

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.

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:

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:	Improving children's end of life care simulation fellow		
Funding Required from HEE:	£30,000	Organisation to receive funds:	Bristol Royal Hospital For Children University Hospitals Bristol NHS Foundation Trust Upper Maudlin Street, Bristol BS2 8BJ		
Total project value:	£30,000	Other Funding Bodies:	£0	Value:	
NHS Priority:	Maternity & children's	Main staff group impacted:	Multi-disciplinary Teams	Primary aim:	Improve patient experience
Start Date:	02/02/2022	End Date:	01/02/2023	Revised End Date:	Select date
Project Manager - Name and Title:		Dr Omer Aziz Clinical Lead for Organ Donation PICU Consultant		Email Address:	Omer.Aziz@uhbw.nhs.uk
Project Manager - Organisation:		Paediatric Intensive Care Unit Bristol Royal Hospital For Children University Hospitals Bristol NHS Foundation Trust Upper Maudlin Street, Bristol BS2 8BJ		Contact Number:	Direct Line: (0117) 342 8803 / 7468

Provide a short summary for the use of these funds including the output:

Provide funding for an 'improving children's end of life care' simulation fellow. The fellow will allow us to provide simulation based multi-professional/interdisciplinary, native team education session within the Bristol Royal Hospital For Children, with local paediatric palliative care providers (community and hospice) and provide outreach education to Severn and Peninsular teaming working within district general hospitals and community and hospice palliative care teams. Through this approach we hope to train disciplines or groups that do not currently have access to this type of training.

The main goals of our project are to:

- Improve the provision and holistic delivery of end of life care provided within the Children's South West Network.
- Improve rates and quality of care regarding of organ donation.
- Improve the performance of peri/post mortem investigations.
- Improve compliance with statutory legal requirements, frameworks and processes.
- Help support staff wellbeing and resilience through increasing staff confidence in providing end of life care to children, an understandably very emotive topic.

The main outputs/educational simulation events delivered by the project will include sessions designed to improve the quality of care provided regarding:

- **Symptom control and end of life care options**, practical aspects of end of life care provision, drug delivery routes, resources etc via high fidelity immersive native team training (both within the point of care environment and in a simulation center based environment), part task training (ie care of subcutaneous infusions) etc.
- **Limitation of invasive treatment** via high fidelity immersive native team training.
- **Donation after death diagnosed by neurological criteria (brain death (DBD)) and donation after circulatory death (DCD) in children** via high fidelity immersive native team training (both within the point of care environment and in a simulation center based environment).
- **Performance of peri/post mortem investigations** via high fidelity immersive training (both within the point of care environment and in a

simulation center based environment), part task training (ie performance of biopsies) etc

- **Statutory legal requirements, frameworks and processes** via high fidelity immersive training with the support of legal colleagues to simulate attending coroners court etc.
- **End of life communication with children and families** via standardized patients.

Debriefs will focus not just on technical skill, knowledge and attitudes but address human factors as well.

We anticipate aspects of the education programme will be delivery through:

- Just in time clinical skills training in the point of care environment when we are providing end of life care, supporting the clinical staff.
- In house simulation sessions covering the topics described above.
- Outreach sessions delivered for local teams in the region and for specific groups (ie paediatric deanery teaching).
- Development of simulation centre based courses for multi-professional/interdisciplinary teams covering the topics described above.

We are also interested in developing and delivering these educational events at distance via teleconferencing systems and increasing remote learner immersion and engagement through the use of MentiMeter (funding already provided by HEESW) to allow them to suggest management strategies to the team physically involved in the simulation. We plan to study this aspect of our project.

We want to make our project as multi-professional/interdisciplinary as possible and with this in mind we have deliberately identified a team of project leads from different background specialities (Clinical Lead for Organ Donation, Children's Palliative Care, Children's Psychology, Simulation experts, Paediatric Intensive Care) to help support and guide the project.

As the delivery of excellent end of life care required the input of staff from a range

		of background we plan to invite applicants from both a medical and nursing background to take up the post. Medical applicants would need to be ST4 or above. Nursing applicants would need to be Band 6 or 7.			
Geographical Area Covered:		<input checked="" type="checkbox"/> HEE Region: South West <input type="checkbox"/> ICS: Please Select <input type="checkbox"/> Training Hub: Please Select <input type="checkbox"/> Other... <i>please overwrite...</i>			
HEE Star:	Upskilling	COVID-19 Related:	No	People Plan:	1. Making the NHS the Best Place to Work
<u>For ICS projects:</u> Is this project aligned to all ICS Diversity and Inclusion Plans?					Yes
Please provide, if appropriate, a short summary:		HEESW project. Our project and deliver methods are aligned with the HEE Diversity and, Inclusion Our Strategic Framework (2018-2022) and NHS Constitution (2015).			
<u>For HEE projects:</u> Is this project aligned to the HEE SW Diversity, Inclusion, & Participation Business Plan?					Yes
Please provide, if appropriate, a short summary:		Our project and deliver methods are aligned with the HEE Diversity and, Inclusion Our Strategic Framework (2018-2022) and NHS Constitution (2015).			
Does this project contribute to widening participation in the healthcare workforce?					Yes
Please provide a short description:		Although not a specific goal of our educational goals our project and deliver methods are aligned with the 'The Widening Participation – It Matters!' (2014).			
Is Expert by Experience (EBE) included within this project?					Yes
If yes, how? If not, please explain why?		Our educational and training delivery through simulation would be informed not only by best practice guidance, research evidence but also from feedback from bereaved families. We are keen to include feedback from bereaved families into our simulation scenarios and debriefs and share this learning with the wider professional community through publication and uploading resources onto			

	iRIS.
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PID Completed By: (Name, Email, Job Title & Organisation)	Dr Omer Aziz PICU Consultant Omer.Aziz@uhbw.nhs.uk Paediatric Intensive Care Unit Bristol Royal Hospital For Children University Hospitals Bristol NHS Foundation Trust Upper Maudlin Street, Bristol BS2 8BJ	Date:	25/07/2021
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HEE SW PPMO Internal use only:

Date Received by HEE PPMO:	Select date	HEE REF number:	
HEE SRO/PL/SRM/THB&DM:		HEE Programme/Priority/Theme:	
Date Reviewed by HEE:	Select date	Review Outcome	Please Select

Section 2 – Briefly outline why this funding is required?

Background / Need:	<p>The number of children with a life limiting condition in England has increased over the last 17 years and is projected to continue to increase over the next decade (1). With this it is essential that there is adequate training and resources available to provide high quality end of life and bereavement care. The management of these often medically complex children requires a multi professional team (primary/secondary/tertiary care doctors, nurses, allied health care professionals as well as voluntary and third sector staff), working closely using a family centred approach. Hence effective communication between the team and with the family is essential. This is even more pertinent given that there may be complex ethical and legal issues that arise during the course of managing such patients, particularly with ever advancing medical technology as well as the influence of social media on medical expectations. The professionals involved may have limited individual experience of navigating such ethical and legal complexities.</p> <p>In order for the child/young adult and family to remain at the centre of care, it is essential that the professionals involved are aware of and effectively communicate the options of management at</p>
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Section 2 – Briefly outline why this funding is required?

the end of life. These may include but are not limited to:

- Symptom control and end of life care options
- Limitation of invasive treatment
- Donation after brain death (DBD) and donation after circulatory death (DCD) in children
- Peri/post mortem investigations
- Statutory legal requirements, frameworks and processes
- End of life communication with children and families

Bereavement care is often not an emphasised area in health professional training, yet is an essential component of supporting bereaved families. Communication has been highlighted as an essential aspect of effective paediatric end of life care (2), with research with parents and research with parents consistently emphasising the importance of recognising and addressing families information and communication needs. However healthcare professionals commonly cite barriers to communication, along with discrepancies in treatment goals between staff and family members and uncertainty around prognosis, as being the biggest perceived barriers to paediatric palliative care, highlighting the important role for staff education and confidence in communication skills and palliative care (3).

In addition to the provision of information about the child's clinical care and emotional support it is expected that healthcare professionals should also be aware of the statutory and legal processes that are needed after the death of a child (4).

After the death of a child the health care professional may be required to actively engage with any legal proceedings, which the individual may not have had prior experience of, hence awareness of what maybe expected may help to allay any anxieties and distress.

The death of a child, whether expected or unexpected often tends to have an emotional impact on the health care professionals that had been involved in the care of the child. Recognition of this impact is important as well as processes such as debrief sessions. Healthcare professional may not have been trained in conducting a debrief session despite the fact that they are an important part of staff resilience and maintain wellbeing.

Section 2 – Briefly outline why this funding is required?

	<p><u>References:</u></p> <ol style="list-style-type: none">(1) Fraser LK, Gibson-Smith D, Jarvis S, Norman P, Parslow RC. Estimating the current and future prevalence of life-limiting conditions in children in England. <i>Palliative Medicine</i>. December 2020.(2) Long J.V. Parental perceptions of end of life care on paediatric intensive care units; A Literature review. <i>Nursing in critical care</i>. 2011; 16(3): 131-139(3) Davies B., Sehring SA, Partridge JC, Cooper BA, Hughes A, Phillip JC and Kramer RF. Barriers to palliative care for children: Perceptions of pediatric health care providers. <i>Pediatrics</i>. 2008; 121(2); 282-288(4) Edwards F, on behalf of the National Children’s Hospitals Bereavement Network. National Children’s Hospitals Bereavement Network standards for supporting families following the death of a child. (2020) <i>Nursing Children and Young People</i>. doi: 10.7748/ncyp.2020.e1336
<p>Rationale:</p>	<p>NHS England has a commitment to improve of end of life care for all ages, this includes the recently updated strategy; “Ambitions for Palliative Care and End of Life Care: A national framework for local action 2021-2026” (4). The provision of paediatric end of life care may fall to teams working in many different settings with variable knowledge and experience. Lack of available funding for paediatric palliative care services and training is a recognised challenge (5) and means that specialist paediatric palliative care support may not be available to teams at the point of delivering care. Upskilling the workforce is therefore essential.</p> <p>Existing educational sessions tend to target specific staff groups and deliver teaching in isolation losing the advantages of multi-inter disciplinary/native team training.</p> <p>Our proposed fellowship will aim to disseminate learning and reflection about the different components of paediatric end of life care, mentioned in the background section, through a simulation based education programme.</p> <p>We are not aware of a simulation fellowship within the UK or internationally that aims to deliver on this breadth of learning objectives around end of life care or deliver this educational package to native teams rather than fragmented discipline specific teaching sessions. There is evidence to support efficacy of simulation training to support paediatric palliative care (6).</p> <p><u>References:</u></p> <ol style="list-style-type: none">(4) B. Wee et al 2021. Ambitions for Palliative and End of Life Care: A national framework for local action 2021-26. https://learninghub.nhs.uk/Resource/2308/Item(5) Association for Paediatric Palliative Care medicine: https://www.appm.org.uk/webedit/uploaded-

Section 2 – Briefly outline why this funding is required?

<files/All%20Files/APPM%20Newsletters/APPM%20Newsletter%20Jan%202021.pdf>

(6)Educational impact of paediatric palliative simulation study days. <http://dx.doi.org/10.1136/bmjspcare-2015-000883>

Scope (including benefits to the wider healthcare network across the South West)

The scope of this project is wide ranging and would include all members of the multi-professional/multi-disciplinary team who are involved in the care of children with life limiting illness or who have died.

See section above on ‘the use of these funds including the outputs’ for a list of specific project goals and outputs.

We plan to deliver in-reach education within the Bristol Royal Children’s Hospital (BRCH) to patient areas where children receive end of life care (BRCH acute inpatient wards, Paediatric Emergency Department, High Dependency areas, Paediatric Intensive Care Unit)

It is recognised that paediatric end of life care is also delivered in out of hospital settings so this education package will also be available to community and hospice based palliative care providers across the South West region.

We believe that this simulation education package would also be highly applicable to health care workers across the South West region and plan to provide outreach education to Severn and Peninsular teams working within district general hospitals.

There is also recognition of the emotional impact and distress health care professionals experience after a child's death as well as being involved in any legal process. This programme will aim to go through the processes that may help the health care professional through this.

If successful we would be interested in making aspects of the project available to a national audience (for instance potentially through NHS Blood and Transplant) to allow learning to be shared as widely as possible.

We are also interested in developing and delivering these educational events at distance via teleconferencing systems and increasing remote learner immersion and engagement through the

Section 2 – Briefly outline why this funding is required?

	<p>use of MentiMeter (funding already provided by HEESW) to allow them to suggest management strategies to the team physically involved in the simulation. We plan to study this aspect of our project.</p>
<p>Alignment to other strategies (including Information about how the project aligns with Trust and HEESWSN objectives (including the five HEESWSN workstreams):</p>	<p>Our project would align with the following UHBW values, trust objectives and governance targets:</p> <ul style="list-style-type: none"> • Trust Values: Working together and Embracing Change. <ul style="list-style-type: none"> ○ We want to make our project as multi-professional/interdisciplinary as possible and with this in mind we have deliberately identified a team of project leads from different background specialities (Clinical Lead for Organ Donation, Children’s Palliative Care, Children’s Psychology, Simulation experts, Paediatric Intensive Care) to help support and guide the project. We feel that this will allow us to gain the maximum impact to the wide range of staff possible, thereby embracing change. • Improve the provision of end of life care within the BRCH. There has been an education need identified from governance processes to improve staff knowledge and skills around the provision of end of life care outside of PICU. Our project would help to address this learning need. <p>Our project would align with the follow HEESW Work streams:</p> <ul style="list-style-type: none"> • Research • Virtual Simulation, Digital • Standardised Patients <p>We are interested in developing and delivering our educational events at distance via teleconferencing systems and increasing remote learner immersion and engagement through the use of MentiMeter (funding already provided by HEESW) to allow them to suggest management strategies to the team physically involved in the simulation. We plan to study this aspect of our project.</p> <p>One goal of our project is to improve end of life communication with children and families via the use of standardized patients.</p>

**For PIDS with a Total Value less than £10,000 please now complete [Section 3](#).
For PIDS with a Total Value greater than £10,000 please now complete [Sections 4-8](#)**

Section 3 – ** Only Complete for PIDs with a Total Value of less than £10,000 **

Section 3 – ** Only Complete for PIDs with a Total Value of less than £10,000 **

High Level Costings Breakdown:	Milestones	Anticipated Cost
		£
		£
		£
		£
	TOTAL:	£Total
What will be measured or evidenced to demonstrate impact of this investment?	N/A	
How will this project be evaluated to understand the benefits realised from the investment?	N/A	

End of Part 1 (Brief PID)

Section 4 – How and what will be measured to demonstrate <u>benefit</u> / impact?							
Please outline what <u>SMART</u> 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) (Who will benefit from this project)	Benefit Type (How 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	Multi-professional/interdisciplinary, native team education session within The Bristol Royal Hospital For Children local paediatric palliative care providers (community and hospice based) and provide outreach education to Severn and Peninsular teaming working within district general hospitals and those providing paediatric palliative care in the community and hospices.	<p>Improve staff confidence and performance in:</p> <ul style="list-style-type: none"> • Symptom control and end of life care options • Limitation of invasive treatment • Donation after brain death (DBD) and donation after circulatory death (DCD) in children • Peri/post mortem investigations • Statutory legal requirements, frameworks and processes • End of life communication with children and families 	Quantifiable Benefits (but not monetisable)	Within 6 months of project start	We will collect data addressing Kirkpatrick Model level 1-3 as part of this project to attempt to improve and maximize the impact of the program on the quality of care that we provide. Through this process we plan to effectively link the teaching delivered to know risks/learning needs and monitor improvement, thus ensuring good constructive alignment of the program	We will collect pre and post education session learner rated confidence outcomes.	Improve staff confidence and performance in benefit types described already.

2	Multi-professional/interdisciplinary, native team education session within the Bristol Royal Hospital For Children, the local hospice network and provide outreach education to Severn and Peninsular teaming working within district general hospitals.	Educational output (time based)	Quantifiable Benefits (but not monetisable)	Within 6 months of project start	Programme output can be evaluated by the number on sessions provided to learners.	Currently lack of specific training in these areas.	Provide vital training to improve children's end of life care provision in the South West.
3	Professionals providing end of life care to children nationally.	All teaching material generated will be uploaded onto the iRIS system and shared locally and nationally through specialist interest groups. We would also plan to submit the impact findings and reflections on our program at the annual South West Simulation Network Conference and submit data for publication.	Qualitative Benefits (Unquantifiable)	Upon project completion (end date)	Sharing of learning.	Currently lack of local and regional specific training in these areas.	Provide vital training to improve children's end of life care provision in the South West.

4	We plan to apply for the 'Improving children's end of life care' simulation fellow post to be funded internally after the pilot period.	<p>Improve staff confidence and performance in:</p> <ul style="list-style-type: none"> • Symptom control and end of life care options • Limitation of invasive treatment • Donation after brain death (DBD) and donation after circulatory death (DCD) in children • Peri/post mortem investigations • Statutory legal requirements, frameworks and processes • End of life communication with children and families 	Quantifiable Benefits (but not monetisable)	After project completion	We will collect data addressing Kirkpatrick Model level 1-3 as part of this project to attempt to improve and maximize the impact of the program on the quality of care that we provide. Through this process we plan to effectively link the teaching delivered to know risks/learning needs and monitor improvement, thus ensuring good constructive alignment of the program	We will collect pre and post education session learner rated confidence outcomes.	Improve staff confidence and performance in benefit types described already.
5	Reflections from bereaved families and staff will be considered throughout the programme but we do not feel that formal surveys of bereaved families are likely to be appropriate.	Quality of end of life care provided.	Qualitative Benefits (Unquantifiable)	Upon project completion (end date)	Reflections from project team and staff providing end of life care	Nil	N/A

6	Learners joining sessions remotely Vs those engaging in face to face training.	<p>We are interested in developing and delivering our educational events at distance via teleconferencing systems and increasing remote learner immersion and engagement through the use of MentiMeter (funding already provided by HEESW) to allow them to suggest management strategies to the team physically involved in the simulation. We plan to study this aspect of our project.</p> <p>We will assess the impact of this strategy on the learner rated educational quality ratings between the 2 groups.</p>	Quantifiable Benefits (but not monetisable)	Upon project completion (end date)	<p>We will collect data addressing Kirkpatrick Model level 1-3 as part of this project to attempt to improve and maximize the impact of the program on the quality of care that we provide. Through this process we plan to effectively link the teaching delivered to know risks/learning needs and monitor improvement, thus ensuring good constructive alignment of the program</p>	We will assess the impact of this strategy on the educational quality ratings between the 2 groups	This may have a financial impact of on the cost of training and the ability to deliver training as scale.
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7	Quality of end of life care provided for children within the BRCH.	Qualitative feedback on the quality of end of life care provided for children within the BRCH.	Qualitative Benefits (Unquantifiable)	Within 3 months of project start	Impact on patient care can be monitored through the established governance process of the Child bereavement meeting, held monthly.	Assessed in real time though out the project and used to identify latent threats and target areas for further educational intervention.	Improve the quality of end of life care provided for children within the BRCH.
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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
		Choose an item.	Select date	Select date	£		
		Choose an item.	Select date	Select date	£		

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. Open applications for fellow post	01/09/2021	01/10/2021	£0	£0	£0	£0	Not yet started
2. Appoint and induct the Improving children's end of life care simulation fellow Provide Simulation Training (Train the Trainer) locally as needed (no HEE funding required)	01/11/2021	28/02/2022	£30,000 salary	£30,000 salary	£	£	Not yet started

3.	Development of simulation based educational package and delivery of education programme in house.	02/02/2022	01/02/2023	£0	£0	£0	£	Not yet started
4.	Development of outreach simulation based educational package and delivery of education programme.	03/08/2022	01/02/2023	£0	£0	£0	£	Not yet started
5.	Evaluation: Assessment of the performance of the project by project team. Presentation and hopefully publication of learning. We will perform an exit interview with the Simulation Fellow to gain feedback from them on their reflections on the program. Application for internal funding of Improving children's end of life care simulation fellow as part of an ongoing education program.	01/02/2023	03/05/2023	£0	£0	£0	£	Not yet started
				£30,000	£	£	£	

Section 7 - Project <u>Evaluation</u> – Dissemination – Sustainability	
Description of how monthly progress review will be carried out	<p>Number of sessions delivered to learners with breakdown of learner background speciality and type of education event delivered.</p> <p>Anonymous feedback from learners collected and collated using bespoke RedCap survey tool (no funding needed from HEE).</p> <p>Project challenges and threats discussed within the project team and with HEESW via the Network Liaison.</p> <p>The project team will meet with the simulation fellow at least weekly to provide supervision, support and guidance.</p>
Provide a summary of the evaluation methodology that will be used to evaluate this project:	Anonymous Likert scale feedback from learners collected and collated using bespoke RedCap survey tool (no funding needed from HEE).

Will evaluation be internal or external? <i>(If over 100K, external evaluation required)</i>	Internal	Name of external organisation conducting the evaluation:	
Please provide details of how you will measure the impact:	Anonymous Likert scale feedback from learners collected and collated using bespoke RedCap survey tool (no funding needed from HEE). See section 4 on projected outcomes.		
How will the findings/successes/lessons learned from this project be shared?	All teaching material generated will be uploaded onto the iRIS system and shared locally and nationally through specialist interest groups. We would also plan to submit the impact findings and reflections on our program at the annual South West Simulation Network Conference and submit data for publication.		
How will the learning from this project / investment be continued over-time? (i.e. sustainable / business as usual / mainstream)	We plan to apply for the 'Improving children's end of life care' simulation fellow post to be funded internally after the pilot period. All teaching material generated will be uploaded onto the iRIS system and shared locally and nationally through specialist interest groups. We would also plan to submit the impact findings and reflections on our program at the annual South West Simulation Network Conference and submit data for publication.		

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	Impact of COVID-19 on ability to provide face to face training	02/02/2022	3	3	9	Potential to provide training at distance using the methodology already described.	Open
2	Impact of COVID-19 meaning that simulation staff are pulled back into clinical roles in times of extreme clinical pressures.	02/02/2022	3	3	9	Agreement with local management and finance that HEE educational funding will be ring fenced so if the project were to be paused it can then start up again once the clinical pressures have reduced.	Open

3		Select Date	Select Score	Select Score			Please select
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End of Part 1 (Full PID for larger investments)

PART 2 – Delivery - To be updated quarterly after PID Approval (During Project Delivery)

Section 9 – Progress against the Project Plan						
<p><i>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</i></p>						
Period Covered:	Please select	Spend to date:	£	Confidence Delivery Status:	Please select	
Please review the following sections and tick when completed:	Section 4 – Benefits <input type="checkbox"/>	Section 5 – Upskilling <input type="checkbox"/>	Section 6 – Plan <input type="checkbox"/>	Section 7 – Evaluation <input type="checkbox"/>	Section 8 – Risk <input type="checkbox"/>	
Progress Update: <ul style="list-style-type: none"> • 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?	<input type="checkbox"/>	Select date	
Has work been completed to map the impacts of this project to anticipated and achieved benefits?	<input type="checkbox"/>	Select date	
Has work been completed to detail how this change will now be incorporated into Business as Usual?	<input type="checkbox"/>	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		

Additional Application Questions:

Description of implementation methodology and timeline of the project	See above
Organisational resources to support project (Consider – mentoring arrangements, equipment, place of work, access to work computer)	<p>The project team will meet with the appointed simulation fellow on a weekly basis to support the fellow and ensure project delivery.</p> <p>The simulation fellow will have access to a workspace and computer facilities within PICU.</p> <p>University Hospitals Bristol NHS Foundation Trust (UHBFT) has a well-established and highly active simulation programme through the Bristol Medical Simulation Centre that can provide equipment, technical support and simulation training (educational theory, simulation planning, technical aspects of simulation delivery and advanced debriefing techniques, including ‘Advocacy Inquiry’ methodology) for the ‘improving children’s end of life care’ simulation Fellow. The ‘improving children’s end of life care’ project faculty all have an interest in education and will be heavily involved in the project and providing support to the simulation fellow.</p>
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)	<p>Support gained from local PICU medical and nursing leadership, see letters of support. Support gained from BRCH management and finance, see letters of support.</p> <p>LEP/organisation who will manage the finances and receipt of the funds: Name: Adrian Mountford Title: Divisional Finance Manager Email: Adrian.Mountford@UH Bristol.nhs.uk Tel No: 0117 342 8877</p>
Outline of the chosen fellow, technician and/or other staff (Consider Level/grade, current role, background. Please provide details of their working week)	<p>We plan to invite applicants from a medical and nursing background:</p> <ul style="list-style-type: none"> • 1x ST4+ junior doctor, if full time 50% education, 50% clinical time on PICU. Funding for clinical time agreed with management. • 1x Band 6 nurse at 0.8WTE with remaining clinical time funded by the PICU nursing budget (funding for clinical time agreed with management)

	<ul style="list-style-type: none"> • 2x Band 6 nurse at 0.4WTE with remaining clinical time funded by the PICU nursing budget (funding for clinical time agreed with management) <p>Desirable characteristics/skills will include:</p> <ul style="list-style-type: none"> • Previous experience of end of life care provision or palliative care • Previous experience in organ donation • Previous experience in simulation based education delivery and or education <p>Their working week will depend on their background speciality and clinical commitments but would include dedicated days to plan, develop and deliver end of life simulation education both in the point of care setting and as part of larger courses (with the support of the project team) within UHBW and the South West.</p>
<p>Details of named mentor for the Fellow with a summary of their experience in simulation, quality improvement, human factors and patient safety</p>	<p><u>Project Lead:</u></p> <p>Dr Omer Aziz PICU Consultant Paediatric Clinical Lead for Organ Donation Departmental lead for Quality Improvement</p> <p><i>Education, simulation and human factors experience:</i></p> <ul style="list-style-type: none"> - Lead for the Education Work stream of the Paediatric National Organ Donation Committee; This role includes reviewing and updating the current resources available to promote learning about Paediatric Organ Donation. This also includes running local and regional Paediatric Organ Donation Simulation sessions. - Faculty member for the National Deceased Donation Simulation Course: Have been involved in helping to develop the paediatric component of this national course that is run by NHSBT. I am also a faculty member on the course which includes immersive simulation sessions related to the process of organ donation. - Deputy lead for Organ Donation in the British Islamic Medical Association: Involved in organising and delivering community educational events, to promote discussion around organ donation within the Muslim Community. <p><i>Quality improvement and patient safety experience:</i></p> <ul style="list-style-type: none"> - Departmental lead for quality improvement: keeping an overview of the different QI

initiatives within the department. Working closely with the departmental governance and education teams to ensure that the QI initiatives align with the departmental needs and patient safety priorities.

Project Team:

Dr Charlotte Mellor
Consultant in Paediatric Palliative Care

Education, simulation and human factors experience:

- Training advisor, RCPCH CSAC Paediatric Palliative Medicine (PPM) (2017-present). Led on the development of a curriculum for SPIN training in PPM and relaunching of the PPM SPIN training programme. Oversee training of UK GRID and SPIN PPM trainees.
- South West Paediatric Palliative Care Network Steering Group member (chair 2016-2019) which delivers multi-disciplinary training courses for paediatric palliative care providers three times a year.
- Extensive experience of delivering training on all aspects of paediatric palliative care to the multi-disciplinary workforce at undergraduate and postgraduate level locally, regionally and nationally.
- Faculty member for 'When a Child Dies' – a one day simulation course, UHBW Simulation Centre, July 2019

Quality improvement and patient safety experience:

- Children's Palliative Care Workstream lead, Children and Families Programme Board, Healthier Together, BNSSG CCG. Leading on the delivery of 4 priorities – delivering excellence in advance care planning for children, developing an integrated prescribing system, developing a service to provide end of life care at home and developing systems by which local providers of paediatric palliative care and work together in a joined up way
- Medical workstream lead for project to develop an integrated paediatric palliative and end of life care service for BNSSG (1PA)
- Paediatric Palliative Care & Bereavement Support Team lead for Quality Improvement. Recent completed projects: Safe delivery of subcutaneous infusions within BRHC – training package, development of prescribing forms, & clinical guidelines. Development of a Symptom Management Planning template for children with palliative care needs;

implemented for use across the South West.

Dr Samantha Lloyd
Specialist Clinical Psychologist
Paediatric Intensive Care and Covid Follow-up Clinic

Education, simulation and human factors experience:

- Delivering teaching and training to a variety of professionals and students at both undergraduate and postgraduate level, on a range of topics including supporting families in distress, communication skills training and managing the psychological impact of working in an acute health setting.
- Facilitation of psychology-led wellbeing debriefs following child deaths on PICU, giving an awareness of challenges of providing end of life care in this setting from the perspective of professionals.
- Experience of providing psychological support to children, adults and families across a range of settings including neonatal and paediatric intensive care, and including end of life and bereavement support for families.

Quality improvement and patient safety experience:

- Training and experience in quality improvement through UHBW training – QI Silver training, MSc in health service research and doctorate in clinical psychology which included a significant service improvement component.
- Member of UHBW Psychological Health Services Research and Quality Improvement service development group, which aims to support and facilitate colleagues within the department to plan and carry out research and quality improvement and to create and maintain links with both internal and external research and QI resources.

Dr Thomas Jerrom
PICU Consultant
PICU Education Team and Specialist interest in Simulation

Education, simulation and human factors experience:

- Bristol Simulation Fellow September 2011 to September 2012. This post gave me experience in scoping, designing, facilitating and debriefing simulation scenarios. I designed numerous sessions/courses for a variety of learners including children, parents, nurses, junior doctors and consultants, receiving very positive feedback. I have designed various simulation moulage techniques and simulation systems presenting them internationally. I have presented nationally and internationally on other medical education/simulation topics, including a simulation research study I conducted, for which I won a national prize.
- I am one of the education representatives for PICU and have specific 0.5 SPA time allocated for this role within the department on top of my basic SPA allocation. As part of this allocation I am joint lead for situation within PICU helping to deliver regular multi-disciplinary high-fidelity simulation sessions focusing on human factors skills. I was invited to design and deliver the UCL/RCP Postgraduate Diploma in Medical Education simulation module in 2012, and have taught on the program ever since. I have completed the GIC course and am an APLS instructor.
- I have completed the University of Bristol Teaching and Learning for Health Professionals Certificate and Diploma course and was awarded a Distinction in both. I am a fellow of the Higher Education Academy (awarded 8/5/2013).

Quality improvement and patient safety experience:

- I have been involved in number quality improvement projects most combining my interest in education to improve patient care. A recent example would be RE-STRAPPED program, a multi-professions educational QI project that has significantly reduced the rates of unplanned extubations on PICU. This was signed as an example of excellent practice in the recent GIRFT review and has been presented internationally (ESPNIC 2021)
- I have recently completed the deanery training Quality Improvement Workshop (26/6/2019).

	- I regularly participate in unit governance, quality improvement and running of Rapid Incident Triage Meetings.
Agreement that training on the iRIS platform will take place within 1 month of fellow/technician commencing post	Agreed.
Agreement that all documents, scenarios and training items used during the project will be placed on the iRIS platform	Agreed.
Agreement that contact will take place with the HEESWSN Network Liaison at least monthly	Agreed.
Agreement that quarterly progress reports will be filed with HEESWSN via the Network Liaison	Agreed.
Agreement that the fellow/technician and/or project lead will attend quarterly Network Meetings and other meetings for funded projects where possible	Agreed.
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)	Agreed.
Cost of project (staffing costs, other costs, total costs)	£30,000

END OF APPLICATION