RCSLT Scotland Hub Day:
Engaging, collaborating and influencing for better outcomes

28 March 2019
#SLTImpact
Influencing opportunities - Being a Hub to be proud of

*Overview of the RCSLT Strategic Plan*

Dr Della Money,
Chair, RCSLT Board of Trustees; and Associate Director
AHPs, Nottinghamshire Healthcare NHS Trust
The RCSLT Strategic Plan is a road map which sets out where we are as a profession and where we want to be by 2021.
Strategic Plan 2018-21: core messages

**Purpose:** We are the professional body that promotes excellence in speech and language therapy.

- **Innovative organisation**
- **Quality practice**
- **Active Influencing**

**Vision:** Enabling better lives for people with communication and swallowing needs.
Strategic Plan 2018-21

Vision and purpose

Innovative organisation

Active Influencing

Quality practice

Research and innovation
- Research capacity, capability and culture within the profession will be shaped by SLT priorities
- Promote the funding of key areas of SLT research
- Promote understanding and use of evidence-based approach to practice
- Become an intelligence resource regarding workforce trends

Workforce and leadership
- Pre-registration and post-registration training is responsive to the changing environment, including development of an SLT apprenticeship
- Support members throughout their careers to develop their leadership, knowledge, evidence based practice and skills
- Support members to critically evaluate, promote and improve their services, including through recording, measuring and collecting outcomes
- Understanding the implications of new technology and supporting, equipping and resourcing members to use it

Professional guidance
- Continue to co-produce with and advocate alongside service users and their representative organisations

Service users
- Ensure that the governance and finances of the RCSLT are sound and in accordance with the law and best practice
- RCSLT is a diverse, fair and progressive employer
- Enhance our communication, engagement and support to members, including resilience

Leadership within
- Work with members to develop digital services and functionality that meets their needs and supports member engagement
- Proactive in raising our profile across all media
- Influence at a regional, national and international level
- Gather evidence and develop resources to underpin our influencing / influence on the basis of evidence and resources
- Respond effectively to policy developments across Governments to bring SLT within their consideration

Member led

Digital

Creating profile and opportunity

Developing evidence based policy and resources
Top milestones 2018/19

Internal
- Website development

Policy
- Apprenticeships
- Looked after children
- SEND report
- Bercow
- Work and health
- Inclusive communication

Research
- Research priorities
- Research champions
- Research competency framework
- IJLCD
- Clinically applied research resource
- Independent SLTs
- Implementation Science & Quality Improvement
- PPI

Communications
- Bulletin
- Enewsletter

Events and Marketing
- Events
- Webinars
- External events
- Hub engagement
- HEI roadshows
- Venue hire
- Member engagement

Professional
- Leadership
- Outcome measures
- Developmental Language Disorder
- Dysphagia
- Curriculum guidelines
- GDPR
- Children’s Services
Research and innovation

The RCSLT’s strategic plan for Research & Innovation is embedded within the RCSLT Strategic Plan. Our objectives over the next three years are to further support the development of quality services in the following ways:

- **Research capability, capacity and culture within the profession will be shaped by SLT priorities**
  - Research capability, capacity and culture is increased*
  - Research capability, capacity and culture is focused on areas of priority*

- **Promote the funding of key areas of SLT research**
  - Key research funding bodies better understand the SLT research landscape, increasing the likelihood that some funding calls are tailored towards SLT research priorities*
  - Members are more aware of research funding opportunities and are supported to access them

- **Promote understanding and use of an evidence-based approach to practice**
  - Members are more aware of the evidence-based practice model, including any key updates within the field
  - Members better understand the importance of PPI involvement in service design, intervention planning and research
  - Research evidence and improvement methodologies are regularly used to maximise the impact of clinical services*
  - N.B. * = denotes fact that achievement of objective / sub-objective may be reliant upon factors outside of RCSLT control
Professional Guidance

Current work and how to take part

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Update of the Interprofessional Dysphagia Framework (IDF)</td>
<td>Only days left to respond to the consultation! – open to the whole dysphagia workforce until 31 March 2019</td>
</tr>
<tr>
<td>Dysphagia guidance (update)</td>
<td>A member scoping workshop is planned for April 2019. Contact us now to review the draft guidance later this year</td>
</tr>
<tr>
<td>End of life care guidance (new)</td>
<td>A member scoping workshop was held on 1st March 2019 and drafting is underway. Contact us now to review the draft guidance later this year</td>
</tr>
<tr>
<td>Critical care guidance (update)</td>
<td>Consultation on draft guidance ended on the 18 March. Look out for the updated guidance expected May 2019</td>
</tr>
<tr>
<td>FEES position paper (update)</td>
<td>Contact us now to review the draft guidance later this year</td>
</tr>
</tbody>
</table>

To find out more contact Gemma Holmes, Professional Development Manager, at gemma.holmes@rcslt.org
### Current work and how to take part

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance for schools, with the National Association of Head Teachers (update)</td>
<td>A member scoping workshop is planned for April 2019. <strong>Contact us now to review the draft guidance later this year</strong></td>
</tr>
<tr>
<td>Collaborative working guidance, RCSLT and British Association of Teachers of the Deaf (update)</td>
<td>A member scoping workshop was held in March 2019. <strong>Contact us now to review the draft guidance this spring 2019</strong></td>
</tr>
<tr>
<td>Implementation of RCSLT Children’s Services guidance</td>
<td>Watch the RCSLT webinars, submit a case study, take part in RCSLT workshops…</td>
</tr>
<tr>
<td>Voice guidance (update)</td>
<td><strong>Respond to the consultation on the draft guidance beginning at the start of April</strong></td>
</tr>
</tbody>
</table>

To find out more contact Gemma Holmes, Professional Development Manager, at [gemma.holmes@rcslt.org](mailto:gemma.holmes@rcslt.org)
The project has entered the early adopters phase.

Organisations across the UK including local authorities, NHS Trusts, service user and charitable organisations and businesses are receiving training.

Each of these organisations will now be able to display the symbol (as part of wider collateral), and will be monitored for a period of 6 months.

The data we collect will be used to inform any changes ahead of a mainstream launch towards the end of this year.
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*RCSLT Scotland Trustee*

Catherine Dunnet,
Chair, RCSLT Scotland Hub Forum
The role of the Board of Trustees

What does the board do?

• Take corporate responsibility
• Set the strategic direction
• Safeguard RCSLT's assets
• Risk management
• Set values and standards
• Ensure compliance with our charitable objectives
• Promote diversity and equality
• Be responsive and supportive
The role of the Scotland Trustee

• To represent the profession in Scotland on the Board of Trustees

• To consult and feed back with members in Scotland including through the Hub Forum Scotland

• To offer advice, counsel and expertise to staff in the Scotland office

• To contribute more widely to RCSLT projects and initiatives
East Midlands Conference Centre, Nottingham

25-26 September 2019

IMPROVING QUALITY IN SPEECH AND LANGUAGE THERAPY

EVERYONE’S BUSINESS
RCSLT Scotland Hub Day: Engaging, collaborating and influencing for better outcomes

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Digital Update
March 2019
By initiating an organisation-wide digital transformation, we aim to improve the benefits we offer our members and position the RCSLT as the go-to authority on matters relating to SLT in the UK.

There are two main areas we want to focus on:

• improving the service we provide to members
• digitally enabling the organisation
Two key areas of the digital transformation:

- Website
  - Public facing element
  - Holds rich content

- CRM (customer relationship management system)
  - Logged in portal for members
  - Enables more personalisation
  - Platform for building additional functionality, e.g. communities
Current Status

- **Discovery**: Complete
- **Design**: Complete
- **Website Launch**: November 2018
- **Development** – ongoing improvements such as:
  - Single sign on
  - Easier Navigation
  - Better Community and CPD Diary
Personalised Home Page

- Contingent upon completion of Member Profile
- CPD Diary progress dashboard, further work underway
- Articles based upon your clinical interests / expertise
Clinical and professional guidance

- Our clinical guidance pages have been rewritten and restructured
CPD Diary – Example

Kaleigh's CPD Diary

CPD Diary Name
Kaleigh's CPD Diary

Member
Kaleigh Maletta

Historical CPD Diaries
Click Here to View

NQP Goal Guidance
Click Here to View

Activity Summaries

Formal Education Hours Completed
0.00

Professional Activities Hours Completed
0.00

CPD Goals (3)

<table>
<thead>
<tr>
<th>CPD GOAL NAME</th>
<th>NQP GOAL</th>
<th>GOAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Speaking</td>
<td></td>
<td>Complete</td>
</tr>
<tr>
<td>Creative copywriting training</td>
<td></td>
<td>In Progress</td>
</tr>
<tr>
<td>Organisational development course</td>
<td></td>
<td>In Progress</td>
</tr>
</tbody>
</table>

CPD Activities (2)

<table>
<thead>
<tr>
<th>CPD ACTIVITY</th>
<th>CPD ACTIVITY NAME</th>
<th>ACTIVITY TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-00006540</td>
<td>Chapter 1 - OD course</td>
<td>Self-Directed Learning</td>
</tr>
<tr>
<td>CA-00005434</td>
<td>West Midlands Hub Day</td>
<td>Self-Directed Learning</td>
</tr>
</tbody>
</table>
Historical CPD diary and HCPC Audit

Two options:

• Those members who are already using the new diary and have not experienced any problems can continue using the diary as it is. This is available through the member profile on www.rcslt.org,

• Members can continue to use the historic CPD diary available at cpd.rcslt.org.

RCSLT will assist members in accessing and exporting evidence for the upcoming HCPC audit
Any questions?
Any queries on the digital project, contact:

info@rcslt.org
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Policy and Public Affairs Scotland

Kim Hartley Kean, Head of RCSLT Scotland Office
Andrena Wilson, PA, Hub Forum Secretary, AHPFS
Secretary
Robert MacBean, Policy Officer
## RCSLT Policy and Public Affairs Objectives

<table>
<thead>
<tr>
<th>ACTIVE INFLUENCING</th>
<th>Creating profile and opportunity</th>
<th>Develop evidence based policy and resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be proactive in raising our profile across all media</td>
<td>Gather evidence, engage service users and develop resources to underpin our influencing / influence on the basis of evidence and resources</td>
</tr>
<tr>
<td></td>
<td>Influence at a regional, national and international level</td>
<td>Respond effectively to policy developments across Governments to bring SLT within their consideration</td>
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</table>
In next 30 minutes ...

1. RCSLT Policy and Public Affairs Objectives
2. Scotland: Big wins + plans for 2019-20
3. Resource we have
4. Building capacity in Scotland
5. Influence legislation now!
Change does happen
RCSLT Scotland Team Plans 2019-20
Infrastructure
Adult services
Inclusive Communication
And the rest ...
We have going for us ...

1400 members
Building Capacity

#rcsltprofile

Positive Stories
http://rcsltscotland.blog

Seeking RCSLT reps
HFS, Trustee, AHPFS

Paid Web Author
Sign up!
Influence now!
RCSLT Scotland’s Indicative Vote

Do you think Staffing Bill should place a duty on commissioners of health and care to pay enough funds to health and care providers so that they can employ enough appropriate staff to deliver quality services?

Yes or No?
Get in touch ...

0131-226-5250

Kim.hartleykean@rcslt.org

Andrena.wilson@rcslt.org

Robert.macbean@rcslt.org

@rcsltscot

@ScotlandSLTHub
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Workshop: Engagement Swish

Lucie McAnespie, Chair, RCSLT Scotland Hub Forum; and Head of Adult Speech and Language Therapy, NHS Lothian
The Engagement

`Swish`

Adapted from Gideon Rosenblatt’s Engagement Pyramid

- **Leading**
  - Leads and engages others, helps to define strategy and spot opportunities

- **Owning**
  - Invests time in the mission of RCSLT, is an ambassador for key areas, embodies ‘I am college’

- **Contributing**
  - Contributes time, expertise and support in developing and sharing information

- **Endorsing**
  - Champions ideas. Disseminates information and recommends and promotes resources/activities to colleagues

- **Following**
  - Actively shows interest in new areas of RCSLT development and activity, engages occasionally

- **Observing**
  - Hears RCSLT mentioned by colleagues from time to time, occasionally reads Bulletin or other communications. Relies on others to mention if there’s something new to be aware of.

- **Unengaged**
  - RCSLT feels remote, but necessary for insurance purposes.
Vote: where on the swish do you think you are?

Go to menti.com
Enter code 48 85 93
Discussion: where would you like to be?
Discussion: what are some barriers and solutions to engagement?
# Hub Forum Scotland Action Plan

## Innovative Organisation

<table>
<thead>
<tr>
<th>Outco or goal</th>
<th>How will we get there? / Steps</th>
</tr>
</thead>
</table>
| More members communicating with us and us with them     | 1. Annual Event 2019 and 2020  
2. Regular Comms Summary / Newsletter to members – Start Dec. 2018 then quarterly*  
4. Set up HFS webpage with relevant content incl;  
5. Members survey - Plot of self on “Engagement” Swish Launch with webpage |
| Increased social media engagement                       | Social Media Programme –  
@ScotlandSLTHub  
#SLTimpact,, #MySLTDayScotland  
1. Encourage Facebook sign up and likes  
2. Encourage tweet, likes and RT on Awareness Days  
   – leads share out “Awareness Days” –/ Advisers contact experts via CENS (get list) |
| Service User Involvement in HFS Action                  | Select areas of work plan  
a) social media – #speakupforcommunication #speakupforslcn  
Discuss Engagement ladder |
# Quality practice

<table>
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<tr>
<th>Outcome or goal</th>
<th>How will we get there? / Steps</th>
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</thead>
</table>
| **To make members aware of Research Champions network and encourage members to “use” champions** | 1. Amit / Lauren / Katie contact  
2. Support Research Champions Group by  
a) Contacting people we know  
a) Communicating Research support available in Scotland via twitter, FB, webpage  
1. Annual Event |
| **Awareness of research is ongoing in Scotland** |  
1. Leadership Mentors  
• Find out who are current mentors.  
• Invite people to become leadership mentors – All and via leads, CS - highlight benefits  
1. Relationship between Independent SLTs and NHS SLTs - Members survey |
## Active influencing

<table>
<thead>
<tr>
<th>Outcome or goal</th>
<th>How will we get there? / Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>People will hear and learn about SLT</td>
<td>1. Positive Stories – see schedule</td>
</tr>
</tbody>
</table>
| Policy engagement by broader range of members and users increased (Check strat) | 1. Share Policy Updates; Link people with improved Scotland Policy Page; put on webpage, FB  
2. Enable engagement in Lobbying – (question in Engagement Swish re: contact with MSPs) – why, why not; refreshing understanding of engagement  
3. Provide Letter Templates to facilitate engagement.  
4. User experience consultation / collaboration (values, challenges, actions) as a means of highlighting need |
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Clinical updates – quality services

Kathryn Moyse, Outcomes and Informatics Manager, RCSLT
RCSLT Outcomes Programme
Supporting the delivery of quality services

Kathryn Moyse
RCSLT Outcomes & Informatics Manager
Outcomes Programme workstreams

- National influencing and projects
- RCSLT Online Outcome Tool
- Measuring the impact of children’s universal/targeted SLT services
- Measuring the impact of non-patient attributable work in ALD services
- Developing a set of core measures for each clinical area
The RCSLT Outcomes Programme

Initiated in 2013 to respond to drivers internal and external to the profession

<table>
<thead>
<tr>
<th>INTERNAL</th>
<th>EXTERNAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrating the impact of SLT interventions</td>
<td>Outcome measurement not embedded - historical focus on inputs, processes &amp; outputs</td>
</tr>
<tr>
<td>Contribution to local, regional &amp; national outcomes</td>
<td>Use of terminology &amp; definitions</td>
</tr>
<tr>
<td>Supporting service evaluation</td>
<td>Few validated outcome measures</td>
</tr>
<tr>
<td>Developing the evidence base</td>
<td>National policies and frameworks</td>
</tr>
<tr>
<td>Supporting business case development</td>
<td>Outcomes based commissioning</td>
</tr>
</tbody>
</table>
The RCSLT Outcomes Programme

- RCSLT Board of Trustees opted for a pragmatic approach: identifying an existing outcome measure to begin to gather consistent data for the SLT profession
  - **Initial phase:** find an existing outcome measurement tool that will meet ‘best fit’ criteria agreed by members
  - **Subsequent phases:** identify how to fill gaps and look at other approaches (not defined in detail)
Outcomes Programme workstreams

- National influencing and projects
- RCSLT Online Outcome Tool
- Measuring the impact of children’s universal/targeted SLT services
- Measuring the impact of non-patient attributable work in ALD services
- Developing a set of core measures for each clinical area
Identified an existing outcome measure that was the ‘best fit’ for data collection across the SLT profession.

Developed and piloted an online tool to support with data collection and reporting – the RCSLT Online Outcome Tool (ROOT).

Evaluation of the pilot indicated that the ROOT added value to the services.

Roll-out of the ROOT across the SLT profession using a phased approach.
The RCSLT Online Outcome Tool

- The RCSLT Online Outcome Tool (ROOT) is being developed to support practitioners with:
  - Collecting and collating outcomes data using two methods:
    - Direct data entry: Data is entered directly into the ROOT
    - Data upload: Data collected in local electronic systems is exported and uploaded to the ROOT

- Evaluating and reporting outcomes
Communication and Swallowing Disorder (Primary): Receptive language disorder;

Primary TOMs Scale: Child Language Impairment

Date of rating: 23 Mar 2018

Rating Type: Start of Episode

| Impairment (Child Language Impairment): |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| N/A             | 0.5   | 1.5   | 2     | 2.5   | 3     | 3.5   | 4     | 4.5   | 5     |
|                  |       |       |       |       |       |       |       |       |       |

| Activity (Child Language Impairment): |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| N/A             | 0.5   | 1.5   | 2     | 2.5   | 3     | 3.5   | 4     | 4.5   | 5     |
|                  |       |       |       |       |       |       |       |       |       |

| Participation: |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| N/A            | 0.5   | 1.5   | 2     | 2.5   | 3     | 3.5   | 4     | 4.5   | 5     |
|                 |       |       |       |       |       |       |       |       |       |

| Wellbeing: |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| N/A        | 0.5   | 1.5   | 2     | 2.5   | 3     | 3.5   | 4     | 4.5   | 5     |
|            |       |       |       |       |       |       |       |       |       |

| Carer Well Being: |
|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| N/A               | 0.5   | 1.5   | 2     | 2.5   | 3     | 3.5   | 4     | 4.5   | 5     |
|                   |       |       |       |       |       |       |       |       |       |

The descriptors for the adapted scales available in the RCSLT Online Outcome Tool are published in the third edition of Therapy Outcome Measures For Rehabilitation Professionals (Enderby & John, 2015). For more information about the adapted scales and descriptors, please click here.
Developing and testing the RCSLT Online Outcome Tool

Source: https://project-management.com/10-key-principles-of-agile-software-development/
ROOT pilot sites & early adopters

Key
- Adult
- Paediatric
- Adult and Paediatric
Case study: Adult speech and language therapy at NHS Greater Glasgow and Clyde

- NHS Greater Glasgow and Clyde serves a population of 1.2 million across East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire.

- Adult acute, inpatient and community outpatient teams are using TOMs (approximately 70 SLTs).

- Journey with using TOMs formally began in 2012, following trials in specific clinical areas (e.g. voice, dysphagia).
Timeline of Events: Greater Glasgow and Clyde

2012 – 2013
- SLTs trained in TOMs
- Working group formed to support implementation of TOMs and project work
- Worked with IT to develop a local electronic application and began collecting TOMs data electronically

2015
- Became involved in the RCSLT’s proof of concept pilot for the ROOT

2016
- Worked with information governance to complete local policies and processes
- Uploaded first file of data to the ROOT
Timeline of Events: Greater Glasgow and Clyde

2017
- Resolved issues related to data quality, including work to develop the GGC TOMs application to export data in a way that is compatible with the ROOT

2018
- Liaised with information governance following changes in data protection legislation to get authorisation for ongoing use of the ROOT
- Uploaded dataset in new format to the ROOT (total of 10,082 completed TOMs)
## Summary of TOMs data to December 2018

<table>
<thead>
<tr>
<th>TOMs scale</th>
<th>Total (episodes)</th>
<th>Total (patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All TOMs Scales</td>
<td>10,082</td>
<td>9,106</td>
</tr>
<tr>
<td>Aphasia/Dysphasia</td>
<td>1,178</td>
<td>1,141</td>
</tr>
<tr>
<td>Augmentative and Alternative Communication (AAC)</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Cognition</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>Core Scale</td>
<td>106</td>
<td>104</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>1,011</td>
<td>974</td>
</tr>
<tr>
<td>Dysfluency</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>6,463</td>
<td>5,816</td>
</tr>
<tr>
<td>Dysphonia</td>
<td>1,129</td>
<td>1,107</td>
</tr>
<tr>
<td>Laryngectomy</td>
<td>30</td>
<td>26</td>
</tr>
</tbody>
</table>
## Dysphagia outcomes for 2017 & 2018

<table>
<thead>
<tr>
<th></th>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
<th>Carer Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Start</td>
<td>Average Final</td>
<td>Average Change</td>
<td>Average Start</td>
<td>Average Final</td>
</tr>
<tr>
<td><strong>Dysphagia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodes: (1549)</td>
<td>2.76</td>
<td>3.49</td>
<td>0.74</td>
<td>2.63</td>
<td>3.46</td>
</tr>
<tr>
<td>Patients: (1459)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2017 – 31 December 2017

<table>
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<th></th>
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<td><strong>Dysphagia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodes: (1195)</td>
<td>2.65</td>
<td>3.39</td>
<td>0.75</td>
<td>2.58</td>
<td>3.41</td>
</tr>
<tr>
<td>Patients: (1140)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Figure 2: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2018 – 31 December 2018
## Dysphagia outcomes for 2017 & 2018

<table>
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<tr>
<td>Dysphagia</td>
<td>2.76</td>
<td>3.49</td>
<td>0.74</td>
<td>2.63</td>
<td>3.46</td>
</tr>
<tr>
<td>Episodes:</td>
<td>(1549)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients:</td>
<td>(1459)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2017 – 31 December 2017

<table>
<thead>
<tr>
<th></th>
<th>Impairment</th>
<th>Activity</th>
<th>Participation</th>
<th>Wellbeing</th>
<th>Carer Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Start</td>
<td>Average Final</td>
<td>Average Change</td>
<td>Average Start</td>
<td>Average Final</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>2.65</td>
<td>3.39</td>
<td>0.75</td>
<td>2.58</td>
<td>3.41</td>
</tr>
<tr>
<td>Episodes:</td>
<td>(1195)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients:</td>
<td>(1140)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2: Average (mean) change in TOMs between start and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) from 1 January 2018 – 31 December 2018
Dysarthria outcomes 2013 – 2018

Figure 3: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria.
## Dysarthria in association with stroke

### Figure 4: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria in association with stroke

<table>
<thead>
<tr>
<th>Domain</th>
<th>Episodes = (535)</th>
<th>Patients: (518)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment (E = 535)</td>
<td>71%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Activity (E = 535)</td>
<td>68%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Participation (E = 531)</td>
<td>63.5%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Wellbeing (E = 529)</td>
<td>70.5%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Carer Wellbeing (E = 21)</td>
<td>71.4%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

*Average across all conditions: 61.5%*
Dysarthria in association with motor neurone disease

Figure 5: Report showing the direction of change in TOMs between initial and final ratings across each domain of TOMs (Impairment, Activity, Participation, and Well-being) for adults with dysarthria in association with motor neurone disease.
## Summary of TOMs data to December 2018

<table>
<thead>
<tr>
<th></th>
<th>In All Five Domains</th>
<th>In Four or More Domains</th>
<th>In Three or More Domains</th>
<th>In Two or More Domains</th>
<th>In One or More Domains</th>
<th>In No Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodes:</td>
<td>10102</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients:</td>
<td>9124</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down</td>
<td>0.1%</td>
<td>2.8%</td>
<td>5.88%</td>
<td>10.63%</td>
<td>19.91%</td>
<td>80.09%</td>
</tr>
<tr>
<td>Same</td>
<td>0.62%</td>
<td>12.71%</td>
<td>21%</td>
<td>34.51%</td>
<td>53.5%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Up</td>
<td>1.37%</td>
<td>39.46%</td>
<td>54.76%</td>
<td>67.95%</td>
<td><strong>78.79%</strong></td>
<td><strong>21.21%</strong></td>
</tr>
<tr>
<td>Pilot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodes:</td>
<td>15584</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients:</td>
<td>14127</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down</td>
<td>0.06%</td>
<td>1.9%</td>
<td>4.11%</td>
<td>8.21%</td>
<td>16.52%</td>
<td>83.48%</td>
</tr>
<tr>
<td>Same</td>
<td>0.87%</td>
<td>11.6%</td>
<td>20.05%</td>
<td>37.68%</td>
<td>58.43%</td>
<td>41.57%</td>
</tr>
<tr>
<td>Up</td>
<td>1.03%</td>
<td>29.02%</td>
<td>41.74%</td>
<td>60.64%</td>
<td><strong>75.95%</strong></td>
<td><strong>24.05%</strong></td>
</tr>
</tbody>
</table>

**Figure 6:** Report showing the number of individuals whose TOMs scores have gone down, stayed the same or gone up and across how many domains of the TOMs.
Where next for Greater Glasgow and Clyde?
Interested in more examples of how the ROOT is supporting speech and language therapists to deliver quality services?

Our webinar provides some detailed examples of how the outcomes data is being used by services, including:

- Supporting individual clinicians with their clinical decision making and to inform patient care
- Evaluating the effectiveness of interventions and areas for improvement
- Supporting service improvement, planning and redesign
- Providing information about the impact of speech and language therapy to key stakeholders, including funders and commissioners
Phased approach to implementation

- The RCSLT is rolling out the ROOT across the speech and language therapy profession using a phased approach while continuing to iterate the tool in response to feedback.

- Over 130 SLT services have expressed an interest to date – includes SLTs services across the UK working in a range of clinical areas, settings and organisations.

- Supporting ‘early adopters’ to implement the ROOT in their service by working through a flowchart and continuing to develop and refine resources to support with implementation.
Are you ROOT-ready?

Are the SLTs in your team/service trained in or familiar with using TOMs?

Do you undertake regular reliability checks in your team/service?
Are you ROOT-ready?

Will you be using the "direct data entry" method or the "data upload" method to share your data with the ROOT?

Direct data entry
- Data is entered directly into the ROOT

Data upload
- Data collected in local electronic systems is exported and uploaded to the ROOT
Are you ROOT-ready?

Have you begun the process of engaging key colleagues in your organisation to discuss the possibility of using the ROOT?

Has your organisation completed the data processing agreement with Different Class Solutions Ltd?
Are you ROOT-ready?

A member of the team at RCSLT will be in contact with information about:

- ROOT training
- Setting up users on the ROOT
- Practical hints and tips for getting started
Interested in getting involved?

- Visit our **ROOT resources webpage** for detailed information about getting ready to implement the ROOT
  - ROOT-ready flowchart
  - Briefing pack
  - Information governance pack
  - Data specification

https://rcslt-root.org/Content/getting-ready-to-use-the-root

- Let us know how we can support you in progressing to the next step in the ROOT-ready flowchart.
  Contact **ROOT@rcslt.org**
Any Questions?
For more information, please contact:

ROOT@rcslt.org
RCSLT Scotland Hub Day:
Engaging, collaborating and influencing for better outcomes

28 March 2019
#SLTImpact
Engaging with research

Dr Sally Boa
sally.boa@nhs.net
Where it all started.....
My Journey

Idea

Opportunity

People/support
Three phase PhD research project

1. Structured literature review

2. Study of current goal setting practice in one hospice setting

3. Development and evaluation of a research based goal setting intervention
The Strathcarron research......

Goal setting happened within the hospice, but.......

- Professionals tended to focus on ‘important goals’;
- The process was implicit rather than explicit;
- Professionals tended to focus on their own areas of expertise and tried to minimise risk;
- Successful goal setting relied on collaborative action planning between the patient and the multidisciplinary team.
Theory based intervention (G-AP PC)

1. What’s important to you in the next wee while?

2. What would you like to work towards at the moment?

3. How confident do you feel about this?
   Action and coping plan:
   What do you need help with and who do you need to ask for help?
   Can you think of anything that might get in the way?

4. Carrying out the plan - provide support, as agreed

5. Appraisal and feedback:
   How did you get on? – what went well, what didn’t go so well?
   How do you feel?
   Is it still important to you?
   What next?
### Impact

**BEFORE**
- ‘Improve nausea’
- ‘Increase mobility’
- ‘Increase strength’
- ‘Aim to get home’

**AFTER**
- ‘Increasing mobility so I can get in a bath and relax with a whisky’
- ‘Go out for lunch with my family’
- ‘Walk the dogs in the field at the back of my house’
Next steps

PhD – what next?

[Logos and icons]
Reflections......

• Combining a clinical career with research
• RCSLT Research Champions
• Twitter/Facebook
Academic links/funding opportunities
Questions to consider….

• What inspires you to get involved in research?

• What might stop you?

• What might help?
Final thoughts

Idea

Opportunity

People/support
RCSLT Scotland Hub Day:
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