning experiences, as well as be used as a measurement tool linked to targeted teamwork, competencies and learning objectives.
	We want to be able to offer tailored simulation based education to our workforce that best meets their diverse needs in order to be 'Better Every Day' and provide excellent patient care. The project will explore; the who, the what, the why, the how and the when, as this hasn't been clearly identified for us in terms of our simulation offer/approach and needs.
Scope (including benefits to the wider healthcare network across the South West)	For the reasons outlined above, and because we are fairly new in our simulation based education journey, we therefore require a resource to initially undertake a learning needs analysis and staff engagement across our organisation which covers; specialist services, integrated community services, mental health and learning disability services and children, young people and family services.
	This would be part of our discovery phase, we then envisage a design phase based on the scoping and engagement, and finally implementation phase to define and start to put in place our simulation based education approach.
	Also scoping will include working and engaging across our specialist education, learning and development service area teams to understand needs/opportunities and challenges to simulation based education, including; clinical students and medical students placement opportunities/RtP, clinical skills/CPD for staff - OSCEs, advanced clinical practice trainees/staff CPD, apprenticeships, leadership and team development, mandatory training/first aid, international recruitment, widening participation, Equality, Diversity and Inclusion (EDI) and PMVA training (Prevention, management of violence and aggression) within mental health.
	We would also want to scope/explore what development opportunities are available, or we could

develop something internally to upskill some of our specialist trainers, educators, tutors and facilitators to be able to provide simulation activities and/or to think differently about educating beyond the traditional classroom teaching for elements of their delivery.

Other key collaborators and work areas outside of our L&D function that will be included are;
- Our patient safety specialist – particularly around our human factors and patient safety syllabus learning and 5 domains to improve patient safety and outcomes.
- QI team – to support us with our Trust methodology and QI project approach.
- Quality, Patient experience, and participation teams and our REC to ensure the patient voice and experience is heard and embedded in our scoping, design and delivery.
- Risk/SUI team – learning opportunities addressing serious incidents, potential risks.
- Learners – staff, students, medical trainees, ACP's, apprentices etc. – to ensure the learner voice is heard and learning styles, and place based education is considered.

Being a University Trust, we feel there is scope to explore with our University the skills labs they have for simulation, the media and arts side of the University in terms of actors/placements, role play/scenarios and other resources that we might be able to join up on.

Also our ICS partners, particularly our Acute hospital providers also have simulation suites, so how could we potentially work with them for the benefit of integrated working and multi-professional learning.

We naturally have strong links and close working partnerships with our primary and social care colleagues being an integrated community Trust, and therefore we know that access to simulation based education is also limited for these staff groups. As with all of our current provision we do make this available for these colleagues.

We have recently moved boundaries to the South West and we're looking forward to developing relationships and working collaboratively with this region. We worked very well with the Wessex region before our boundaries changed and we'd like to continue our relationship in a similar way

	with the South West. We are keen to make the most of the networking, sharing and working in partnership with opportunities that may arise as well as utilising iRIS.

Alignment to other strategies (including Information about how the project aligns with Trust and HEESWSN objectives (including the five HEESWSN workstreams):	This year we have re-launched our Trust strategy and there are three golden threads that run through it that are appropriate to this project, which includes – learning, innovation and research. In the supporting Strategies there is again clear and obvious alignment with the HEESWSN objectives. Particularly our Quality, and Workforce strategies, which this project supports the ambitions and priorities of, they are:
	
	1. Outstanding quality services
	    • Increased use of digital and new technologies
	    • Improved patient safety and reduced harm
	    • Reduced variation in patient experience and outcomes
	    • Reduced health inequalities and improved health overall
	
	2. Best place to work
	    • Staff and teams empowered in a compassionate, inclusive and open culture.
	
	It also aligns with the national People Plan, and our Dorset ICS People Plan vision to **'work together to deliver the best possible improvements in health and wellbeing'** and our purpose is to **'transform the planning and delivery of local health and care services'**.
	
	The project will naturally link and lead to all 5 of the HEESWSN workstreams through it's journey lifespan but initially the strongest links will be around multi-agency simulation activity and virtual simulation, digital technologies and innovation. This is because we will be scoping the learning needs and doing the discovery work about what's needed and how we might be able to use simulation based education and in collaboration with some of our partners.
	
	The project is also underpinned by the aims of the developing HEE national simulation strategy, particularly around "**equity of access to simulation facilities, equipment, faculty and learning opportunities nationally, so that all learners and staff can benefit**" – for us this means that our workforce/learners can benefit and have access to simulation opportunities.

Section 2 – Briefly outline why this funding is required?	
	"Shaping standards for the delivery of simulation education and training so that high standards of delivery are provided" – we want to focus on quality and putting the right framework that best suits the needs of our workforce and patients. **"Growing the evidence base for the effectiveness of simulation, so that there is continuing improvement"** – our philosophy is all around continuous improvement so we would be evaluating the output and potential outcomes of this project, and consequently the ongoing simulation education to ensure whatever is put in place remains effective and contributes to better care and patient outcomes.

For PIDS with a Total Value less than £10,000 please now complete <u>Section 3.</u>
For PIDS with a Total Value greater than £10,000 please now complete <u>Sections 4-8</u>

Section 3 – ** Only Complete for PIDs with a Total Value of less than £10,000 **		
High Level Costings Breakdown:	**Milestones**	**Anticipated Cost**
		£
		£
		£
		£
	TOTAL:	**<u>£Total</u>**
What will be measured or evidenced to demonstrate impact of this investment?		
How will this project be evaluated to understand the benefits realised from the investment?		

End of Part 1 (Brief PID)

Section 4 – How and what will be measured to demonstrate benefit / impact?						
Please outline what SMART measures / KPIs you will use to monitor and assess the impact of this investment. (add additional rows if needed).						
Provide Information for PID to be approved:			**Provide Initial Information – then refine during Delivery of Project:**			
Ref	**Beneficiary(s)** (<u>Who</u> will benefit from this project)	**Benefit Type** (<u>How</u> will people benefit from this project)	**Benefit Classification**	**When do you expect to realise this benefit?**	**How will the anticipated benefit be measured?**	**What is the baseline for comparison?**	**What is the projected outcome / target?**
1	HEE / DHC	Supporting delivery of HEE national Simulation Strategy Aims	Qualitative Benefits (Unquantifiable)	Upon project completion (end date)	• Equity of access to simulation facilities, equipment, faculty and learning opportunities • Contribution to the evidence base for the effectiveness of simulation • high standards of delivery are provided, in support of national standards for simulation	Current access to simulation based education is unknown/assumed minimal.	Increase in access to simulation based education.
2	South West region	Alignment of HEESWSN objectives, sharing good practice, innovation, learning.	Qualitative Benefits (Unquantifiable)	Mixed	• Ability and capability to share scope, good practice, design and delivery work. • Compare to other community, MH Providers but also hope to add value for them in what we discover, design and implement.	We're not able to share or contribute much to the SW region currently.	Ability and capability to share our learning journey and contribute to the evidence base for the effectiveness of simulation.

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3	Dorset ICS	Ability to offer colleagues in the ICS simulation based education.	Qualitative Benefits (Unquantifiable)	After project completion	• How many organisations are able to join up and collaborate on an approach to simulation.	Simulation, if happening in the ICS is achieved in isolation.	To be able to have shared access to simulation activities across partners in the ICS, for improving truly integrated care
4	DHC staff, learners, and patients	Attraction, recruitment, retention. Develop skills, confidence and knowledge. Simulation based education is known to help improve patient care. Improving learner experience. Better patient experience, safety.	Qualitative Benefits (Unquantifiable)	Mixed	• How many staff access simulation based education. • Improved learning outcomes • Patient experience data triangulated against teams that utilise simulation. • Leavers data • Staff survey data • Student/trainee /learner feedback/surveys	We don't currently collect data on simulation as we don't have an offer. We do have baselines with other data, such as staff survey, leavers, learner feedback etc. which we can work from.	To be able to offer simulation based education to our workforce tailored to meet their needs and our patient population needs.

Section 5 – If the project will deliver Training Modules (upskilling), please complete the table below:							
Course / Module Title	Training Provider	Accreditation Status	Start Date	End Date	Total Cost	Number Plan	Number Completed

Section 5 – If the project will deliver Training Modules (<u>upskilling</u>), please complete the table below:

TBC – Upskilling of current educators, facilitators, tutors, trainers to think differently about mode of delivery, upskill in simulation.	TBC	Non-accredited training	TBC	TBC	£0	Circa 30 educators, tutors, trainers, facilitators across our L&D specialties.
		Choose an item.	Select date	Select date	£0	

Section 6 – What is the Plan to deliver this funding (milestones)?

Please list the milestones you plan to deliver with timescales and anticipated costs.
Please also note that evaluation is a mandatory final milestone.

		PLAN			ACTUAL			
	Milestones	**Start Date**	**End Date**	**Anticipated Cost (£)**	**Expenditure (£)**	**Diff (£)**	**Forecast (£)**	**Status**
1.	Commence recruitment for the Project Lead post	30/10/2021	30/11/2021	£0	£0	£0	£0	Not yet started
2.	Project Lead to commence in post, Discovery phase commences	03/01/2022	31/03/2022	£7,500	£	£	£	Not yet started
3.	Design phase commences	01/04/2022	30/06/2022	£7,500	£	£	£	Not yet started
4.	Implementation phase commences	01/07/2022	30/09/2022	£7,500	£	£	£	Not yet started
5.	Evaluation phase	01/10/2022	31/12/2022	£7,500				
				£30,000	£	£	£	

Section 7 - Project <u>Evaluation</u> – Dissemination – Sustainability

Description of how monthly progress review will be carried out	We have a Directorate Management Group meeting whereby we review progress against all of our deliverables- transformation programme/People plan. This project will be included in our review process. The TEL Lead will also be meeting regularly for 1-2-1's with the Project Lead to support and ensure the project is on track. Head of L&D meets 2 weekly with TEL Lead so review of progress will be ongoing and regular.
Provide a summary of the evaluation methodology that will be used to evaluate this project:	We will be using a QI approach to this project therefore the MFI PDSA and utilising the questions as part of this model to evaluate this project. This will involve stakeholders, data and using a clear plan.

Will evaluation be internal or external? *(If over 100K, external evaluation required)*	Other (Please specify)	**Name of external organisation conducting the evaluation:**	Internal, and HEE support.

Please provide details of how you will measure the impact:	We are starting from a minimal baseline. Impact will be measured on all the anticipated benefits outlined in Section 4 above. A lot of the measures will involve mainly qualitative and experiential feedback /data capture.
How will the findings/successes/lessons learned from this project be shared?	Dorset currently has strong joint working relationship across the system especially in education and development. Lessons learnt will be captured throughout the project and shared at various forums and through already formed partnerships throughout the system, as well as internally with all the identified stakeholders, and likely a working group. We will also be able to share this via the HEESWSN forums, TEL Networks, and through progress updates to HEE. We also anticipate that it would form an update paper to our internal Board/Executive Committee, so that they can keep track of progress and provide continued support to our Education, learning and innovation agenda.

| How will the learning from this project / investment be continued over-time? (i.e. sustainable / business as usual / mainstream) | The proposed role within this bid will be embedded within existing L&D infrastructure and we hope to continue to build upon the joined up working throughout the ICS. Dorset has excellent working relationships between Learning and Development Services, it's University and strong expert knowledge around speciality L&D areas such as placements. However, this project will help create capacity and capability for the right simulation based education approach across all L&D specialities in DHC, therefore the plan is to embed our approach after designing it.

As we discover and design, and if we identify further ongoing resources are needed, we would take a business case through our capital planning programme process, and we would have the project and it's findings as evidence in support of any requested needs which aligns to many or our Trust strategy ambitions and priorities. |

Section 8 – What are the identified Risks to the delivery of the milestones (section 6), and the potential disbenefits from this project / investment succeeding and how will these be mitigated?
Definition: A risk is an event that has not yet occurred but will negatively impact delivery of the investment objectives.

Ref	Risk Description	Date Identified	Severity 1 (low) – 5 (high)	Likelihood	Total risk score Severity x likelihood	Mitigating action	Risk Status
1	If we are unable to recruit into the proposed role project timescales may be impacted until suitable applicant can be recruited.	30/10/2021	3	2	5	We will ensure the job description is pitched at the right level, offer as a secondment and fixed term – so appeals to internal and external applicants	Open
2	Clinical workforce pressures during recovery of Covid and seasonal pressures affecting the ability of clinicians to engage and 'test' concepts out.	30/10/2021	3	2	5	Ensure that any engagement, testing out of concepts meets the needs of all work patterns and a comms and engagement plan will be pulled together.	Open
3		Select Date	Select Score	Select Score			Please select

Section 9 – Progress against the Project Plan

Please provide the spend (£) for this quarter and assign a confidence delivery status. Where 'Off track' or 'Off track – intervention required' is selected, an action plan must be provided to improve progress and ensure delivery of this investment

Period Covered:	Please select	Spend to date:	£	Confidence Delivery Status:		Please select

Please review the following sections and tick when completed:	Section 4 – Benefits ☐	Section 5 – Upskilling ☐	Section 6 – Plan ☐	Section 7 – Evaluation ☐	Section 8 – Risk ☐

Progress Update: • What have you achieved in this period? • What has gone well / not well? • What is the impact? • What are you looking to achieve next period?	

If 'Off track' Amber or Red, what SMART actions are required to improve progress and ensure delivery of this investment? Please note that this MUST be completed if the project status is Red or Amber.		Target Date	Select date

Name of Person Completing Update:		Role of Person Completing Update:		Completion Date	Select date

PART 3 – Evaluation - To be completed after the Project Deliverables have been achieved.

Section 10 – Evaluation Evidence Checklist			
Please tick to confirm each of the following has been completed and provide the date it was submitted to HEE SW PPMO along with the Name of the document which includes each section.			
	Complete	Sent to PPMO	Document Name / Link
Has evidence of the evaluation including methodology, who completed, and data gathered been documented?	☐	Select date	
Has work been completed to map the impacts of this project to anticipated and achieved benefits?	☐	Select date	
Has work been completed to detail how this change will now be incorporated into Business as Usual?	☐	Select date	

HEE SW PPMO Internal use only:

Date Evidence Received by HEE PPMO:	Select date	Evidence location(s):	
Date Project Closed:	Select date	Closed by:	

Change Control Record

Change Control (*add additional rows as required*)				
Section	**What has been changed?**	**Date of change**	**Change made by**	**HEE Project Lead Approval (Date Approved)**
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		

Additional Application Questions:

Description of implementation methodology and timeline of the project	The project will use a QI approach and using the MFI PDSA working closely with our QI team, as well as our Library and Knowledge services. The project will be broken down into four stages; Discovery, Design, Implementation, Evaluation. The first stage is to recruit the project lead/facilitator, then each stage we've allowed for 3 months, looking to commence from October 2021.
Organisational resources to support project (Consider – mentoring arrangements, equipment, place of work, access to work computer)	The role will sit in the Trust L&D function that is well structured, and therefore will be made part of the team, based in the L&D Centre. Reporting to the TEL/Mandatory training lead, they will sit in a team with eLearning developers, mandatory trainers and reporting analysts. With wider team support from a matrix style of working with L&D serve area specialists. There will be some admin support available to the role. Laptop and home computer equipment will be made available.
Brief outline of the support from the Organisation's leadership and from the leadership of the proposed clinical implementation area (should include a letter of support from an Executive Sponsor)	As Head of Education, L&D, I report into the Director for People and Culture but I also have very good relationships and strong links into our Director of Nursing, Therapies and Quality as well as our Medical Director and we work closely alongside our Operational Service Directors for our clinical services. We are very proud of the L&D Service that we provide and are well supported by our senior leadership team. The proposal is endorsed by our Director for People and Culture, on behalf of DHC.
Outline of the chosen fellow, technician and/or other staff (Consider Level/grade, current role, background. Please provide details of their working week)	Band 6, preferable a clinician from a background of MH, LD or community so can understand some of the barriers/challenges, opportunities to implementing simulation. Will need to have project management skills or experience of undertaking scoping and analysis of different sources. Will need to have good facilitation skills. Although will be working closely with practice educators, other trainers, tutors and facilitators in the team. Will be required to produce a project plan, identify stakeholders, meet and engage, data capture, identify trends, solutions and ability to articulate findings and provide recommendations. Ability to think outside of the box, and so will be innovative and have a creative thinking style.
Details of named mentor for the Fellow with a summary of their experience in simulation, quality improvement, human factors and patient safety	N/A - not ready for a fellow. Mentor/support – we will of course be hoping to tap into the expertise and knowledge of regional colleagues where possible and available. Will be supported closely by the TEL Lead and Head of L&D. We already have close working relationships with our patient safety, research, quality, and risk and governance teams.

Agreement that training on the iRIS platform will take place within 1 month of fellow/technician commencing post	Yes we would like to use and contribute on the iRIS where we can. Support and induction may be needed in which we would seek local or regional colleagues support.
Agreement that all documents, scenarios and training items used during the project will be placed on the iRIS platform	Yes we would like to use and contribute on the iRIS where we can. Support and induction may be needed in which we would seek local or regional colleagues support.
Agreement that contact will take place with the HEESWSN Network Liaison at least monthly	Yes we have recently moved into the SW region from Wessex so would welcome this.
Agreement that quarterly progress reports will be filed with HEESWSN via the Network Liaison	Yes agreeable to this.
Agreement that the fellow/technician and/or project lead will attend quarterly Network Meetings and other meetings for funded projects where possible	Yes or if not the TEL Lead who will be line managing the project lead/facilitator will still be attending.
Agreement that the Fellow and Project lead will complete a detailed annual/end of project report and will present the project outcomes at the HEESWSN Simulation Network Conference (or other similar event)	Yes, annual reports and outcomes will be reported on and completed within the L&D team. The Project lead will be closely linked to the reporting required and link with relevant networks and forums.
Cost of project (staffing costs, other costs, total costs)	£30,000 for 0.8WTE Band 6 Project Lead/Facilitator.

END OF APPLICATION