

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:	Simulation Education in Primary Care		
Funding Required from HEE:		Organisation to receive funds:	BNSSG Training Hub		
Total project value:	20,500	Other Funding Bodies:		Value:	20,500
NHS Priority:	Primary care	Main staff group impacted:	Multi-disciplinary Teams	Primary aim:	Improve population health outcomes
Start Date:	01/10/2021	End Date:	30/09/2022	Revised End Date:	Select date
Project Manager - Name and Title:		Kerri Magnus		Email Address:	kerri.magnus2@nhs.net
Project Manager - Organisation:		BNSSG Training Hub		Contact Number:	07841618247
Provide a short summary for the use of these funds including the output:		<p>To provide a fellow in a general practice setting within BNSSG to support development and utilisation of :</p> <ul style="list-style-type: none"> • Technology Enhanced Learning: the application of technology to teaching and learning. • Simulation & Immersive Technologies: the design and delivery of high-quality, effective simulation and immersive education. 			
Geographical Area Covered:		<input type="checkbox"/> HEE Region: Please Select <input type="checkbox"/> ICS: Please Select <input checked="" type="checkbox"/> Training Hub: BNSSG <input checked="" type="checkbox"/> Other... please overwrite...			

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:		The Training Hub is embedded within the local system as the primary care education network. We will endeavour to ensure that education, training, and workforce development delivered through this project is inclusive and that we promote equality, diversity and inclusion			
Does this project contribute to widening participation in the healthcare workforce?					Yes
Please provide a short description:		The Training Hub is developing a widening participation approach for BNSSG Primary Care. Developments from this project will be inclusive of all staff working in primary care in BNSSG			
Is Expert by Experience (EBE) included within this project?					Yes
If yes, how? If not, please explain why?		There is significant experience and learning in of simulation training in secondary care settings.			

<i>PID Completed By:</i> <i>(Name, Email, Job Title & Organisation)</i>	Steve Locke Programme Manager BNSSG Training Hub & Kerri Magnus ACP Lead BNSSG Training Hub steven.locke1@nhs.net kerri.magnus2@nhs.net	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

Section 2 – Briefly outline why this funding is required?

<p>Background / Need:</p>	<p>HEE’s Technology Enhanced Learning (TEL) team is working on the Virtual Instructor Led Learning (VILL) project with an aim of helping to increase the confidence and capability of health and care educators when teaching virtually.</p> <p>The COVID-19 pandemic has accelerated and amplified the pace for digital transformation and delivering teaching online. Development of option for tele-simulation will help to meet challenges of covid 19 and lack of physical space in Primary Care</p>
<p>Rationale:</p>	<p>The BNSSG Training Hub project aims to support educators to apply best practice principles when designing and delivering their teaching virtually, which in turn, will benefit their learners and potentially impact positively on patient care.</p> <p>Due to this increased pace of change and HEE’s direction of travel with “digital first” education, the BNSSG Training Hub expects that virtual and simulation learning become a predominant technique for delivering learning across general practice aligned with the South West Digital Programme</p> <p>The aims are to support educators to increase their capability/confidence when delivering virtually</p> <ul style="list-style-type: none"> • by establishing the support required • by offering early access to resources and other solutions • by providing feedback to educators on their live virtual teaching events • through creation of a BNSSG general practice roadmap outlining the best route from current state to best practice • by working with regional teams to learn from best practice around developing SIM and Immersive Technologies in a general practice environment • Simulation training offers a unique opportunity for staff new to general practice to safely develop confidence in managing the breadth of conditions seen in primary care. • It also offers a unique opportunity for multidisciplinary teams to learn together. • Individuals/teams can safely practise supporting patients presenting with rare, challenging, or complex problems. • Simulation training provides learners with practical experience with no risk to patient safety.

Section 2 – Briefly outline why this funding is required?

- Simulation scenarios can be tailored to the individual or team, and re-run or altered to generate maximum learning.

With the introduction of HEE Educational Frameworks for Nurses and Roadmaps to Practice for AHPs the landscape is positively changing in General Practice. As a Training Hub we have identified that we need to find new ways to deliver learning that encompasses and promotes the interprofessional working whilst allowing for individual exploration and growth.

Our highly skilled workforce is keen to develop, enhance and expand their skills and we have an awareness and insight into the power that simulation learning can have. With the addition of new roles and the upskilling of existing staff we need to actively create new learning opportunities so we can share knowledge and skills to enhance the care environment for our patients.

We have recently collaborated with our secondary care simulation colleagues to deliver a pilot in Paediatric Simulation sessions for GP ST3 trainees.

We had 15 attendees with only 5 ever having hospital based paediatric experience and the feedback was positively received. One of the most important things for the trainees was how it improved their confidence in managing certain presentations and for the staff it gave a new perspective into each-others daily challenges and highlighted new ways of working together to deliver gold standard patient care.

The table below shows the feedback:

(acknowledgement to the UHBW Simulation Suite Team)

Is there anything you found particularly useful/helpful?

- An enthusiastic and knowledgeable MDT with scenarios pitched at the right level that included grey areas commonly seen in gp.
- Being able to ask questions from experienced professionals
- Well organised. Relevant and practical scenarios, discussion around cases very useful. Opportunity to ask questions. Face to face teaching.
- NAI and bronchiolitis and discussions round this
- Good reminder for common paediatric presentations and examinations

Section 2 – Briefly outline why this funding is required?

- Very useful course covering important topics. Great initiative
- Discussion after and question time so good
- Hands on training, manikins very useful, being able to ask questions. This was the best teaching I've had all year please please please can we have more it is so useful and we do not have much paed training or teaching
- Welcoming and reassuring atmosphere
- Excellent session, really good having GPS as well as paediatricians as gave a different perspective, especially as a GPST3 I have experience of primary care that is very different to paed A&E experience. Often practicalities are addressed differently with the primary care 'hat' on! Really good to have lots of time for discussion as that's where often the best learning is from people sharing personal experience.
- I think the simulation itself is really helpful in retaining (hopefully) what we are learning

Debrief discussion

- Everyone was so lovely and made the whole thing so relaxing - felt totally comfortable giving the sim a go without feeling silly and able to ask any silly questions I had! Fantastic morning
- Relevant cases, we all got to have a go at running a case, wide range of experienced HCPs there to answer questions.

We have also been involved in a recent 'in house' simulation session that was set up by one of our ST3 GP Trainees in collaboration with NBT. There were 7 participants, including GPs, an HCA, AMPs and reception/administrative staff, with various levels of primary care experience from under a year to more than 10 years. The majority were new to simulation as an education medium, and none of the participants had done primary care in-situ simulation training previously.

This practice-based simulation allowed the team to experience managing an unwell patient in their own practice environment, working with their day-to-day colleagues and normal equipment, and then to reflect on the challenges this presents. This provided a platform for a rich debrief discussion on how the MDT can work together, understand each-other's roles and strengths, uncover some common challenges and discuss ways to overcome these in wider situations that will be encountered in the future. Using simulation added a valuable dimension to allow the team to review practice procedures in a supportive environment to improve the team and practice confidence, knowledge and processes, thereby improving future patient care. Learning themes from the debrief highlighted variations in staff/student inductions, insufficient familiarity with emergency equipment and procedures, and lack of confidence; helping the practice focus

Section 2 – Briefly outline why this funding is required?

on areas for potential Quality Improvement and highlighting 'Human Factors' that can improve patient care.

Below is a summary of feedback for this pilot session:

- All participants felt their experience of the session was 'Very Positive' and that the session was 'Completely Relevant' to their practice. This rating was given by all participants for all elements of the simulation: briefing, scenario, debrief and overall.
- Self-rated confidence in 4 domains was measured (managing an emergency; working as part of a team during an emergency; communicating within a team in an emergency; managing challenging patient behaviour) and positive improvements were seen overall in all areas

"What should we do differently?"

- Nothing - great!
- Nothing :-)
- Everyone should be able to have a turn to participate
- Longer would be better
- Do them more often
- Difficult to hear what was said via link

"What should we keep doing?"

- Everything
- Annual simulation session 6m from BLS would be helpful
- Everything is great
- More similar sessions
- These sessions regularly
- More of them

"What did you enjoy about the course?"

- Being able to participate
- learning how to better deal with a medical emergency
- Increasing my confidence and debate with the team
- Discussing the scenario

Section 2 – Briefly outline why this funding is required?

- Chance to reflect and learn in different situation

“Any other comments?”

- Should be annual practice like resus skills
- Very well organised and thought out
- Well run and beneficial

Both experiences highlighted the need to offer opportunities to learn new skills effectively, improve the confidence of individuals around assessment, management and referral (where appropriate) and for some, it was about retraining and continuing professional development.

General Practice has an acute need to bring practice learning experiences that would otherwise be missed in the existing set up and a survey that we recently performed regarding education requirements for Nurse and AHPs shows the a lot around confidence, risk assessment, conversations with parents and management of common presentations including mental health and dermatology.

Our simulation fellow would deliver on the above through building on the established partnerships and work in collaboration to bring simulation learning to BNSSG General Practice.

Our aim is to offer learning to practices or PCNs in areas that are relevant to their population and their workforce need. We already have a baseline survey for Advanced Practice Nurses and AHPs but this can be expanded to ensure we capture the whole team requirements.

Our team at the Training hub have a wealth of experience and knowledge to support the individual and some of our nurses have recently completed their PGCert in Teaching and Learning for Health Professionals and are Medical Educators in their own right. We also have EQA Mentors and both will add value to the sessions and be able to offer professional support to the fellow.

By exploring new ways of learning, we also want the sim fellow to look into using a platform to provide remote immersive training. We are aware of the need for flexible working and learning and we need to offer this as a way to focus on high-risk, infrequent clinical events together with soft skills training for professionals at all levels.

They will work alongside our new ‘FCP Roadmap Supervision Fellow’ to bring workplace based learning opportunities that will allow the individuals to achieve all stages of the roadmaps to practice which will also ease the supervision workload for the GPs.

Section 2 – Briefly outline why this funding is required?

	<p>It is an exciting time for General Practice and BNSSG are leading the way in offering support and enhanced learning for its workforce. This fellow will enrich the team and add value to our aim of enhancing person centred care.</p>
<p>Scope (including benefits to the wider healthcare network across the South West)</p>	<p>The scope is across all staff working in general practice within BNSSG, linking with the regional teams to learn from and share best practice</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>Aligning with BNSSG ICS digital strategy Align with HEE national strategy to support the use of simulation in health and care</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 **

	Milestones	Anticipated Cost
<p>High Level Costings Breakdown:</p>		£
		£
		£
		£
	<p>TOTAL:</p>	<p><u>£Total</u></p>
<p>What will be measured or evidenced to demonstrate impact of this investment?</p>		

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

How will this project be evaluated to understand the benefits realised from the investment?

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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	People working in general practice	Improved education in simulation and technology based learning	Qualitative Benefits (Unquantifiable)	Mixed	Engagement from our people in general practice participating in simulation based education	No baseline	That people from the 6 ICP's in BNSSG are engaged with simulation based training in general practice
2	Patients	Benefitting from improved staff education	Qualitative Benefits (Unquantifiable)	Mixed	Improved ability of clinicians to deal with a range of patient conditions	No baseline	Survey of participants to establish if there is increased confidence in dealing with patients in general practice with the identified conditions
3			Please Select	Please Select			
4			Please Select	Please Select			

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

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
Pilots to be confirmed	University of West of England, University Hospitals Bristol & North Bristol Trust	Non-accredited training	04/01/2022	30/09/2022	£5,000	2	
		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. 2 sessions weekly for a Tech Fellow (assumed GP) @ £7,800 per session inc on costs	01/10/2021	30/09/2022	£15,600	£	£	£	Not yet started
2. Pilot Courses	04/01/2022	30/09/2022	£5,000	£	£	£	Not yet started
3.	Select date	Select date	£	£	£	£	Not yet started
4.	Select date	Select date	£	£	£	£	Not yet started
			£	£	£	£	

Section 7 - Project Evaluation – Dissemination – Sustainability

Description of how monthly progress review will be carried out	Establish fellowship objectives in conjunction with ICS digital strategy leads Monthly updates with fellow against objectives		
Provide a summary of the evaluation methodology that will be used to evaluate this project:	Evaluation approach will be quantitative and qualitative Quantitative – the numbers and professions of staff engaged with the pilot training sessions Qualitative – by survey of staff engaged with the pilots to establish <ul style="list-style-type: none"> • Their training experience through the pilot • Skills based improvement • Changes in confidence to deal with patients/conditions following the simulation training 		
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:	Engagement with simulation based training in general practice Number of people attending training Follow up with participants to identify if learned skills being utilised		
How will the findings/successes/lessons learned from this project be shared?	Shared with BNSSG ICS digital strategy group and HEE SW digital group		
How will the learning from this project / investment be continued over-time? <i>(i.e. sustainable / business as usual / mainstream)</i>	Working with ICS digital strategy group to facilitate sustainability		

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
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1	There is a risk that we would be unable to identify a suitable candidate for the fellowship	29/07/2021	5	1	5	Potential scoped before making application. There is significant interest in the work	Open
2	There is a risk that general practice does not engage	29/07/2021	4	2	8	Potential scoped before making application. There is strong interest in the work	Open
3	There is a risk that covid 19 means staff are not able to be released for training	29/07/2021	4	3	12	The proposed training supports general practice to deliver workforce education in a 'bite sized' that allows people to fit it around their work and reduces time away from the workplace	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? 						
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		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		
		Select date		

Additional Application Questions:

Description of implementation methodology and timeline of the project	Appointment of fellow by October 2021 Development of extended pilots in conjunction with partners by July 2022 Evaluation by September 2022
Organisational resources to support project (Consider – mentoring arrangements, equipment, place of work, access to work computer)	Our team at the Training hub have a wealth of experience and knowledge to support the individual and some of our nurses have recently completed their PGCert in Teaching and Learning for Health Professionals and are Medical Educators in their own right. We also have EQA Mentors and both will add value to the sessions and be able to offer professional support to the fellow. Additional support sought from ICS digital strategy clinical lead where needed Fellow to 'work from home' in covid period where possible
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)	The Training Hub team will support the fellow working with UWE simulation training alongside teams in University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust  Tech bid - letter of support.pdf
Outline of the chosen fellow, technician and/or other staff (Consider Level/grade, current role, background. Please provide details of their working week)	The proposed fellow will be an ST 4 GP fellow with experience working with simulation teams in BNSSG. Proposed working is 2 sessions a week as part of a portfolio development alongside their work as a GP.
Details of named mentor for the Fellow with a summary of their experience in simulation, quality improvement, human factors and patient safety	Dr Rosie Fish - Consultant Paediatrician University Hospitals Bristol and Weston NHS Foundation Trust and Director of Bristol Paediatric Simulation Programme
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	Agreed

during the project will be placed on the iRIS platform	
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)	£20,500

END OF APPLICATION