

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:	Prevention, De-escalation and Reflective Practice Simulations		
Funding Required from HEE:	£29,421	Organisation to receive funds:	Devon Partnership NHS Trust		
Total project value:	£45,180	Other Funding Bodies:		Value:	
NHS Priority:	Mental health & learning disabilities	Main staff group impacted:	Multi-disciplinary Teams	Primary aim:	Improve patient experience
Start Date:	03/01/2022	End Date:	02/01/2023	Revised End Date:	Select date
Project Manager - Name and Title:		Steve Haupt	Email Address:		stephen.haupt@nhs.net
Project Manager - Organisation:		Devon Partnership NHS Trust (DPT)	Contact Number:		07967467065
Provide a short summary for the use of these funds including the output:		To appoint a Simulation Fellow to work across multi agencies (Livewell South West and Devon Partnership NHS Trust) to design, develop, deliver and evaluate bespoke simulation courses with the aim to reduce reliance on restrictive practices by promoting positive practices that focus on prevention, de-escalation and reflective practice through the use of simulation as a method of training initially across two wards in DPT and two in Livewell South West.			
Geographical Area Covered:		<input checked="" type="checkbox"/> HEE Region: South West <input type="checkbox"/> ICS: Devon <input type="checkbox"/> Training Hub: Please Select <input type="checkbox"/> Other... ..			

HEE Star:	Upskilling	COVID-19 Related:	No	People Plan:	5. Growing and Training our Future Workforce
<i>For ICS projects:</i> Is this project aligned to all ICS Diversity and Inclusion Plans?					N/A
Please provide, if appropriate, a short summary:					
<i>For HEE projects:</i> Is this project aligned to the HEE SW Diversity, Inclusion, & Participation Business Plan?					Yes
Please provide, if appropriate, a short summary:		We will ensure that this project which we hope will come as a result of a successful bid will be inclusive of all perspectives and celebrate diversity whilst following the principles of HEE Diversity and Inclusion Strategic Framework (2018-2022)			
Does this project contribute to widening participation in the healthcare workforce?					Yes
Please provide a short description:		Working with Livewell South West and sharing best practice and upskilling both new and existing staff across organisations to improve patient safety in a variety of healthcare settings which in turn aligns with the NHS People Plan objectives			
Is Expert by Experience (EBE) included within this project?					Yes
If yes, how? If not, please explain why?		We will use service user representation through peer support workers with lived experience and carers in designing, implementing and evaluating the simulation. Through the DPT 'Together Programme', people who use our services and their carers co-produce the design and delivery of the services we provide and commission.			

PID Completed By: (Name, Email, Job Title & Organisation)	Stephen Haupt, stephen.haupt@nhs.net , Lead Simulation Fellow, Devon Partnership NHS Trust	Date:	29/07/2021
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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
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Section 2 – Briefly outline why this funding is required?

Background / Need:

Seclusion is defined within the Mental Health Act 1983 Code of Practice as: "The supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of containment of severe behavioural disturbance which is likely to cause harm to others" (Department of Health, 2015). Seclusion should only be used as the last resort, when there is no other way of de-escalating a situation where someone may harm themselves or others. Despite this, local data from incident reporting shows that seclusion is being utilised on a regular basis throughout DPT, at times on a daily basis over different wards. This is similar to neighbour trust Livewell South West.

Seclusion should be used as a last resort and for the shortest time possible. Seclusion relies heavily upon multi-disciplinary team (MDT) decision making regarding the patient’s mental health, medication, physical health, risk management and much more. Staff generally find the process anxiety provoking, as the process can carry unpredictable risks to the patients and staff (Akroyd et al,2021) .

- Staff find themselves having to use a prone restraint (face down) which has the most associated risks as it can restrict breathing, with some staff doing this for the first time in practice.
- Restraint by its nature restricts a person’s liberty, but the frightening, overwhelming and traumatising nature of this experience can amount to treatment which is experienced as degrading.
- Physical restraint can be humiliating, terrifying and even life-threatening
- An over reliance on restrictive practices in services can create a toxic culture characterised by a cycle of trauma for both staff and patients. To be in the position of being restrained or to be part of a team that is implementing a restraint is likely to be traumatising. It is also important to remember that many of the people who come to be in a position where they are restrained may already have a history of trauma and this experience can be re-traumatising.

In addition, every time a patient goes onto seclusion, this involves taking a member of staff off the main ward to observe the patient at a minimum of 1-1, reducing staff resources.

- Mental health provision as a discipline has faced staffing challenges for years, with a 12% drop in mental health nurses, with the overall deficit remaining largely unfilled since 2009 (Davies, 2020).

Section 2 – Briefly outline why this funding is required?

- Staff shortages and burnout has increased significantly since the onset of the pandemic, with an NHS survey finding 44% of staff reported feeling unwell through work-related stress, having increased from 36% the previous year (NHS staff survey, 2020).
- Within Devon Partnership Trust (DPT), inpatient areas are hard to recruit to and it can be difficult to retain staff. Across DPT vacancy rates for inpatient nurses are currently running at 25.59%, and Trust wide turnover is 11.6%, with a stability rate of 75.8%.

Currently within DPT there is one Simulation Fellow to provide simulation training to the whole organisation. The Simulation Fellow does not have the capacity to pick up another project and manage with the successful outcomes previously achieved. A successful application will be a significant contribution to the simulation department. A successful application will increase the number of simulation courses that the Trust is able to deliver.

References:

Akroyd, M., Allison, J., Booth, S., Gilligan, C., Harrison, D., Holden, V. and Mace, R. (2021), "Multidisciplinary, simulation-based training to improve review of seclusion", *The Journal of Mental Health Training, Education and Practice*, Vol. 16 No. 3, pp. 224-237. <https://doi.org/10.1108/JMHTEP-06-2020-0041>

Department of Health (2015), *Mental Health Act 1983: Code of Practice*, Norwich, The Stationery Office.
NHS Survey Coordination Centre. *NHS Staff Survey 2019*. 2020. Available at <http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/> (accessed February 2021).

Rationale:

To recruit a part time Band 6 simulation fellow to create a blended learning experience, which uses technologically enhanced learning and simulation to design, develop, implement and evaluate a bespoke training with a focus on reducing restrictive forms of practice within inpatient settings. The simulation programme will form an integral part of the safe from restrictive practice strategic programme, enhance existing approaches and support our workforce to attain safety critical skills and behaviours.

The training objectives are:

- To have a sustained improvement patient safety and experience by lowering forms of restrictive practice.
- Where restrictive practice is clinically indicated, an improvement in quality of life with a focus on the patient's safety, human rights and dignity.
- To have a sustained improvement in staff confidence and competence around assessment and management of the use of seclusion and restrictive interventions. Including increasing use of alternatives to restrictive practice with improved use of non-technical skills (teamwork,

Section 2 – Briefly outline why this funding is required?

	<p>communication, emotional resilience) with higher awareness of human factors, use of safer wards approach, i.e Talk Down methods and active listening.</p> <p>The appointment of the Simulation Fellow will be in addition to the existing simulation resources and is required in order to develop the current simulation faculty for the trust. The appointment of a second Simulation Fellow will allow DPT to expand and integrate its simulation priorities and objectives.</p>
<p>Scope (including benefits to the wider healthcare network across the South West)</p>	<p>We intend to:</p> <ul style="list-style-type: none">- Recruit part time Simulation Fellow to start in post from January 2022- Create a blended learning approach which focuses on theory/ simulation. The theory element will use forms of technologically enhanced learning and involve group discussion. The simulation will be of a medium/ high fidelity, with focus upon specific seclusion scenarios. <p>Focusing upon the specific areas:</p> <ul style="list-style-type: none">- Protecting patient and staff fundamental human rights and promoting person centred, best interest and therapeutic approaches to supporting people when they are distressed.- Improve the quality of life of those being restrained and those supporting them- Reduce reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, de-escalation and reflective practice- Increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs- Where required, focus on the safest and most dignified use of restrictive interventions including physical restraint- Pilot this training over 6 months initially across 4 mental health wards (2 acute, 2 medium secure) working in a multi-agency way through DPT and Livewell South West followed by a post pilot evaluation.- Produce quarterly detailed reports for submission to HEESWSN.- Produce an evaluation report at the end of the 6 months to present to HEE and executive teams of both organisations. <p>Benefits to the wider healthcare network will include sharing of best practice of managing prevention, de-escalation and reflective practice</p>

Section 2 – Briefly outline why this funding is required?

Alignment to other strategies (including Information about how the project aligns with Trust and HEESWSN objectives (including the five HEESWSN workstreams):

This project will align to:

The National Strategic Vision for Simulation (2020) – This will contribute towards patient safety outcomes and lifelong learning outcomes.

The NHS patient safety syllabus and the patient safety strategy (2019) – This training will become part of the patient safety incident response framework. DPT's Safe From Restrictive Practice strategic safety programme

The NHS People plan (2021) – “HEE will develop materials including simulation and an expansion of E learning”. As well as, the NHS People Promise – “staff safety including staff physical and mental wellbeing”.

The project also aligns with existing policies from DPT and Livewell South West relating to seclusion.

For example, Restrictive Practice Policy and Seclusion policy.

As well as other frameworks;

- National Institute for Clinical Excellence; Violence and Aggression: short term management in mental health, health and community settings 2013
- Department of Health Positive and Proactive Care: reducing the need for restrictive interventions 2014
- NHS Protect: meeting needs and reducing distress 2013
- National Trauma Training Framework 2017

HEESWSN – mental health is a priority area with the HEESWSN South West Regional Operating Plan.

HEESWSN Work streams:

- Multi-agency Simulation Activity – we will be running simulations across DPT and Livewell South West mental health trusts. The simulation training will include attendance from a range of health care professionals from different healthcare backgrounds i.e nursing, medical, allied health professionals.
- Virtual Simulation, Digital Technologies and Innovation – As part of the training we will deliver a blended learning approach which relies on the use of TEL.

Section 2 – Briefly outline why this funding is required?

- Standardised Patients – we will be creating scenarios for the simulations which involve the use of a standardised patient.

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 **

High Level Costings Breakdown:	Milestones	Anticipated Cost
		£
		£
		£
		£
	TOTAL:	£Total
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) (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	Patients across organisations	<p>Reducing the amounts of restrictive practice over 4 inpatient mental health wards, Over a 6 month period.</p> <p>Subsequently, if less restrictive practice is being used then there would be an improvement on quality of life with a focus on a patents safety, human rights and dignity.</p>	Quantifiable Benefits (but not monetisable)	Upon project completion (end date)	<p>Through monitoring of key terms in incident data collected following less restrictive interventions and post standardised debrief questions with patients and carers.</p> <p>Feedback obtained through patient experience</p>	We can create a base line from the 4 wards involved in the project with a pre course focus group / questionnaire.	<p>Improved patient satisfaction (specifics to be refined).</p> <p>Improved targets around improved restrictive interventions (specifics to be refined)</p>
2	Staff across organisations	Improved confidence, build resilience in managing stressful situations. Improved teamwork, communication and resilience to support staff wellbeing and lifelong learning.	Qualitative Benefits (Unquantifiable)	Within 6 months of project start	Pre and post and post 6 month course feedback from staff	Pre and post course and post 6 month focus group with staff	Improved confidence intervals. Evidence of improved use of non-technical skills. Greater awareness of Human Factors

3	Patients across organisations	Reduced number of patient injury due to restrictive interventions,	Quantifiable Benefits (but not monetisable)	Upon project completion (end date)	Measured through key terms search in incident forms.	Number of injuries before project compared to number of injuries after.	Reduce number of patient injuries during restrictive interventions.
4	DPT and Livewell	Reduction in incidents of seclusion could result in improved staffing levels on ward (due to staff not being required to leave ward to monitor seclusion) which could improve staff wellbeing, lessen burn out	Quantifiable Benefits (but not monetisable)	Upon project completion (end date)	Measured through monitoring safer staffing levels on ward during time seclusion is used	Staffing levels before project compared to staffing levels post training.	Improved staffing levels on ward.
5	Staff across organisations.	Improved staff wellbeing with reduction in staff sickness (s10 – stress/ anxiety and depression)	Cash Releasing Benefits (CRB)	Upon project completion (end date)	Measured through comparison from pre project sickness rates compared to post project sickness rates	Pre project sickness rates.	Improved staff wellbeing with reduction in staff sickness (s10 – stress/ anxiety and depression)
6	Staff across organisations	Reduced incidence of musculoskeletal injury to staff.	Cash Releasing Benefits (CRB)	Upon project completion (end date)	Measured through comparison from pre project injury rates compared to post project injury rates	Pre project musculoskeletal injury rates.	Improved staff wellbeing with reduction in staff musculoskeletal injury

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. Recruit Sim fellow	01/11/2021	Select date	£25,251	£	£	£	Not yet started
2. Sim fellow starts	03/01/2022	02/01/2022					Not yet started
3. Develop and design digital learning package part 1 theory element of course	03/01/2022	30/03/2022	£4169.62	£	£	£	Not yet started
4. Develop and design part 2 simulation	03/01/2022	13/04/2022	£	£	£	£	Not yet started
5. Digital package rolled out to staff	01/04/2022						Not yet started
6. Deliver Sim sessions	14/04/2022						Not yet started
7. Evaluation	01/11/2022						
8. Presentation	01/12/2022	Select date	£	£	£	£	Not yet started
			£29420	£	£	£	

Section 7 - Project Evaluation – Dissemination – Sustainability

Description of how monthly progress review will be carried out	<p>The Simulation Fellow will have weekly meetings with the project lead. On a monthly basis the Simulation Fellow and the project lead will meet with the network liaison, with a monthly progress review against the milestones.</p>		
Provide a summary of the evaluation methodology that will be used to evaluate this project:	<p>The project will be evaluated through quality improvement (QI) methodology “model for improvement” with Plan-Do-Study-Act (PDSA) cycles on a quarterly basis to adopt, adapt or abandon.</p>		
Will evaluation be internal or external? <i>(If over 100K, external evaluation required)</i>	Internal	Name of external organisation conducting the evaluation:	N/A
Please provide details of how you will measure the impact:	<p>We will measure through pre/post feedback forms/ questionnaires and focus groups. We will measure using incident data, sickness and injury data, safer staffing data. We will use our peer support workers to develop rapport with the patients to obtain the pre/post data.</p>		
How will the findings/successes/lessons learned from this project be shared?	<ul style="list-style-type: none"> • Feedback from learning will be shared with the quarterly and annual HEESWSN report meeting and conferences • Feedback will be shared through the restrictive interventions network nationally • Feedback will be shared through trust learning from experience group and clinical advisory groups. 		
How will the learning from this project / investment be continued over-time? (i.e. sustainable / business as usual / mainstream)	<p>From the project report produced for Executives (see milestones above) and our previous experience and success in delivering simulation training we anticipate this training being successful and therefore we plan to continue roll out with additional resource, across both organisations.</p>		

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	Recruitment – skills and experience required for this role reduce the pool of applicants along with the part time nature of post	26/07/2021	4	2	8	Offer as an internal secondment with staff member able to continue in substantive role 2 days per week.	Open
2	Staffing - ability for staff to be released for training due to pressures on wards	26/07/2021	3	4	12	Development of a digital package so that time required to be released for practical training is reduced. Digital learning will be completed before practical session.	Open
3	Ongoing COVID pandemic may impact on the ability to release staff but could also impact on delivery of practical sessions	26/07/2021	2	3	6	Development of virtual package to be able to deliver virtually	Open

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? 						
<p>If ‘Off track’ Amber or Red, what SMART actions are required to improve progress and ensure delivery of this investment?</p> <p>Please note that this MUST be completed if the project status is Red or Amber.</p>					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 <i>(add additional rows as required)</i>				
Section	What has been changed?	Date of change	Change made by	HEE Project Lead Approval (Date Approved)
		Select date		

Additional Application Questions:

<p>Description of implementation methodology and timeline of the project</p>	<p>* See above milestones section 6 for outline of timeline of project.</p> <p>The Simulation Fellow will start in post in January 2022, will be given time to complete induction into simulated learning. At the same time we will be starting to develop criteria, scenarios and structure for simulation courses, as well as working with the DPT Learning Technologist to develop a digital learning package. The initial pilots of the simulated courses should commence April (2022). The pilots will be followed up with PDSA cycles throughout. The course will then be evaluated with QI methodology, with decisions being made by the organisations around a plan for roll out of sessions on other wards/longer term commitment to simulated sessions by December 2022.</p>
<p>Organisational resources to support project (Consider – mentoring arrangements, equipment, place of work, access to work computer)</p>	<p>The Simulation Fellow will be given computer equipment required for the role. The place of work will be dependent on the pandemic however there is also provision for a workspace within a Trust building (currently Exeter) if homeworking is not feasible. Once delivery of the simulation commences there will be a requirement for the post holder to attend sites across Devon. The Lead Simulation Fellow will provide mentorship and supervision on a weekly basis. A Clinical Technical assistant may be available to support and administration support will be provided from within the Workforce Development team.</p>
<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>	<p>Please see attached letter from Chris Burford, Director of Nursing and Professions. In submitting the bid we plan to build on the success of our ligature management simulation programme, underpinned by quality improvement methodology, and which is shortlisted for the HSJ Patient Safety Awards 2021. Mentorship will be provided by our Simulation Fellow with wider support from our Workforce Development Team.</p> <p>I support that this is a joint bid between DPT and Livewell Southwest and I hope that this collaborative bid can increase our understanding of, and capacity to implement approaches to improved restrictive interventions by sharing experience and learning across the organisations.</p> <p>'I believe that our commitment to simulation based education can be seen in that following a previous successful application for funds from HEE for a Simulation Fellow we have appointed to that role on a permanent, full time basis.'</p>

<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>	<p>We plan to recruit a band 6 clinician, it is possible that this would be an internal appointment on a secondment for 12 months. A competitive process will be followed through interview. The successful candidate will be someone with experience of working in mental health with a strong interest in learning, development, education and simulation.</p> <p>All our recruitment and selection processes are in line with UK employment legislation and promote equal opportunities and safer recruitment.</p> <p>The working week will be 3 days, with working timetable agreed with mentor.</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>Stephen Haupt Stephen is the Lead Simulation Fellow for DPT. Steve has completed one year of MSC in healthcare improvement and simulation at Plymouth University. Stephen is an experienced simulation fellow with experience of designing, implementing and evaluating simulation courses which underline and include the use of a non-technical skills framework, debriefing diamond and emphasis around human factors, with DPTs ligature simulations currently nominated for a HSJ patient safety award. Stephen, along with the Workforce Development Department is working with the organisation in expanding the existing simulation resource.</p>
<p>Agreement that training on the iRIS platform will take place within 1 month of fellow/technician commencing post</p>	<p>The Simulation Fellow will be trained on Iris within the first month as part of their induction. As well as this the fellow will be signposted and encouraged to use walk through tutorials on Iris and encouraged to attend any training that might be offered from the HEESW network.</p>
<p>Agreement that all documents, scenarios and training items used during the project will be placed on the iRIS platform</p>	<p>The Simulation Fellow will have monthly Iris meetings with the Project Lead to see what information can be uploaded onto Iris. All documents will be uploaded to Iris.</p>
<p>Agreement that contact will take place with the HEESWSN Network Liaison at least monthly</p>	<p>The Simulation Fellow and Project Lead will be responsible for communicating all information to HEESWSN network liaison.</p>
<p>Agreement that quarterly progress reports will be filed with HEESWSN via the Network Liaison</p>	<p>All reports will be completed by the Project Lead with input from the Simulation Fellow and communicated with the network monthly, with reports sent quarterly.</p>

<p>Agreement that the fellow/technician and/or project lead will attend quarterly Network Meetings and other meetings for funded projects where possible</p>	<p>The Simulation Fellow and the Project Lead will attend quarterly network meetings.</p>
<p>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)</p>	<p>The Project Lead, with assistance from the Simulation Fellow will complete a detailed annual/ end of project report and will present the outcomes to the HEESWSN Simulation conference.</p>
<p>Cost of project (staffing costs, other costs, total costs)</p>	<p>The project has been costed based on a 3 day per week band 6 Simulation Fellow and the cost of a Learning Technologist for 6 weeks to develop the digital theory package. Additional costs of the time of the Lead Simulation Fellow and the administration costs will be met by the Workforce Development Team.</p>

END OF APPLICATION