RCPCH EQIP

Epilepsy quality improvement programme

Impact evaluation results 2021-2022

NHS England

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

RCPCH EQIP (wave 2) evaluation results 2021 -2022

This report captures the evaluation of the EQIP in 2021/2022. We asked individual members of the 17 Trust teams, including one Integrated Care Board (ICB) to submit a pre-assessment questionnaire using Survey Monkey to assess their current structures and QI knowledge. A total of 85 participants applied to participate in the EQIP, 67 participants completed the training course. A total of 32 participants from 17 Trusts completed most or part of the pre-assessment survey.

Feedback from the teams indicated that the pre-assessment survey was too lengthy and time-consuming to complete. In response to the feedback, post-evaluation responses on their QI journey were reduced in length and captured using the interactive Mentimeter voting platform during programme reflection meetings.

A total of 28 participants completed most or part of the post-evaluation of the programme from 17 Trust teams. Comparisons of pre- and post-evaluation responses were not analysed due to changes in the dataset of questions.

The number of responses per question will vary with percentages not equalling to 100% due to multiple choice options or questions being skipped by some participants. The following are examples of the questions and responses to the questions asked in 2021/2022.

QI methodology

1. **How confident is your team in using the following quality improvement tools to analyse your systems and processes?**

Figure 1 shows in pre-assessment results, overall, team participants reported that they had some confidence in using quality improvement tools to analyse team's systems and processes. (see table 1 of results below).

Figure 1: Team participant responses in pre-assessment results on the confidence in their team in using quality improvement tools to analyse their systems and processes on a scale of 1 to 4 where 1 is "not confident" and 4 is "very confident".

Table 1: Pre-assessment results captured from 24 team participants on a scale of 1 to 4 where 1 is 'not confident' and 4 is "very confident" the confidence in their team in using quality improvement tools to analyse their systems and processes.

Scale options of 1 to 4	Do process mapping and/or a fishbone analysis to analyse your system and its processes?	Identify your key stakeholders?	Design and run PDSA cycles?	Identify outcome measures, collect, and analyse data?
1 Not confident	36% (8/22)	20% (4/20)	32% (7/22)	16% (3/19)
2 Somewhat confident	23% (5/22)	25% (5/20)	27% (6/22)	37% (7/19)
3 Confident	27% (6/22)	40% (8/20)	23% (5/22)	32% (6/19)
4 Very confident	14% (3/22)	15% (3/20)	18% (4/22)	16% (3/19)

2. **Does your team receive quality improvement support from your wider Health Board/Trust?**

Figure 2 shows in pre-assessment results, **42%** (10/24) of team participants reported they "did not know" if they received quality improvement support from their wider Health Board/Trust. **38%** (9/24) "did not" receive quality improvement support from their wider Health Board/Trust and **21%** (5/24) "did" receive quality improvement support from their wider Health Board/Trust.
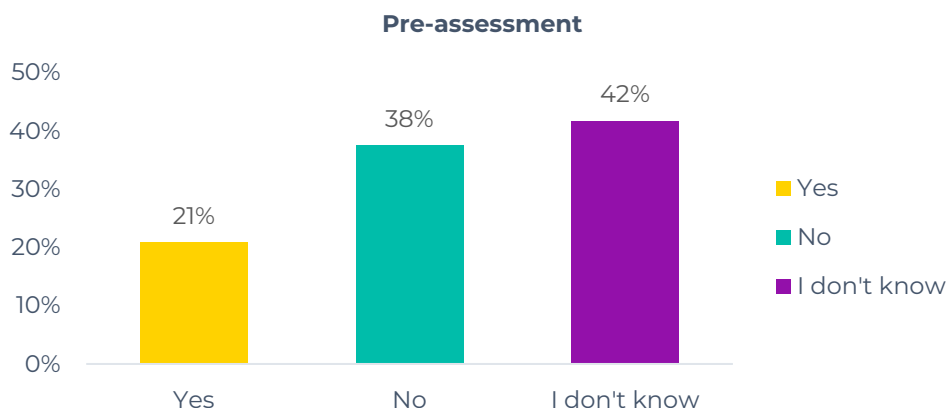

Figure 2: Team participant responses in pre-assessment results on whether they receive quality improvement support from their wider Health Board/Trust.

3. How is quality improvement embedded in your NHS Health Board/Trust?

Figure 3 shows in pre-assessments results, **54%** (13/24) of team participants reported they "did not know" how quality improvement is embedded within their NHS Trust. **21%** (5/24) of team participants reported "We are required to use our service data to develop and measure interventions" and "We regularly share our quality improvement work with other teams in the Health Board/Trust". **13%** (3/24) responded "We are held to account by Health Board/Trust management on how we evaluate and improve services".
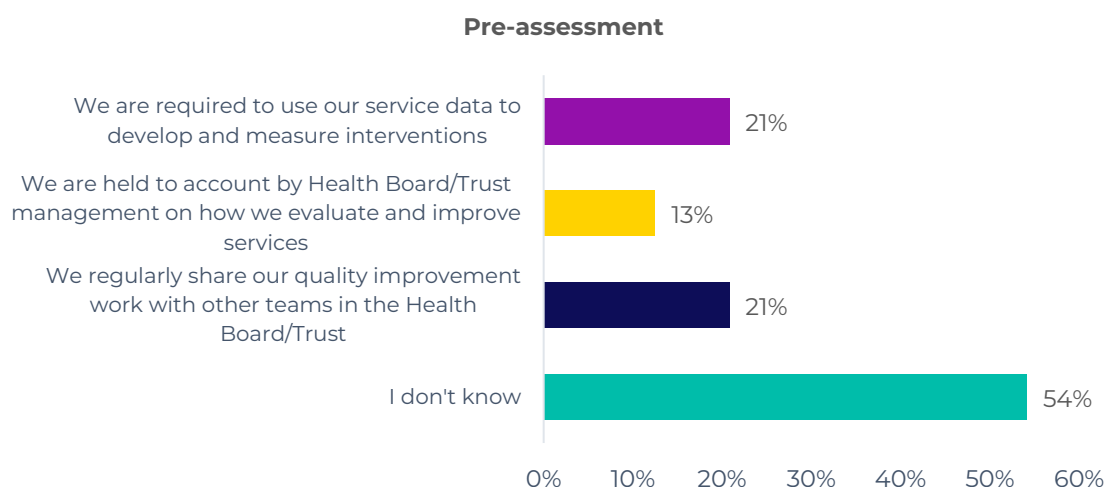
Pre-assessment

Figure 3: Team participant responses in their pre-assessment results on whether they receive quality improvement support from your wider Health Board/Trust.

4. On a scale of 1 – 4 with 1 being not useful and 4 being very useful, how useful did you find the training webinars?

Figure 4 shows team participants reported overall, they found the EQIP training webinars were very useful in post-evaluation results. **63%** (17/27) found 'Understanding QI' training webinar was 'Very useful', **68%** (19/28) found 'Patient engagement' training webinar was 'Very useful. (see table 2 of results below).
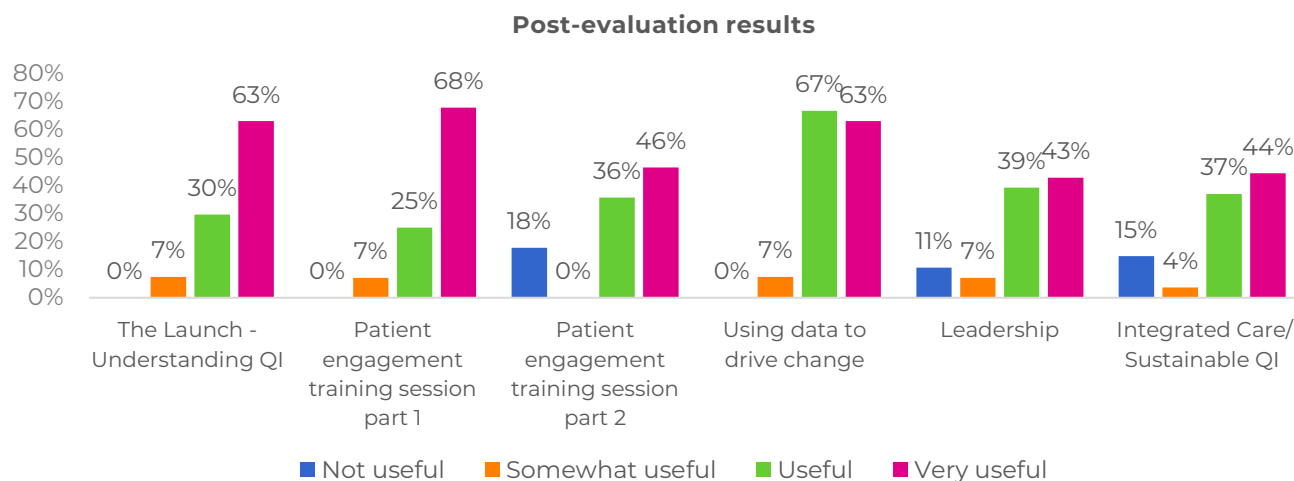
Post-evaluation results

Figure 4: Team participants reported in their post-evaluation results on a scale of 1 – 4 with 1 being not useful and 4 being very useful, how useful they found the training webinars.

Table 2: Post-evaluation results captured from team participants on a scale of 1 – 4 with 1 being not useful and 4 being very useful, on how useful they found the training webinars.

Scale 1 to 4 options		The Launch - Understanding QI	Patient engagement part 1	Patient engagement part 2	Using data to drive change	Leadership	Integrated Care/ Sustainable QI
1	Not useful	0% (0/27)	0% (0/28)	18% (5/28)	0% (0/27)	11% (3/28)	15% (4/27)
2	Somewhat useful	7% (2/27)	7% (2/28)	0% (0/28)	7% (2/27)	7% (2/28)	4% (1/27)
3	Useful	30% (8/27)	25% (7/28)	36% (10/28)	67% (18/27)	39% (11/28)	37% (10/27)
4	Very Useful	63% (17/27)	68% (19/28)	46% (13/28)	63% (17/27)	43% (12/28)	44% (12/27)

5. **On a scale of 1 – 4 with 1 being not useful and 4 being very useful, how useful did you find the support webinars?**

Figure 5 shows team participants reported they found monthly 1:1 team meetings "very useful" **75%** (21/28), **64%** (18/28) of team participants reported they found monthly progress update calls "very useful" and **46%** (13/28) found using the EQIP website either "Useful" or "Very useful", in post-evaluation results (see table 3 below).
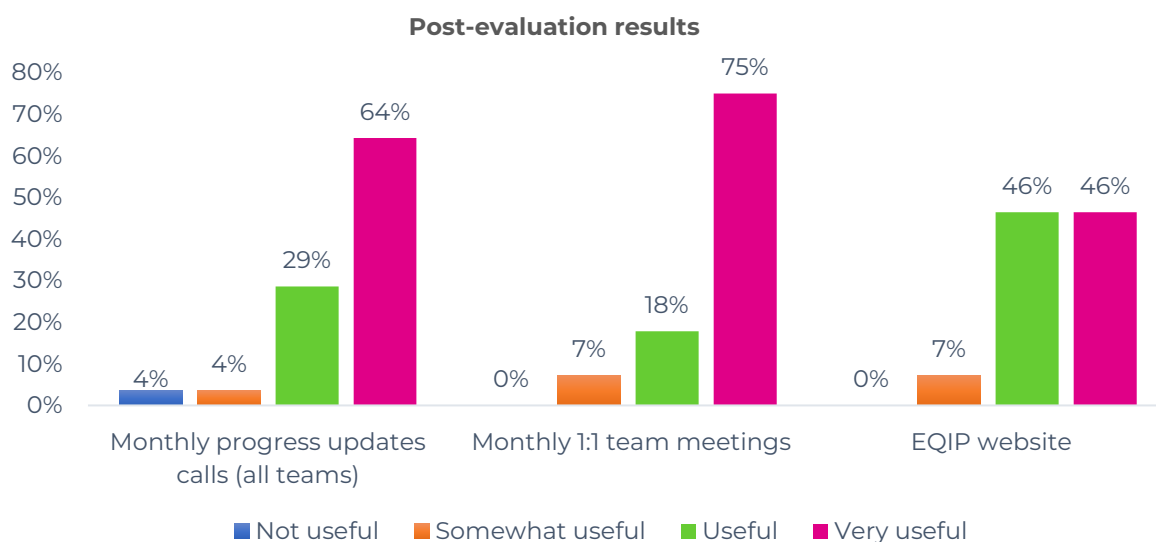

Figure 5: Team participant responses in post-evaluation results on a scale of 1 – 4 with 1 being not useful and 4 being very useful, how useful did they find the support webinars.

Table 3: Post-evaluation results captured from team participants on a scale of 1 – 4 with 1 being "not useful" and 4 being "very useful", on how useful did they find the support webinars.

Scale options of 1 to 4		Monthly progress updates call	Monthly 1:1 team meeting	EQIP website
1	Not useful	4% (1/28)	0% (0/28)	0% (0/28)
2	Somewhat useful	4% (1/28)	7% (2/28)	7% (2/28)
3	Useful	29% (8/28)	18% (5/28)	46% (13/28)
4	Very Useful	64% (18/28)	75% (21/28)	46% (13/28)

6. **Did the training and course materials meet the learning aims/objectives of this programme?**

Figure 6 shows **100%** (28/28) team participants reported that the training and course materials met the learning aims/objectives of the programme.
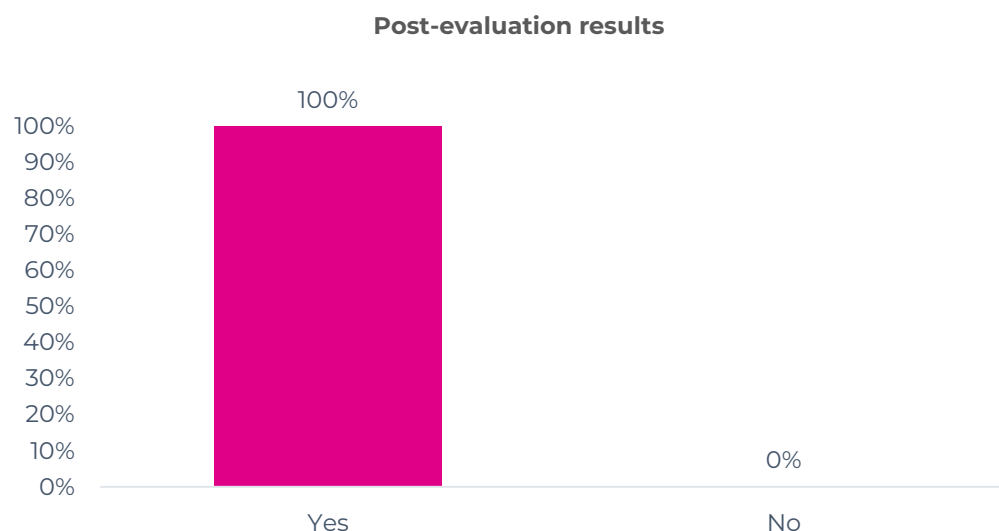
Post-evaluation results

Figure 6: Team participant reponses on whether the training and course materials meet the learning aims/objectives of the programme.

7. Were the speakers/facilitators knowledgeable?

Figure 7 shows **100%** (28/28) of team participants reported that the speakers/facilitators were knowledgeable on the programme.
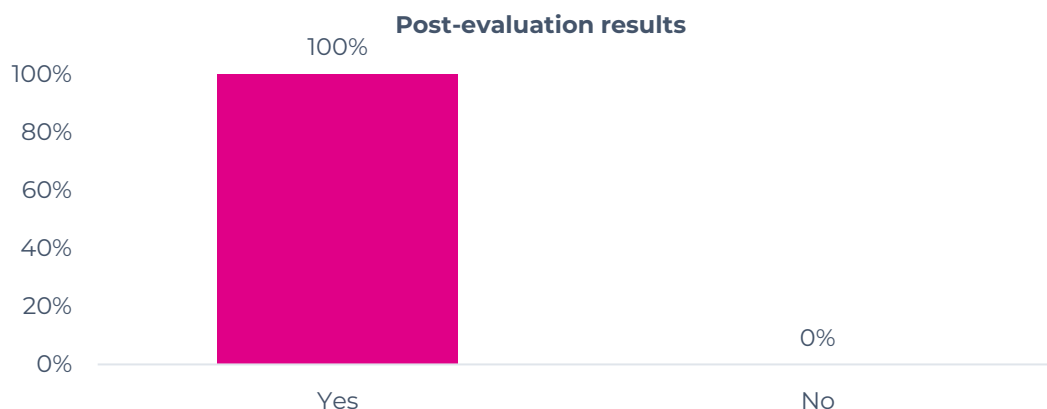

Figure 7: Team participant reponses on whether the speakers/facilitators were knowledgeable on the programme.

8. Use a few words to describe what you have learnt from the training sessions provided on the programme

Figure 8 shows a word cloud of team participants responses that was formed to describe what they had learned the most over the course of the training programme. Common themes reported by team participants on what they had learned were:

- **Patient engagement**
- **QI methodology/processes**
- **Using small incremental steps**
- **Coaching and support**
- **Stakeholder engagement**

Figure 8: Word cloud of post-evaluation responses captured by team participants that described what they have learned from the training sessions provided on the programme.

Patient engagement methods

9. **Does your team capture feedback from patients and parents as part of your own service review and improvement activities?**

Figure 9 shows **52%** (15/29) of team participants that reported they "did not" capture feedback from patients and parents as part of own service review and quality improvement activities. **28%** (8/29) of team participants reported they "did" capture feedback from patients and parents as part of own service review and **21%** (6/29) of team participants reported they "did not know" capture feedback from patients and parents as part of own service review in the pre-assessment results.
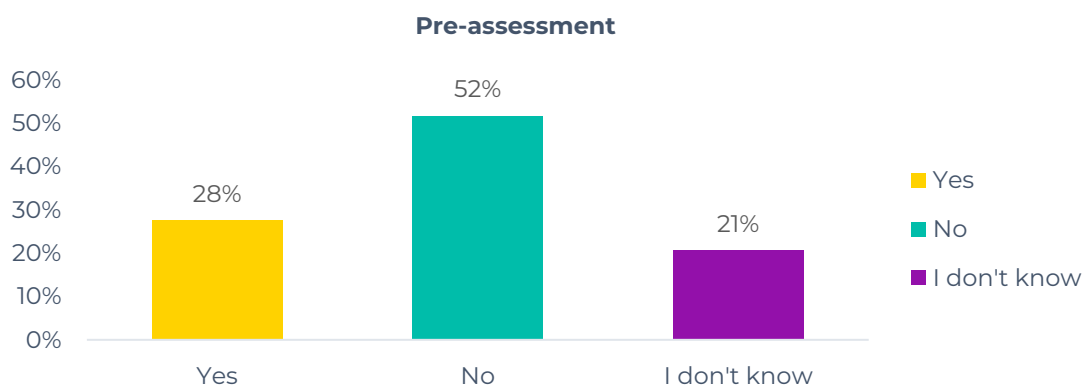
Pre-assessment

Figure 9: Team participants responses in pre-assessment results on whether they capture feedback from patients and parents as part of your own service review and improvement activities.

10. **How is this captured?**

Figure 10 shows that team participants reported they captured feedback from patients and parents as part of own service review and quality improvement activities, via "An electronic feedback forms or template" **71%** (5/7). **57%** (4/7) of team participants reported feedback was captured via "direct discussion at outpatient clinics", **43%** (3/7) of team participants reported feedback was captured via "Direct discussion at outpatient clinics". **14%** (1/7) reported feedback was captured via "Anonymously via hard copy forms" and "Joint review of patient diaries", in the pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
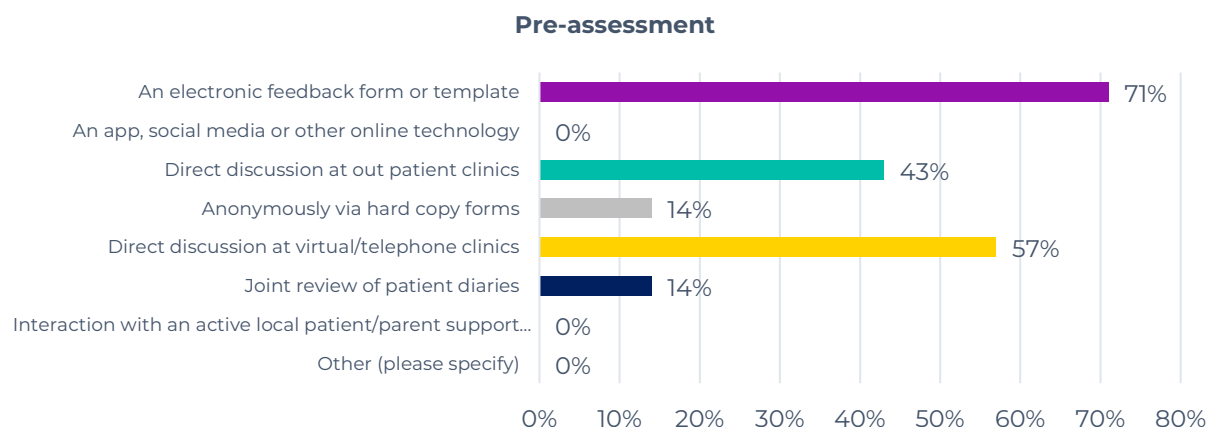
Pre-assessment

Figure 10: Team participants responses in pre-assessment results on how feedback from patients and parents is captured.

11. How is this feedback reviewed by your team?

Figure 11 shows that **29%** (2/7) of team participants reported they reviewed patient and family feedback by "collating and summarising it into reports", "summary feedback of responses in team meetings" and they "discuss it on an ad hoc basis or if a complaint or incident happens". **14%** (1/7) of team participants reported they "do not review" patient and family feedback in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
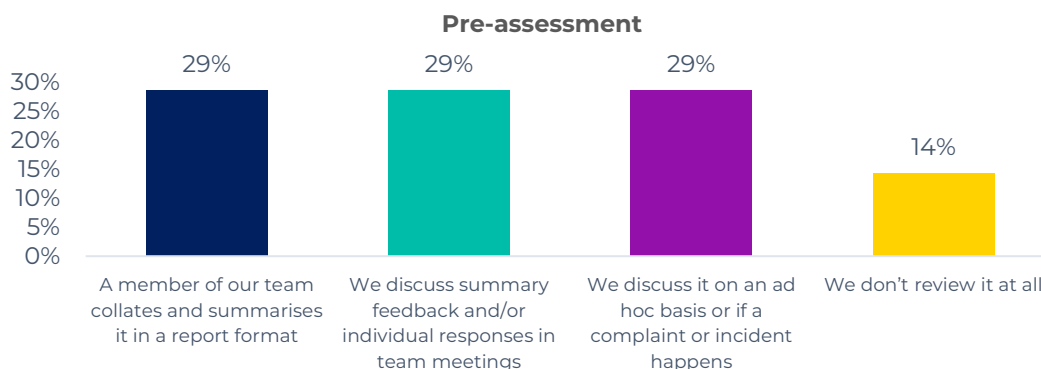
Pre-assessment

Figure 11: Team participants reported in pre-assessment results on how feedback was reviewed by their team from children, young people and parents/carers.

12. How does your team use patient feedback to improve service delivery?

Figure 12 shows that **50%** (3/6) of team participants reported they use patient feedback to improve service delivery by "changing some things in their service delivery, but not as a part of a QI project". **33%** (2/6) of team participants reported they "did not know" how their team use patient feedback to improve service delivery. **17%** (1/6) of team participants reported they "involve children, young people and parents in improvement design and delivery" and they "have done quality improvement interventions based on patient feedback", in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
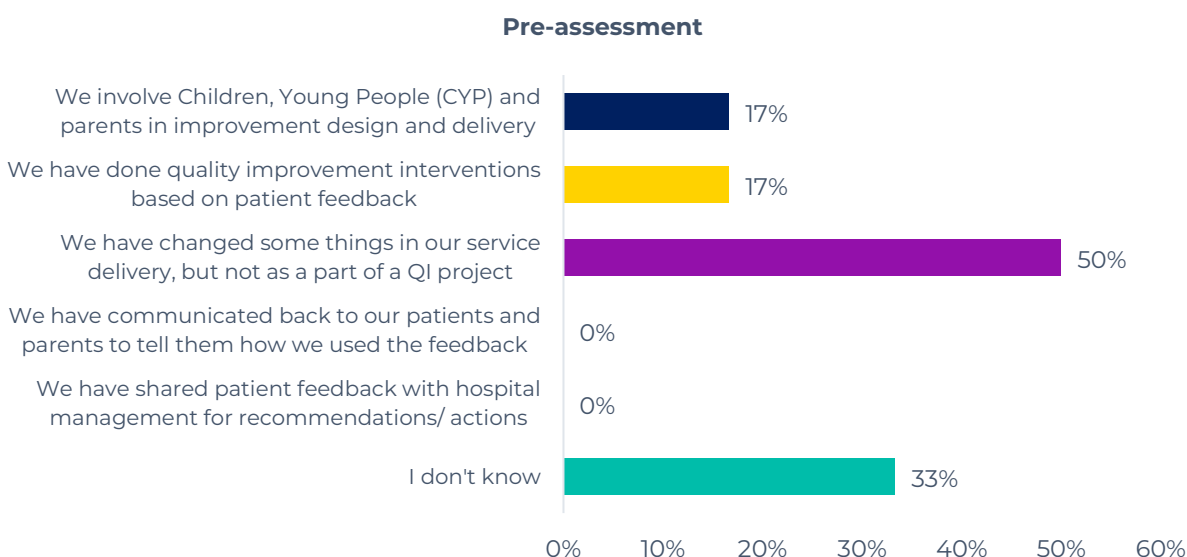
Pre-assessment

Figure 12: Team participant responses in pre-assessment results on how feedback was reviewed by their team from children, young people and parents/carers.

Other than patient feedback, in what ways does your team engage with children, young people and families?

Figure 13 shows that **54%** (14/26) of team participants reported "I don't know", in response to what ways their team engaged with children, young people and families other than feedback. **31%** (8/26) of team participants reported "Our team has experienced challenges with engaging patients and their and families?". **8%** (2/26) of team participants reported "We have parent support groups in our area", **4%** (1/26) of team participants reported "We have a Facebook page or other online sharing forum for parents and CYP" and "We hold events/activities for CYP and families – e.g. fun days, workshops" in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
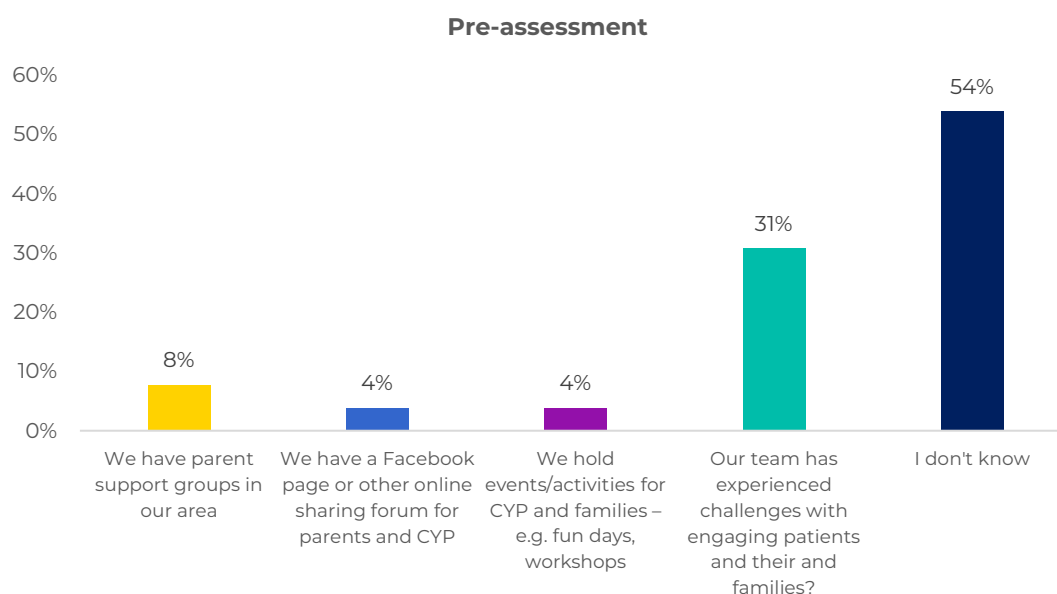
Pre-assessment

Figure 13: Team participants reported in pre-assessment results on whether their team engage with children, young people and families in ways other than patient feedback.

13. Does your team share resources with patients and their family?

Figure 14 shows that **90%** (19/21) of team participants reported that they "signpost patients and families to online materials". **81%** (17/21) of team participants reported that they "signpost a number of resources from other organisations/charities", **67%** (14/21) of team participants reported that they "provide patients and families with handbooks/leaflets", **48%** (10/21) of team participants reported that they "circulate digital leaflets/materials" and **29%** (6/21) of team participants reported that they "provide seizure diaries", in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
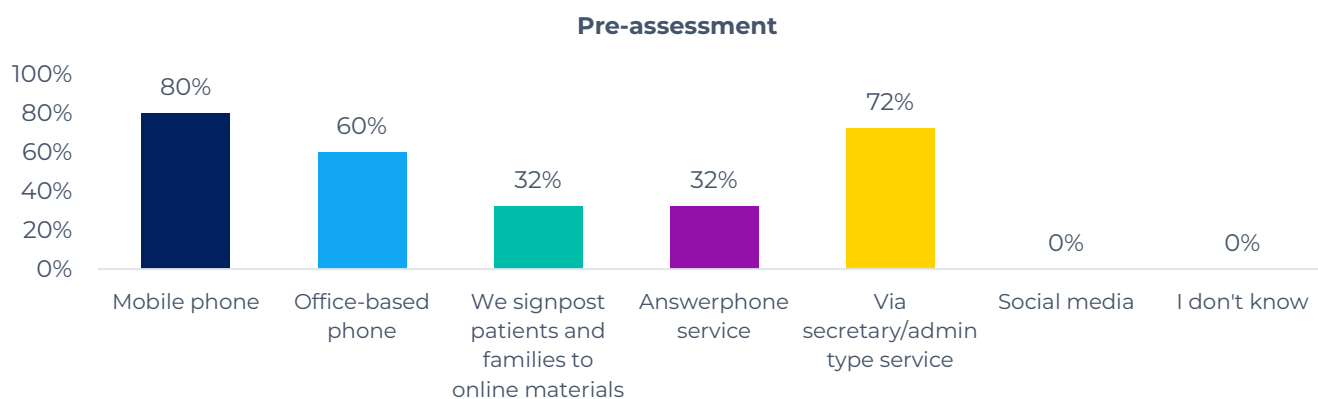
Pre-assessment

Figure 14: Team participants reported in pre-assessment results on whether their team share resources with patients and their families.

14. How do patients contact your service?

Figure 15 shows that **80%** (20/25) of team participants reported they contacted their patients via the use of Mobile phone. **72%** (18/25) of team participants reported they contacted their patients via secretary/admin type service, **60%** (15/25) of team participants reported they contacted their patients via an "Office based phone". **32%** (8/25) of team participants reported "We signpost patients and families to online materials" and "Answerphone service" in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
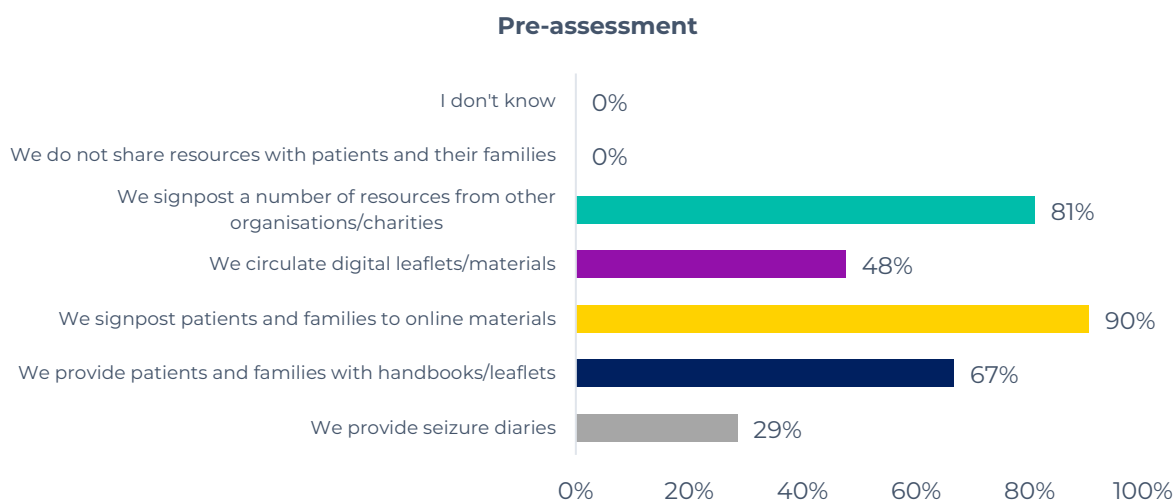
Pre-assessment

Figure 15: Team participants reported in pre-assessment results on whether their team share resources with patients and their families.

Links with support services

15. Does your team collaborate with any of the following epilepsy charities?

Figure 16 shows that **56%** (14/25) of team participants reported they collaborated with Epilepsy Action charity, **40%** (10/25) of team participants reported they collaborated with Young Epilepsy charity and **24%** (6/25) of team participants reported they collaborated with SUDEP Action. **40%** (10/25) of team participants reported they did not know whether their service collaborated with an epilepsy charity, in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Pre-assessment

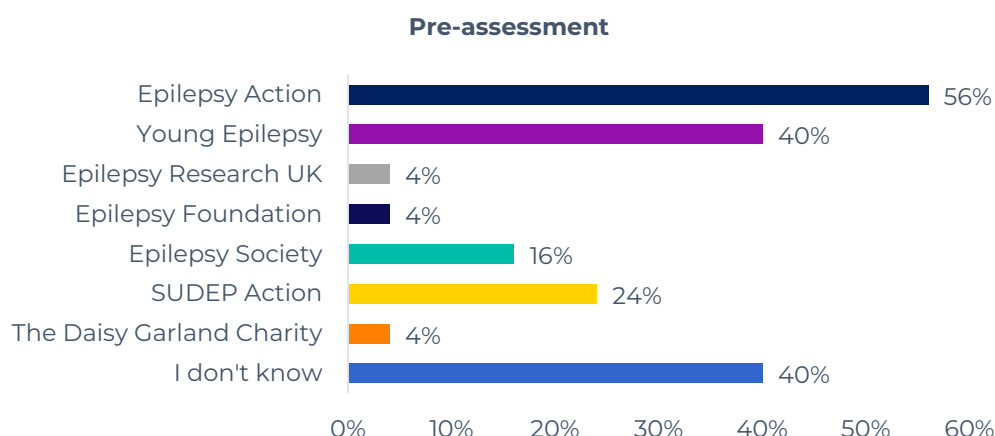|	
Epilepsy Action	56%
Young Epilepsy	40%
Epilepsy Research UK	4%
Epilepsy Foundation	4%
Epilepsy Society	16%
SUDEP Action	24%
The Daisy Garland Charity	4%
I don't know	40%

Figure 16: Team participants reported in pre-assessment results via multiple choice options, whether their team share resources with patients and their families.

16. What does this collaboration involve?

Figure 17 shows in pre-assessment results, **100%** (15/15) of team participants reported they collaborated with "epilepsy charities via signposting their organisation and its resources to patients". **7%** (1/15) of team participants reported they collaborated via "charity funds provided for some of their activities". This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Pre-assessment

We signpost the charity and/or its resources to patients	We co-organise activities or events with a charity/charities	A charity funds some of our activities
100%	0%	7%

Figure 17: Team participant responses in pre-assessment results on what does the collaboration with epilepsy charities involve.

17. Does your teamwork with schools in your area?

Figure 18 shows in pre-assessment results, **84%** (21/25) of team participants reported "Yes" they worked with schools within their area. **8%** (2/25) of team participants reported "No" they did not work with schools or "I don't know" if the service worked with local schools.
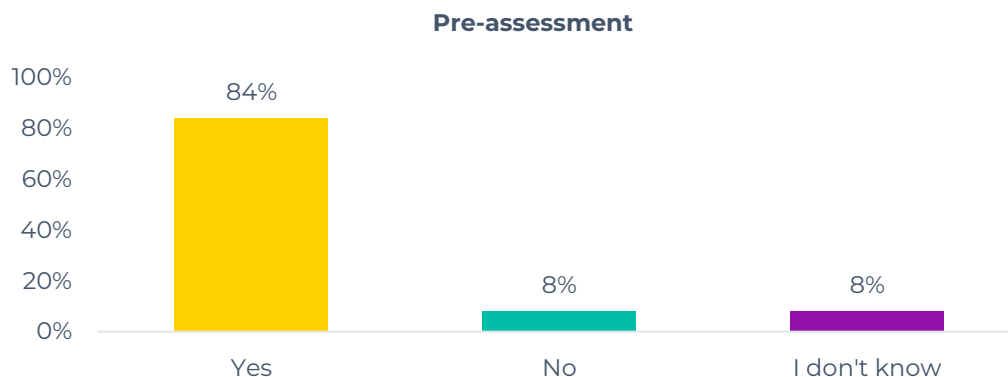
Pre-assessment

Figure 18: Team participants reported in pre-assessment results on whether their teamwork with schools in their area.

18. What type of interaction does your team have with schools?

Figure 19 shows in pre-assessment results, **90%** (19/21) of team participants reported they interacted with schools through "staff training regarding epilepsy". **76%** (16/21) of team participants reported they "provided support materials for schools". **14%** (3/21) of team participants reported they interacted with schools via "Training for patients and their friend/peer group" and **14%** (3/21) of team participants reported "other" ways the interacted with schools. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
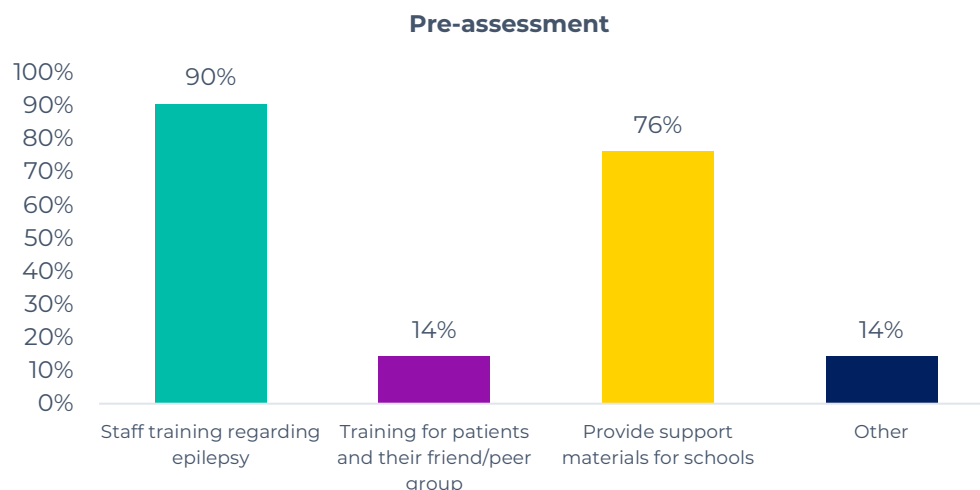
Pre-assessment

Figure 19: Team participants reported in pre-assessment results on what type of interaction their team have with schools.

19. Can schools contact your service directly?

Figure 20 shows in pre-assessment results, **80%** (20/25) of team participants reported that schools can contact them directly and **16%** (4/25) of team participants reported that they did not know. **4%** (1/25) of team participants reported they 'did not know' if schools can contact their service directly.
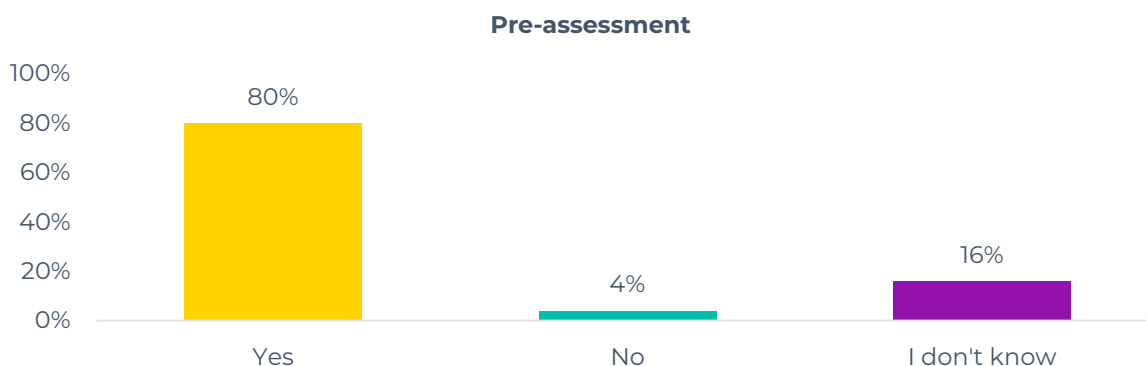
Pre-assessment

Figure 20: Team participants reported in pre-assessments results on whether schools contact your service directly.

20. Who within your team can schools directly contact?

Figure 21 shows **100%** (20/20) of team participants reported that schools can "directly contact the child's named ESN". **35%** (7/20) of team participants reported schools can directly contact "the child's named consultant". **15%** (3/20) of team participants reported that schools can directly contact "A named individual member of our team" in pre-assessment results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
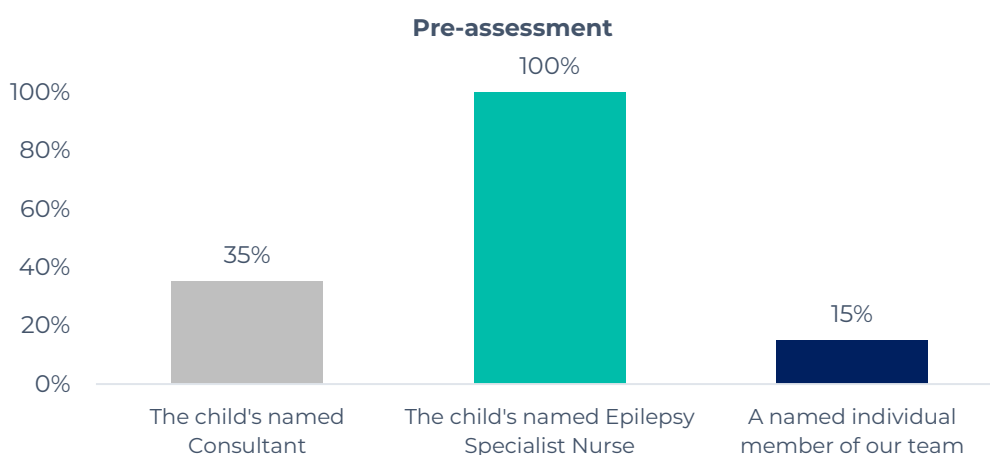
Pre-assessment

Figure 21: Team participants reported in pre-assessment results on who within their team can schools directly contact.

21. During the process of developing your project, did engage with any of the following?

Figure 22 shows in post-evaluation results, **54%** (14/26) of team participants reported they engaged with other organisations outside of their Trust during the development of their project. **27%** (7/26) of team participants reported they engaged with epilepsy charities and **7%** (2/27) reported engaging with 'schools', during the process of developing their project. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
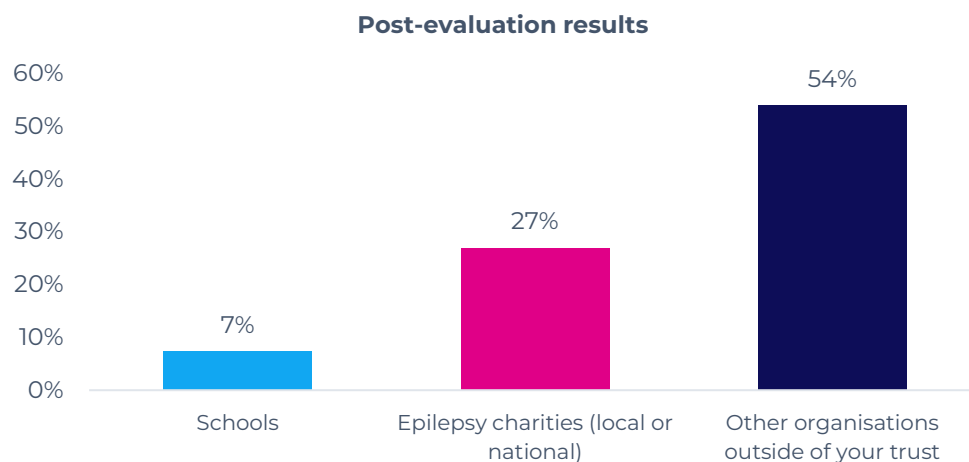
Post-evaluation results

Figure 22: Team participants reported in post-evaluation results on who within their team engaged with during the process of developing their project.

Establishing new ways of working

22. Do you have structured epilepsy team meetings?

Figure 23 shows in pre-assessment results, **68%** (17/25) of team participants reported their teams had structured epilepsy team meetings. **32%** (8/25) of team participants reported that did not have structured epilepsy team meetings.
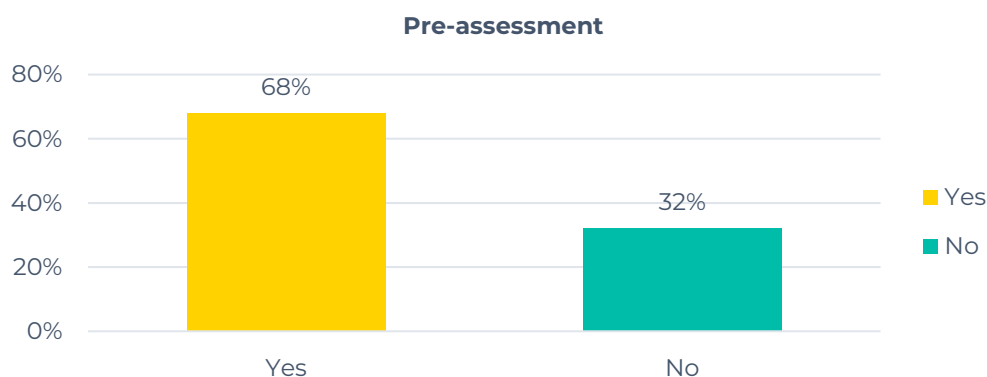
Pre-assessment

Figure 23: Team participants reported in pre-assessment results on whether their team have structured epilepsy team meetings.

23. How often do your team meetings take place?

Figure 24 shows in pre-assessment results, **65%** (11/17) of team participants reported their team meetings often "take place once a week". **29%** (5/17) of team participants reported they "take place every six-eight weeks". **6%** (1/7) of team participants reported "Our team meetings take place once a month". This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
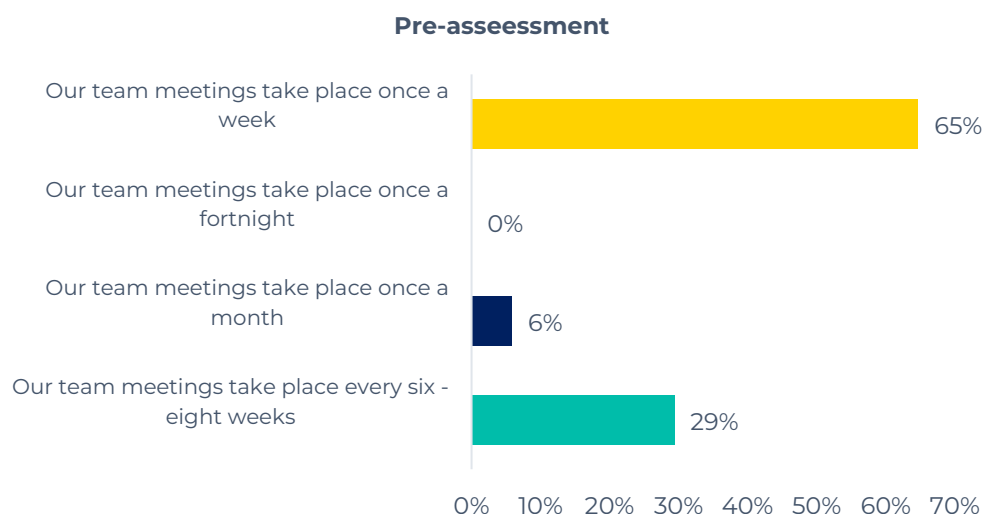
Pre-asseessment

Figure 24: Team participants reported in pre-assessment results, how often their team meetings take place.

24. How does your team organise the meetings to make them effective?

Figure 25 shows in pre-assessment results, **39%** (12/31) of team participants reported they make their meetings effective by "having a set time for them". **19%** (6/31) of team participants reported they have a pre-agreed agenda. **19%** (6/31) of team participants reported that their "meetings were not organised effectively". **13%** (4/31) of team participants reported their team organised meetings to make them effective by "having a member of the team chair meetings to ensure that we keep on track". **6%** (2/31) of team participants reported their team organised meetings to make them effective by "including our purpose through a patient story" and **3%** (1/31) of team participants reported their team organised meetings to make them effective by "The hospital management attends some of our meetings". This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
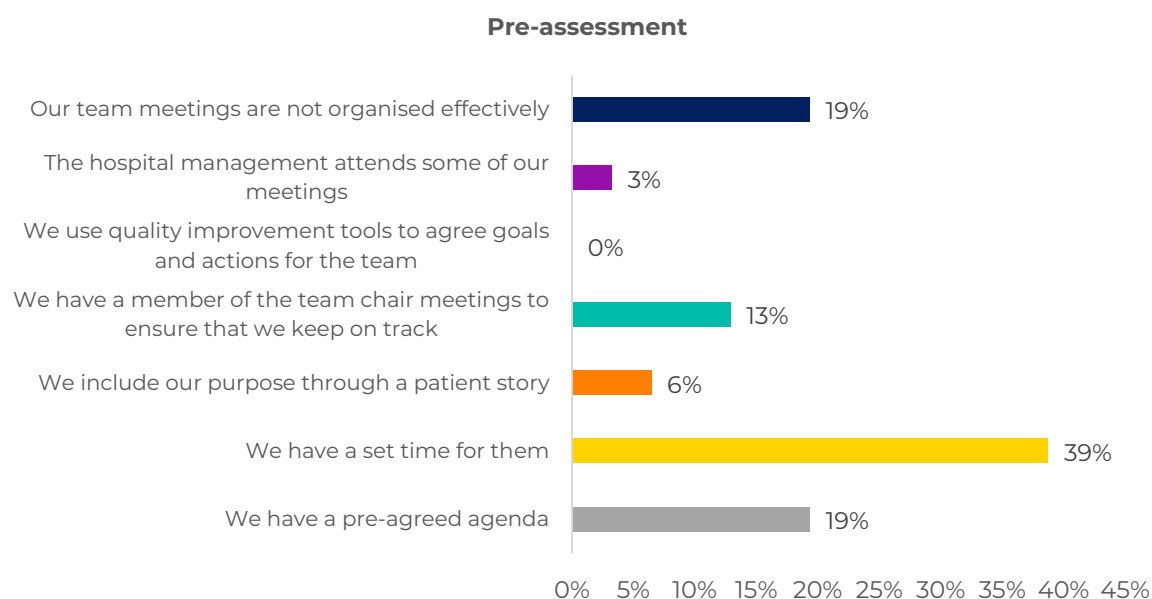
Pre-assessment

Figure 25: Team participants reported in pre-assessment results on how their team organises team meetings to make them effective.

25. Does your team engage with each other in any of the following ways?

Figure 26 shows team participants reported **24%** (12/50) "we agreed a shared clinical care plan for all our patients", team engage with each other in pre-assessment results, (see table of results below). This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
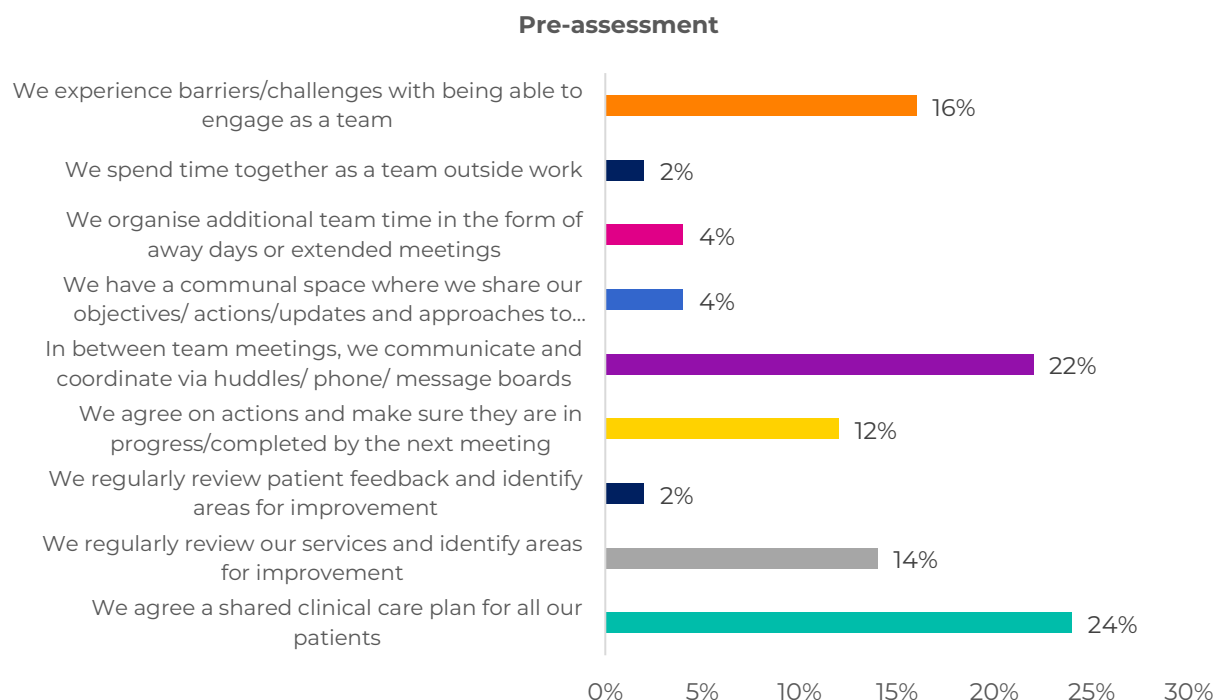

Figure 26: Team participants reported in pre-assessment results on the ways in which they engage as a team.

Table 4 Pre-assessment results captured from team participants feedback captured on whether their team engage with each other. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Multiple choice responses	Total number of responses
We agree a shared clinical care plan for all our patients	24% (12/50)
We regularly review our services and identify areas for improvement	14% (7/50)
We regularly review patient feedback and identify areas for improvement	2% (1/50)
We agree on actions and make sure they are in progress/completed by the next meeting	12% (6/50)
In between team meetings, we communicate and coordinate via huddles/ phone/ message boards	22% (11/50)
We have a communal space where we share our objectives/ actions/updates and approaches to delivering patient care	4% (2/50)
We organise additional team time in the form of away days or extended meetings	4% (2/50)
We spend time together as a team outside work	2% (1/50)
We experience barriers/challenges with being able to engage as a team	16% (8/50)

26. What are the barriers/challenges that your team face with attending structured epilepsy team meetings?

Qualitative participant responses captured within the pre-assessment results on the barriers/challenges that your team face with attending structured epilepsy team meetings highlighted the following common themes:

· **Conflicting work patterns and heavy clinic workload**
· **Time**

27. Has your team established new ways of working? e.g. including regular, structured teams meetings and communication on a daily basis:

Figure 28 shows the proportion of team participants that reported **62%** (16/26) had established new ways of working. **38%** (10/26) of team participants that reported they had not established new ways of working.
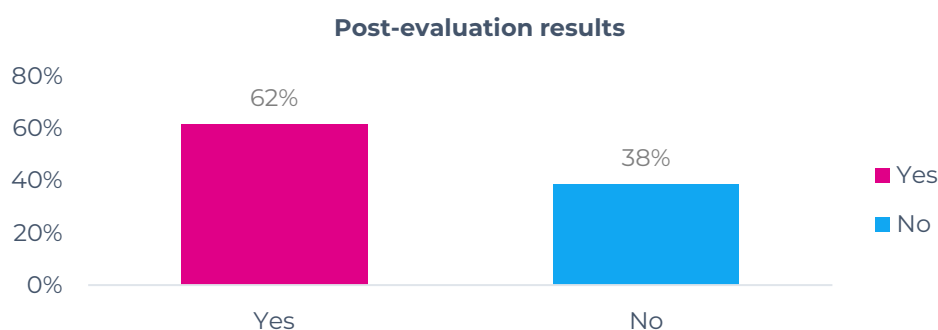
Post-evaluation results

Figure 28: Team participants reported in pre-assessment results on whether their team had established new ways of working.

28. What were the challenges experienced working within a team?

Figure 29 shows **35%** (16/46) of team participants reported that a common challenge working within a team was being "unable to attend team meetings." **30%** (14/46) of team participants reported the "lack of capacity", **17%** (8/46) of team participants reported "lack of communication", and **15%** (7/46) of team participants reported a "reduction patient engagement" in post-evaluation results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
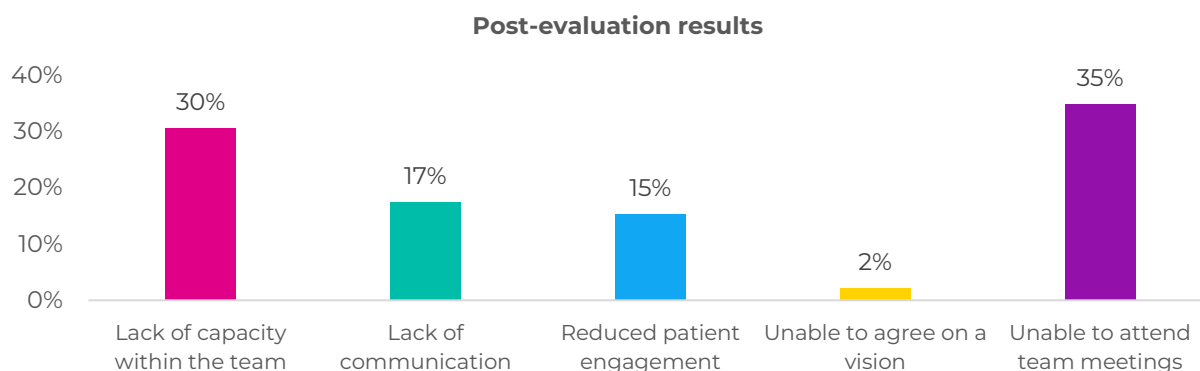
Post-evaluation results

Figure 29: Team participants reported in post-evaluation results on the challenges experienced working within their team.

18

29. What were the benefits experienced working within a team?

Qualitative participant responses captured within the post-assessment results on the benefits experienced working within a team highlighted the following common themes:

- **Collaboration**
- **Good communication**
- **Regular/structured meetings**
- **Shared experience/learning/skills**
- **Shared vision/ideas**
- **Support**

Figure 30: Word cloud of post-evaluation responses captured by team participants that described how they plan to embed what they have learned into their day-to-day clinic processes.

30. How do you plan to embed what you have learned into your day-to-day clinic processes/routines?

Qualitative participant responses captured in a word cloud within the post-assessment results on how they plan to embed what they had learned into their day-to-day clinic processes/routines highlighted the following common themes:

- **Collating feedback to identify improvements**
- **Continue to implement EQIP project**
- **Identify a new QI project**
- **Implement QI tools**
- **Increased signposting**
- **Patient engagement**
- **Presenting project results**
- **Team building**

31. Can you envision any barriers that would prevent the effectiveness in delivering your project intervention within your Trust?

Qualitative participant responses captured within the post-assessment results on how the barriers that would prevent the effectiveness of delivering their project intervention within their Trust highlighted the following common themes:

- **Cost implications**
- **Lack of staff resources**
- **Time constraints**

32. What tips/experiences can you share with other teams who would like to implement your project intervention?

Table 5 shows qualitative data of post-evaluation responses that were captured from team participants that described the tips/experiences can you share with other teams who would like to implement your project intervention. Below shows the multiple responses provided from team participants.

Actually, doing a driver diagram isn't just an exercise that helps you work out what is what. The nitty gritty of how it's done would apply in your specific Trust in your specific workplace, and who would be responsible for each bit of change.
Agree a shared goal.
There was respect among all of us, even at the consultant level. The best thing to do was to listen to each other and if one of us had a better idea or what I did might work better for this project, It wasn't hierarchical, there was a lot of give and take between the group. It was very much, give your pitch to us then we all vote on if it sounds reasonable to get on with it. That happened throughout, even when we organised meetings. Everyone agreed we're definitely going to meet that lunchtime and didn't back out because we were all going to meet. It looks like we just all worked together, but we made a big effort to compromise with each other because we do have different personalities and different ideas and different things. But we made a big effort to make sure that we put that aside to make it work.
Explore if you can do it without having to depend on lots of other agencies. If you have to depend on somebody else all of those branches will slow you down and you may never get there because one of them will be a limiting step forward.
Ask the patients what they want/need.
Ask your staff what would work for your set-up.
Being adaptable, teamwork.
Contact families as early as possible to ensure continuous feedback.
Continue to keep working towards the goal.
Don't be afraid to change.
Don't design a questionnaire.
Engagement of staff.
Get early patient engagement as this takes time.

Getting feedback from parents and children was helpful.

Involving the people who it would affect. So, the people who would have to use that piece of work or if this was a change in a department, who it would be imposed on, whose practice are you changing, get them involved. Otherwise, if you just roll it out, no one is going to be motivated if you do it that way.

Having a full-time epilepsy nurse.

Having a supportive/responsive IT unit. Involve more families/ community in feedback.

I think engagement is a whole new kettle of fish because they're logistics around it because we want it to run with the idea and do something different. I think you can keep improving and we are planning another event.

I think you need to go through a process, I think you need to keep it simple. Lots of people have really amazing ideas but actually the best ideas are always something very simple. Just keep it moving along with just being adaptable. It's not going to be linear. You're not going to go in a straight line. You might get into a few tangles, but you know you will just get to the end.

If you don't go in with a fixed idea because quite a few teams ended up where they didn't quite expect they would end up (in terms of a different project aim).

Keep it concise.

Keep on track with the slides and meetings.

Keeping it simple.

Listening to all team members opinions.

Listening to patient feedback.

Make small changes.

Mapping exercises, looking at the webpages early, engaging with the parents/carers and patients from the beginning.

Need to be agile, a lot of give and take.

Need to utilise as much possible the local resources and get help & experience from other teams.

Not making things too difficult.

Patient journey was helpful.

PDSAsPDSAsPDSAs.

Share the workload.

Start small, keep notes of team discussions and decisions. Do not use platforms/forms not supported by Trust IT system.

Start with simple goals.

Not everything you try will work. Stop trying to make it work if you haven't got the resources to sustain it.

The website being available is a good support.

Think about how we can engage families, questionnaire - technology?

Think about making it easy and accessible for CYPF.

Think of the change/end results.

To be clear from the start about the aim.

Use simple goals.

Use the website resources and continue to ask questions as advised, it got there in the end.

Utilising resources and templates.

What I would say is working with the [name] team is what I think is the reason why it worked personally, we are both flexible without ideas and I think the modern term is agile.

Understanding the value of data

33. Does your team submit Epilepsy12 audit data?

Figure 31 shows **83%** (20/24) of team participants in pre-assessment results, reported "Yes" their teams submit Epilepsy12 audit data and **17%** (4/24) of team participants reported "I don't know" if their team submitted Epilepsy12 data.
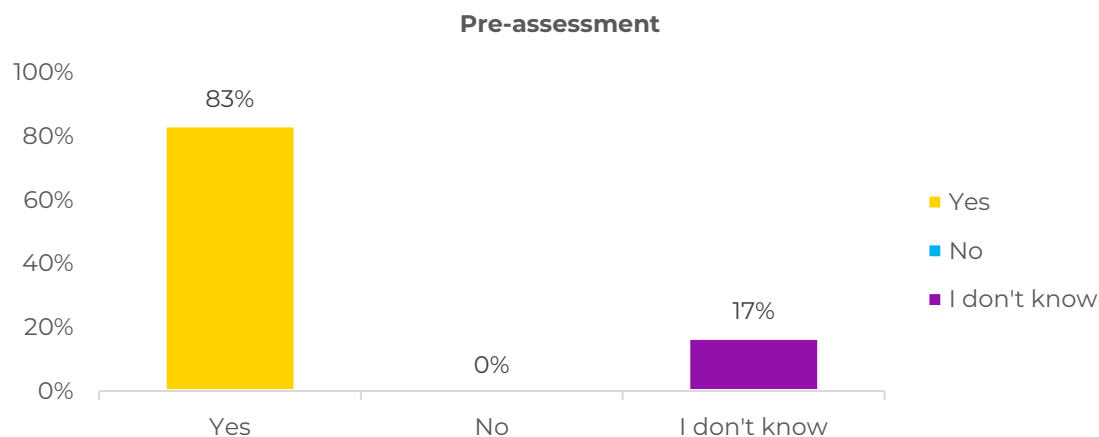
Pre-assessment

Figure 31: Team participants reported in pre-assessment results on whether their team submit Epilepsy12 audit data.

34. Who within your team is involved in submitting audit data?

Figure 32 shows in pre-assessment results, **40%** (18/45) of team participants reported their "ESN" are involved in submitting audit data. **24%** (11/45) of team participants reported their "Consultant Paediatricians" are involved in submitting audit data, (see table of results below). This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%. (see table 6 below for full results).
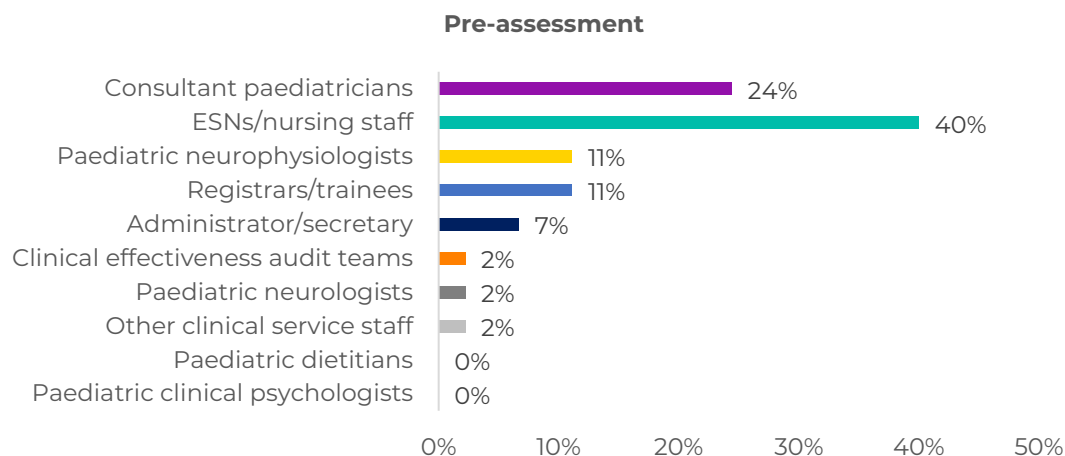
Pre-assessment

Figure 32: The team participants reported in pre-assessment results on who within their team is involved in submitting audit data.

23

Table 6: shows pre-assessment results from team participants that reported who within their team is involved in submitting Epilepsy12 audit data. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Multiple choice options	Total number of responses
Consultant Paediatricians	24% (11/45)
ESNs/Nursing staff	40% (18/45)
Paediatric Neurophysiologists	11% (5/45)
Paediatric Neurologists	2% (1/45)
Paediatric Clinical psychologists	0% (0/45)
Paediatric dietitians	0% (0/45)
Clinical effectiveness audit teams	2% (1/45)
Registrars/Trainees	11% (5/45)
Other Clinical service staff	2% (1/45)
Administrator/secretary	7% (3/45)

35. Who within your team is involved in reviewing your Epilepsy12 audit results?

Figure 33 shows in pre-assessment results, **39%** (15/38) of team participants reported that their "Consultant paediatricians" reviewed their Epilepsy12 audit data. **32%** (12/38) of team participants reported that "ESNs/nursing staff" reviewed their audit data. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%. (see table 7 below for full results).
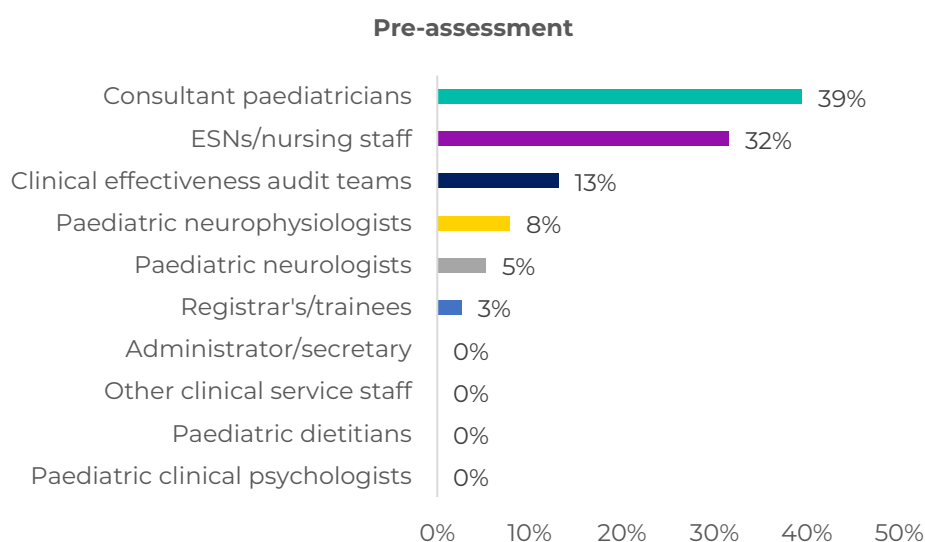

Figure 33: Team participants reported in pre-assessment results, who within their team is involved in reviewing your Epilepsy12 audit results.

Table 7: shows pre-assessment results from team participants that reported who within their team is involved in reviewing their Epilepsy12 audit results. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Multiple choice options	Total number of responses
Consultant Paediatricians	39% (15/38)
ESNs/Nursing staff	32% (12/38)
Paediatric Neurophysiologists	8% (3/38)
Paediatric Neurologists	5% (2/38)
Paediatric clinical psychologists	0% (0/38)
Paediatric dietitians	0% (0/38)
Clinical effectiveness audit teams	13% (5/38)
Registrar's/Trainees	3% (1/38)
Other Clinical service staff	0% (0/38)
Administrator/secretary	0% (0/38)

36. Who does your team share their Epilepsy12 results with?

Figure 34 shows in pre-assessment results, **44%** (7/16) of team participants reported they shared their Epilepsy12 results "across the paediatric epilepsy team". **19%** (3/16) of team participants reported they shared their Epilepsy12 results with "management" or "did not know who their Epilepsy12 results were shared with. **13%** (2/16) of team participants reported they shared them with "wider colleagues with the Trust/Health board", and **6%** (1/16) reported they shared their Epilepsy12 results with "colleagues directly at regional network meetings". This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
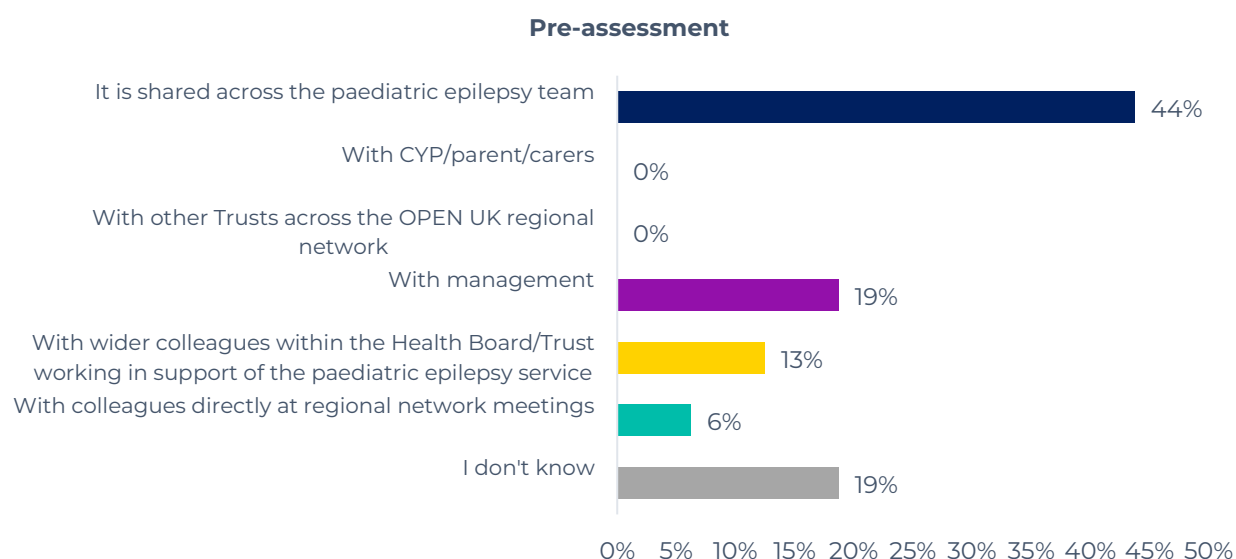
Pre-assessment

Figure 34: Team participant responses in the pre-assessment results indicated who within their team is involved in reviewing their Epilepsy12 audit results.

37. Does your team submit data for the Epilepsy12 audit?

Figure 35 shows in post-evaluation results, **100%** (28/28) of team participants reported "Yes" they submitted Epilepsy12 data.
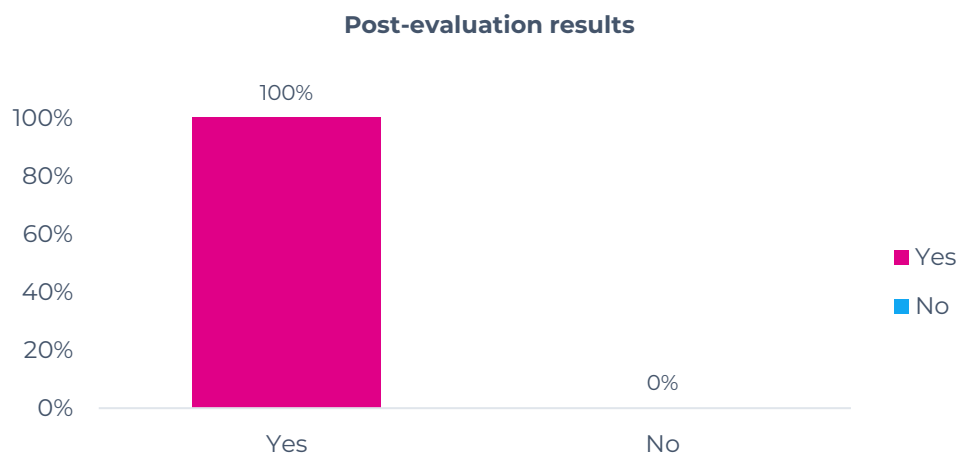
Post-evaluation results

Figure 35: Team participants reported in post-evaluation results on whether their team submit data for the Epilepsy12 audit.

38. How do you envision using your Epilepsy12 audit data to inform future QI initiatives?

Qualitative participant responses captured within the post-assessment results on how they envision using their Epilepsy12 audit data to inform future QI initiatives highlighted the following common themes:

- **Helps to support improvement as identifies gaps to improve patient care**
- **Implement what we have learnt in future in projects**
- **Monitoring improvement**
- **Using QI to drive change**
- **Using the information we learnt to help us engage patients and families**

Networking and sharing ideas

39. As a team are you planning on sharing your improvements with others?

Figure 36 shows in pre-assessment results, **79%** (19/24) of team participants reported "Yes" they plan to share their improvements with others and **21%** (5/24) of team participants reported they "do not know" if they plan on sharing their improvements with others.

Pre-assessment

Figure 36: Team participants reported in post-evaluation results, whether their team are planning on sharing their improvements with others.

40. With whom are you most likely to share your QI journey and achievements?

Figure 37 shows in pre-assessment results, **38%** (21/55) of team participants reported they were most likely to share their QI journey and achievements with "colleagues within their Trust". **36%** (20/55) of team participants reported they were most likely to share their QI journey and achievements with "other epilepsy services in our network". **15%** (8/55) of team participants reported they were most likely to share their QI journey and achievements "At national meetings and conferences". **7%** (4/55) of team participants reported they were most likely to share their QI journey and achievements with "All of the above" multiple choice options and **4%** (2/55) of team participants reported "Other" as an option in response to whom they were most likely to share their QI journey and achievements. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
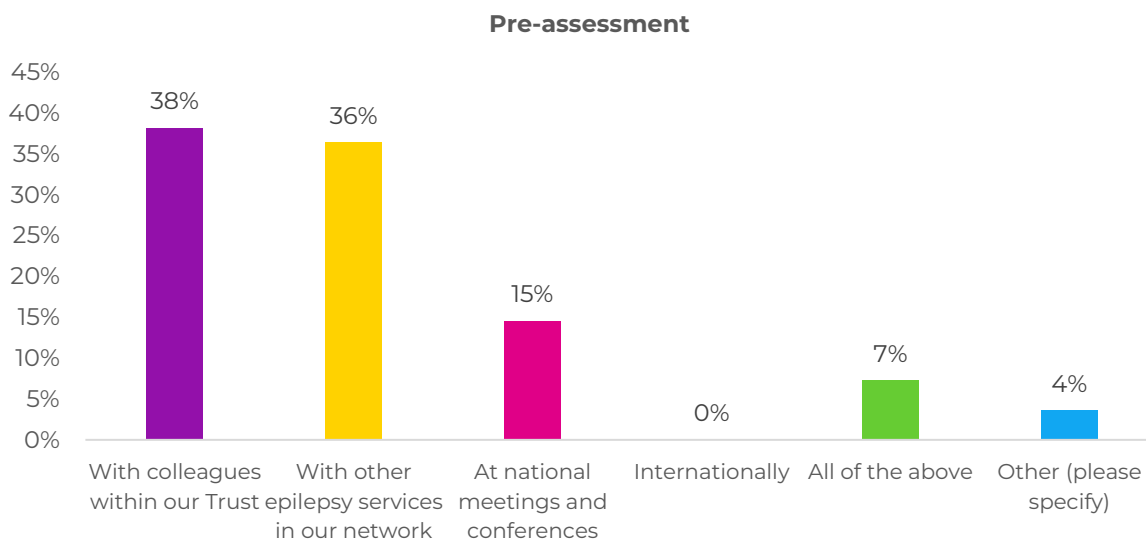
Pre-assessment

Figure 37: Team participants reported in pre-assessment results on whether their team are planning on sharing their improvements with others.

41. Does your team receive quality improvement support from your wider Health Board/Trust?

Figure 38 shows in post-evaluation results, **58%** (14/24) of team participants reported "Yes" they receive quality improvement support from their wider Trust and **42%** (10/24) of team participants reported "No" they do not receive quality improvement support.

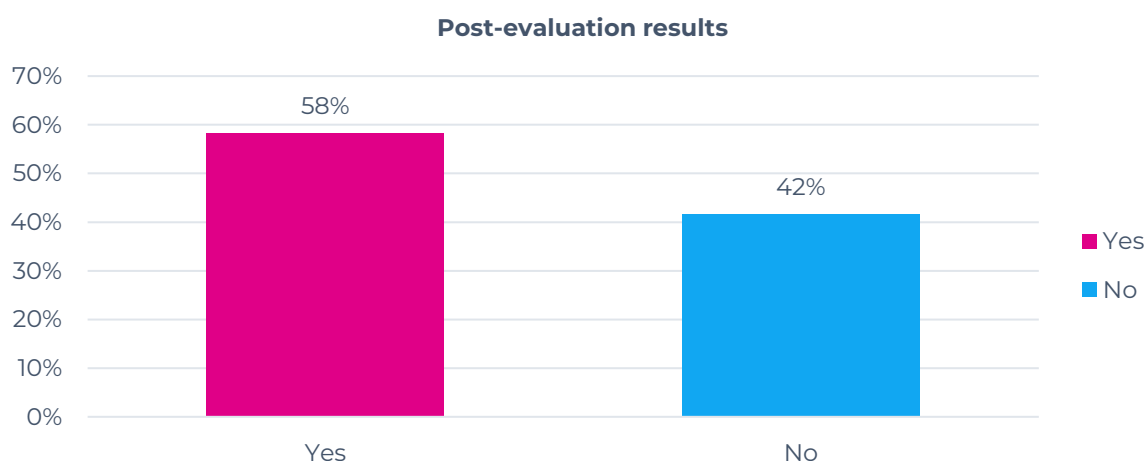**Post-evaluation results**

Figure 38: Team participants reported in post-evaluation results on whether their team receive quality improvement support from their wider Health Board/Trust.

42. What was the highlight of the EQIP celebratory event?

Table 8 shows qualitative data of post-evaluation responses that were captured from team participants that described the highlight of the end of programme celebratory event. Below shows the multiple responses provided from team participants.

Being part of the whole team made us feel really involved
Chance of presenting our data proudly and learned from other team's experiences which was so rich.
Collating new ideas and resources.
Diversity of other projects was inspiring.
Enthusiasm and support.
Feeding back on our project.
Focused and thought-provoking talks.
Getting to share our experience and hearing good feedback. Hearing other peoples' progress.
Good impetus to drive change.
Hearing about other projects.
It was amazing to see the other teams' projects to get more ideas on improving the epilepsy service.
Listening to all of the speakers and hearing their QI project and getting ideas from them. Listening to how they had developed their ideas.
Listening to all the presentations, everyone had done so much.
Listening to everyone else's ideas and improvements. Ideas for future of our service.
Listening to others and learning from others and recognising what we had achieved as a team learned a lot.
Look back on what we have done so far and learn from other team to improve in future.
Making the time to attend.
Nice to hear about other people's QI journeys and similar problems/successes.
Seeing all the other projects and the changes other teams had made. Shared learning.
Seeing everyone's excellent results.
The different ideas that came from each service.
The diversity of projects.
The entire project was well inducted and presented. The speakers were excellent.
The individual presentations gave ideas about areas we could look at locally.
The opportunity to work with charities.
The presentation day, presenting our achievements.
The sessions being interactive and informative able to adapt to our own situations.
The support from EQIP team from the beginning to the end including help with presenting data.
To see what others have achieved.
Use of QR code for feedback.
Very informative to see and learn from other teams.

43. Please describe the key benefits of participating in the EQIP for your team?

Table 9 shows qualitative participant responses captured within the post-assessment results, describing the key benefits of participating in the EQIP, highlighted the following common themes:

- **Mentoring and support**
- **QI methodology and tools**
- **Achieving project aims**
- **Overall training programme**
- **Improved patient engagement**
- **Team building**
- **Shared learning**

Below shows the multiple responses provided from team participants.

Achieved a great info pack in a short space of time; a deadline is good.
Allows me to have better QI knowledge
Being able to produce something to support families.
Being in line
Being taught by leaders in the field of QI was a great experience.
Communication
Definitely found that you've been very respectful of the whole team as professionals, that we're here because we want to be, not because we thought we should do it or because you have to do these things, and that we're adult learners in the programme and getting our heads around QI. It's felt really positive. As a trainee doctor, to be amongst people who want to engage, you're not doing it because you have to get your audit done. And if more projects were framed the way this programme is, with mentoring and motivation along the way, more trainees would do it because they want to, not because they should.
Drive forward progress
Education around methodology and support using it
Engaging more with our patients
Excellent support
Forces you to think about things differently and try something new.
Frequent catch-up meetings spur you into completing the project.
General tools for QI are in my skill set now
Getting feedback from the facilitators and implementing this
Getting to know the local team
Good working as a team for a joint goal
Great lecture programme.
Great team.
Great to have team and one-to-one support.

Great way to produce something useful in six months

Guidance and ideas

Having the chance to present your work and learn from others. No more working in silos :)

Helped us to formulate a good product for our patients.

I have enjoyed it, and I look forward to putting together the other packs for the younger children and parents, so I look forward to getting that sorted as well.

Ideas for future projects.

Improving clinic templates for some team members.

It can be very hard to find the time, so achievable goals are important.

It gives you a focus/structure to work towards. The PDSA cycles help to break down the process.

It was an experience that made us look at issues which were just continuing; just solving one little issue was rewarding.

It's been an enjoyable process, and I think we've put together a really good pack that we're proud to give to our patients, and they seem to respond to it really well. So I think it's been really valuable.

I've taken this journey every step of the way, and I feel proud of what we've produced. I've very much enjoyed the process and the lecture series. There were times where it felt like it wasn't going well and we weren't achieving very much, but the contact with EQIP facilitators meant that we were getting the support to move forward. We are doing something, and we are getting somewhere. So that sort of kept me going. I feel pleased that we've done it, proud that we've done it.

Knowing there are others out there with similar issues was reassuring.

Learning about performing good PDSA cycles and how to change our interventions.

Learning from other teams.

Learning QI methodology.

Lots of engagement and interaction.

Lots of support.

Managed to plan, execute, and complete a project.

Meeting up as a team more.

EQIP facilitators. I participated in the first wave, but I'm so amazed by the way you focus on the tasks and then obviously give feedback in a form which is always constructive and encouraging. We have managed to complete both projects despite the challenges; we have achieved results.

Mentoring – when you talk about the EQIP, one of the things we do talk about is the mentoring because it's so important.

Mentoring.

Motivating each other.

Motivation from another group.

Outpatient/office move to another site.

EQIP QI trainer advice with direction.

Patient engagement training was very useful..

QI methodology resource on the website.

Regular support.

Service improvement.

Sharing practice.

Step-by-step guidance to complete the project.
Support from the EQIP team.
Support to understand how to make changes.
Supportive.
Team working, thinking laterally, supportive experts, and signposting when needed.
Techniques and tools.
The EQIP provides a lot of information in a very structured way, and I'm not only your epilepsy specialist. I work as a paediatrician and have started implementing our project aims. So that's really fabulous and thank you very much to you both.
The structure, the steady pace, and the knowledgeable training team.
To explore what we could do with available resources.
Validation(!)
Very positive programme to be part of
We could incorporate a lot of ideas from other teams. Knowing we are doing well or are comparable gave us comfort and confidence.
We have honed in on the problem and devised a plan.

What were the key challenges with participating in the EQIP for your team?

Qualitative participant responses captured within the post-assessment results, describing the key challenges with participating in the EQIP, highlighted the following common themes:

- **Engagement**
- **Pandemic**
- **Team members getting together**
- **Time pressures/constraints**