AIM: What are we trying to accomplish?

1. What is the problem we want to improve?

• First state the problem you want to address, then state why it matters
Problem: Normally all school training for children with diabetes would be provided face to face within the school setting, however with covid-19 we are unable to do this in the normal face to face manner. If we do not provide school training to school staff on diabetes, then there is a potential risk to children with diabetes within those schools not trained.

• Write a problem statement (one/two sentences or a short paragraph)
Problem statement: Due to covid-19 and therefore limited face to face contact, we have had to look at innovative ways to provide school training for children and young people with diabetes, and their families and school staff to minimise risk, but also maintain safety for the children with diabetes.

2. Who do we need on board for this? How will we involve patients?

• Who can help with this work? Get a range of multidisciplinary perspectives
- Paediatric diabetes nurses and paediatric diabetes dietitians
- Admin support within paediatric diabetes team
- Communications team at Barnsley hospital to help us create resources
- Qi team to support with project

• How & when will we bring people together?
- We already have a weekly meeting between the paediatric diabetes nurses and dietitians- at this weekly meeting we will discuss our progress with this Qi project
- We will liaise with the Qi team initially and then as required during the completion of the project

• Who needs to be aware of our improvement work? Consider stakeholders
- Consultant within our service
- Schools and school staff that require training
- Children with diabetes and their families

• How will we involve patients / carers / families? What is their perspective?
- We will inform them of this work in our bi-annual newsletter that goes out to every child/ family with diabetes
- We will be involving them in looking at the resources and getting their feedback
- We will be sending out surveys to look at satisfaction

3. What can help us better understand (diagnose) the problem?

• This is about 'diagnosing' the problem – trying to understand the *root* of the issue
- Covid-19 meaning that we are unable to provide the normal face to face school training
- If school staff are not trained to support children with diabetes, then these children could be at risk

• What info is already available? Look at relevant existing performance data, audits, surveys, demographics, case mix etc
- There is limited virtual training materials already developed within this field as majority of training would normally be delivered face to face.

• Do we need any other information? Can we get this from existing systems, or do we need to collect the data ourselves?
- We will need to create a survey to be able to evaluate our virtual training sessions
- We can look at data on how training has been done on previous years and how long the training normally takes

4. What is our Aim Statement?

- **What do we want to achieve? A larger project may have more than one aim, or a handful of sub-aims**
  - We want to create some school training on diabetes that can be done more virtually to avoid having to have unnecessary face to face contact during covid-19 pandemic
  - As a secondary aim we then want to see if by developing this training, it has a time saving element compared to our normal time spent doing this training
  - We want to also evaluate consumer satisfaction in response to the new type of training delivery

- **Be specific - state 'by how much' and 'by when' (or use SMART principles)**
  - Specific: To deliver training in a more virtual way to avoid face to face contact, whilst maintaining safety for the children with diabetes within schools.
  - Measurable: We will compare time spent doing training normally and then if this new way of doing virtual training will save time. We will also measure satisfaction.
  - Achievable: Ensuring the resources available to be able to meet our aim
  - Realistic: We will provide 100% of the school training by looking at other means (eg virtually)
  - Timely: We will aim to produce our new virtual training resources by end of August 2020 before schools go back. We will then start collecting consumer satisfaction in October 2020, with an aim to complete this Qi project by the end of 2020.

MEASURES: How will we know that change is an improvement?

4. How will we know that the change(s) we make is an improvement?

- **What measures (Outcome/Process measures) will show any improvement?**
  - Time – looking at time audit of how long training took in 2019 and how long it will take in 2020
  - Satisfaction – developing a questionnaire to look at feedback
  - Safety – ensuring we are following covid-19 guidelines to minimise any risk.

- **Might there be any negative knock-on effects elsewhere & how can we measure these (Balance measures)**
  - Staff not watching training videos and some staff having technical issues with the videos/ training. We can measure this in the feedback questionnaire to see if there have been any problems and assess what percentage of staff have watched the videos.

CHANGE IDEAS: What change can we make that will result in improvement?

5. What are our change ideas?

- **Which ideas do we want to test? How will we prioritise?**
  - Developing videos and virtual training
  - Minimising face to face contact in schools

- **What's the evidence base? The library staff can help you do a literature search**
  - Peer review measures for paediatric diabetes
  - Diabetes UK policy statement (July 2020) to minimise face to face contact in children with diabetes, and to look at other more virtual methods

• What are other people/places doing? Could we adapt ideas from elsewhere (poaching with pride!)?
- From network meetings other trusts are developing similar training packages. We want to personalise this for our patients and our population

• Consider possible benefits, risks and issues
- Benefits:
  - Can save time as will not need to travel to schools
  - Cost saving as no mileage needed
  - Virtual training can be accessed anytime instead of needing to arrange pre booked sessions
  - Training more widely available to a larger number of school staff as accessed virtually
  - Continuity in care as same training package delivered to all staff
  - Safety benefits as more staff trained up at school
  - Training can be accessed again for refreshers as needed
- Risks and issues:
  - Technical issues or staff not able to use computers/ access web platform
  - Will not be sure that all staff have watched the training videos, no way to police this