



**RCSLT webinar – Are you ROOT ready? The value of the RCSLT Online Outcome Tool  
Thursday, 29<sup>th</sup> November 2018**

***Kamini Gadhok MBE, CEO, RCSLT***

Good afternoon everybody. My name is Kamini Gadhok and I'm Chief Executive at the Royal College of Speech and Language Therapists. I'd like to welcome you to today's webinar: Are you ROOT ready – The value of the RCSLT Online Outcome Tool.

Before I do the housekeeping, I'd just like to introduce our presenters for today, who are Kathryn Moyse, Outcomes and Informatics Manager at the Royal College of Speech and Language Therapists and Jade Farrell, Clinical Lead SLT at ABMU in Wales.

Okay, so a few housekeeping rules here. For those of you who've not joined a webinar before, here's some top tips. You can send in chat messages at any time by using the 'chat' button. Kaleigh, who is the host, will be looking at your chats and if you have any problems with audio or any other issues, you can see what she can do to help you. And that will obviously be a private conversation with her. However, if you want to send in questions, and we'd suggest that you send questions to all the panel members, so we can all have a look at what you're asking, please do so using the Q&A button. We have had some questions submitted prior to this webinar, which I'll mention later on.

And just to reassure you that, as we know, we're covering a lot of information, this event is being recorded and there is a link there that you can see for where the recording will go up after this event. And yet again, just to remind you that Kaleigh is on hand to help.

Okay, so, what are the aims of the webinar today? And I'm hoping that many of you will have read those when you signed up. We're hoping that, by the end of this webinar, you'll have a better understanding of the value of collecting outcome measures at individual and service level, and also to inform both local and national influencing; have a better understanding of the RCSLT Online Outcome Tool, what kind of reports it can generate and what you can do with them, hear from the pilot site and that's where Jade will come in and talk to you about how she's used the route to implement system change, or her and her colleagues I should say. And also then find out how you can be ROOT-ready and implement the tool in your daily practice.

And just before we start, we're very aware that colleagues who have been involved in the work so far are interested in how we might be able to open up use of the online tool to other professions, and that is something that we're actively coping and that is going to be a discussion at the Board of Trustees next month.

Okay, so I'd now like to introduce you to the first presenter, Kathryn Moyse.

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Thank you, Kamini. So, over the next few slides, I'm going to provide some context behind the development of the ROOT. This is one of a number of parallel work streams that is being undertaken by the RCSLT as part of the Outcomes Programme.

Another key component of the programme is influencing national UK-wide development. The RCSLT is actively seeking opportunities to get involved with national projects and initiatives related to outcome measurement and data collection to support with mainstreaming our approach. There is also a work stream focusing on how the profession can capture the impact of SLT activity that cannot be measured using traditional outcome measurement tools, such as in the public health.

We currently have a group of members working in universal and targeted children's speech and language therapy services across the UK, who have been working on the development of guidance and accompanying resources, to support members with how to measure the impact of their work. We're also in the early stages of a fourth work stream, which is looking at how we might develop consensus on additional core measures for specific clinical areas.

These work streams are operating in parallel and further work streams will be initiated over time to identify the gaps and how to address them.

So where did the work originate? The programme of work on outcomes was initiated in 2013 in response to a number of drivers internal and external to the profession. At that time, outcomes was and continues to be a priority for the membership. It was apparent that speech and language therapy services had a lack of robust evidence of outcomes data to demonstrate the impact of speech and language therapy interventions to changes in individuals' real-life functioning. And also to demonstrate how SLT interventions are associated with the impact on local, regional and national outcomes. And also with supporting surface evaluation, including internal and external benchmarking – just to give you some examples.

There were, at that time, also challenges across healthcare, education and social care with regard to outcome measurement, including that outcome measurement was not embedded and there was a focus on inputs, processes and outputs.

Variable use of terminology and consistency of definitions was also an issue and few validated outcome measures were available to allied health professionals. At this time, there was also a focus on policies in policy and in national frameworks, promoting improvement based on outcomes and a shift towards outcomes-based commissioning in some parts of the UK.

So the first of the challenges addressed by the RCSLT was the issue of definitions. The RCSLT adopted definitions from adjustments joint publication from organisations, including the National Audit Office, the Treasury and the Office for National Statistics, entitled, 'Choosing the Right Fabric, A Framework for Performance Information'. This was to ensure that the profession was using a common language, and we'll briefly have a look at this shortly.

The RCSLT also adopted the Theory of Change Framework and developed resources to support the membership to use this framework.

So focusing now on the definitions of output and outcome from the National Audit Office document, we can see that outcomes are defined as the impacts or consequences for the community of the activities of the government. Outcomes are normally what an organisation is trying to achieve. So essentially here, we're talking about the 'so what'? What is the benefit? For example: longer life expectancy or better health. This is distinctly different from the outputs, which, as a rule of thumb, tend to be more qualitative. For example, the number of interventions provided. Unfortunately, we don't have time to go into this in detail today, but we have further information about this on our webpages.

So having established consensus about the use of terminology, the next challenge for the profession was using a consistent approach to outcome measurement. Having learned from colleagues in ASHA who at that time had invested 20 years and five million dollars developing outcome measures from scratch. The RCSLT Board of Trustees recognised that there was an urgent need to do something and opted for a pragmatic approach to outcome measurements. Firstly, the RCSLT set about identifying an outcome measurement tool currently in existence that could be used at the starting point for the profession's journey with outcome measurements, but it was acknowledged that there would not be a one size fits all solution and there would need to be subsequent phases of work to address for gaps.

To identify an outcome measurement tool, the RCSLT commissioned a review of outcome measures used by the profession which were appraised against a set of criteria and developed by the membership as shown on this slide. Following the appraisal of over 60 measures, systems and frameworks against the criteria, it was *Therapy Outcome Measures* by Professor Pam Enderby and Alex John that was identified as the measure most fit for purpose. So, before we go any further, this slide provides a very high-level overview of the TOMs for anyone less familiar with the tool. The TOMs is based on the World Health Organisations ICF Model and addresses the following dimensions: impairment, or the severity of the presenting difficulty such as disfluency or dysphagia; activity: this is the impact of that difficulty on activities such as communicating, eating and drinking, and also participation on the level of social engagement and autonomy. The TOMs also looks at the wellbeing of the individual and their carers. Each dimension is measured on an 11-point ordinal scale which have 6 defined descriptors ranging from 0 to 5 in 0.5 increments. The TOMs has a core scale which can be used with any presenting difficulties and 47 conditions specific adaptive scales that have been developed by experts in each area.

So, in response to challenges associated with recording data digitally and analysing and reporting on the data, the RCSLT commissioned the development of the ROOT. Alongside TOMs, the ROOT gathers some other basic information about individuals accessing speech and language therapy including age, gender and information about the nature of their communication and/or swallowing needs, and other related medical conditions. All the top scales are built into the ROOT and the data is recorded against the unique personal identifier or a pseudonym allocated to the individual. One option is for outcomes data to be entered directly into the ROOT by clinicians. Individual SLTs have a log into the system and input the data over time.

Alternatively, for services that already collecting TOMs in a local database or system, such as PaRIS or SystemOne, there is the option of uploading data in bulk to the tool. Both methods enable SLT services to access reports on service users and groups of service users, and we'll hear about this later in the webinar from Jade.

So, just to say that the ROOT has been co-produced with members by the members and for the members, and is a tool that has the potential to evolve over time to meet the needs of the profession. The RCSLT recruit the speech and language therapy services to be involved in a pilot. This included services from the UK and working in a range of clinical areas and settings. The company developing the ROOT – Different Class Solutions Ltd – worked closely with the pilot site using an agile approach in which the software is developing iteratively in response to members' feedback to ensure that it is fit for purpose and accommodates the needs of the user. This involves the cycle of developing, testing and refining the software as shown in the diagram. So, having provided some background to the work, I'm now going to hand over to Jade who will share with us some of her experiences of being involved in the pilot and using the ROOT.

***Jade Farrell, Clinical Lead SLT, Abertawe Bro Morgannwg University Health Board***

Thanks Kathryn.

So, just a little bit of background about where Abertawe Bro Morgannwg University Health Board is. We're a Health Board in South Wales that includes Bridgend, Swansea and Neath Port Talbot areas, with a population of approximately 500,000. Our speech therapy service joined the ROOT pilot in 2016 after we had already introduced TOMs for patients in all paediatric and adult speech therapy services. So, over the next six slides I'll be discussing our journey and experience of implementing both TOMs and our experience with the ROOT.

So, our TOMs journey started in 2015. We initially learned more about TOMs during an RCSLT Wales event in the summer of 2015, where Professor Pam Enderby was presenting and training on TOMs. Four speech therapists from ABMU attended the session and were inspired to get started with TOMs straight away. We were fortunate to have our head of speech therapy service engagement and backing from the outset that supported us with the release of time for a TOMs Implementation

Group, purchase of the books to be distributed across all areas and also sending two of the members of staff on formal 'Train the Trainer' training.

By the end of 2015 we had rolled out training to all of our speech therapists in the whole team which was 90 members of staff – pretty ambitious but we went for it. We made the recommendations to read, process and practice TOMs in preparation for reliability checking and then data collection in 2016. During 2016 we set-up local leads to run monthly reliability sessions within clinical teams of a minimum of four speech therapists. Having these regularly was essential early on for troubleshooting and confidence building. These sessions also ensured that we were reliable for purposes of accurate and comparable data collection. Once this was achieved we began to collect data through internal spreadsheets and started the ball rolling regarding joining the ROOT pilot.

From 2017 onwards, we continued to maintain activation levels of staff but were now in a position to start developing TOMs further. For example, how could we integrate TOMs into our goal setting documentation? We saw a transition of staff that began integrating TOMs into their clinical decision-making – not just as an afterthought. We were able to report from our internal database as well as the ROOT whenever required and were completing quarterly updates to ROOT with presentations delivered at our total team quarterly meetings. Specific services are now seeking TOMs data and reports for their patients' stories, business cases and our senior management team are beginning to utilise this information to influence service changes and decision-making.

So, since ABMU joined the pilot, RCSLT have been using learning from the pilot side to develop the ROOT Ready Flowchart. That's on your screen here, and don't worry, we're not expecting you to be able to read it – it's pretty small. Kath is going to come back to this later. Although this flowchart was developed after ABMU had joined the ROOT, the process does replicate what we followed, and I'm sure will be really helpful for new areas joining.

So, in terms of our experience with ROOT, I'm only able to comment on the data upload method, as that's what our service chose to do. This is just a screenshot of part of our spreadsheet that provides an idea of how it looks. It needed to be compatible with ROOT and the system developers were really helpful in supporting us with this. We chose the data upload method for a couple of reasons. Firstly, we had already started collecting information internally before joining the pilot. We were unfortunately unable to integrate TOMs into our Patient IT Systems. It wasn't an option for us at the time; although we are now linking into the All Wales Patient Management System being developed called WCCIS. We knew that ROOT was an evolving process so may not have been able to analyse or collect everything we wanted straight away. The spreadsheet allowed us to collect additional information that ROOT wasn't yet able to interpret, for example, what clinical team or environment the episodes happened in, how many minutes were spent, or contacts were delivered to achieve what outcomes. The implementation team could also monitor and govern the accuracy and quality and distribution of the live data going into the spreadsheet in order to ensure that TOMs were both being submitted everywhere from all teams, and also so that we could ensure that the most accurate information was going in.

We created local processes where admin staff transferred paper data collection forms completed by speech therapists onto our database. This supported accurate input and also saved speech therapy time. I would say that it does take time to get used to uploading to the ROOT, and if your spreadsheet does change then it sometimes needs tweaking, but RCSLT and the system developers were always very supportive and on hand to help us with this, and they have made multiple adjustments since starting the pilot based on feedback that has simplified the upload process.

ROOT offers various reporting options to collate vast quantities of data into presentable information. We're now going to look at some examples of report types that can be generated using the ROOT. The slides will be available after the webinar to enable you to look at them in more detail, but I'm just going to focus on what we have used the reports and what sort of information you could get from them.

This reporting option demonstrated distribution of improvement, no change or deterioration in each domain filtered by impairment or TOMs Scale amongst other filtering options that you could apply, for example age, gender or starting severity scores. So, this is an example of dysphonia outcomes collected for 283 patients in ABM. A broad look is positive with the majority of patients improving across domains, but more filters should be applied to interrogate the data further.

For example, why did the large portion stay the same? How many of these started with a certain impairment score? If those staying the same were 4 or above, for example we wouldn't necessarily expect to see an improvement because it may not be appropriate to deliver intervention if patients were within normal limits or only had a very mild issue. You could cross reference this further with the spreadsheet or the upcoming ROOT User Defined Fields to see how many interventions are on average delivered to patients with starting scores of 4 or above. If only one-off assessments and advice that would expect why no change. Another interesting question could be how these figures change if filtered by aetiology? Which types of impairment do we see or not see an improvement with? This data could add to our evidence base and decisions regarding service provision. There is also the option within this report to compare with the other services' results within the pilot, which would be an interesting useful benchmarking and learning opportunity. It is time consuming to truly interrogate the data, but very valuable to understand your services fully.

This next report example type shows the overall average mean and median scores at the start and end of care episodes with average change made. Again, it broadly shows change with each dimension but is not considering aetiology in this case. The results could potentially be different if you excluded progressive disorders, so that would be worth considering. From a service development or review perspective, it's interesting to see what disorders we're seeing the most of. You can see here that dysphagia make up 2,145 out of the 2,878 episodes uploaded at this point. Could this direct your service training needs? For example, where's the biggest demand, and therefore should that be where your training investment occurs? These reports are just the start that services need to interrogate and ask further questions from.

So, I'm now going to talk to you through a couple of these examples to show how in ABMU we have used TOMs data to reflect on the care provided and our practice. This is important for all speech therapists, whether managing a service or they must be a part of a service or managing your own case load.

So, this is a case example of how TOMs can support clinical decision-making. Child A had been known to speech therapy for eight years and had made considerable improvements with speech therapy in the past. However, speech therapy had then noticed a limited improvement with behavioural issues becoming a barrier to speech therapy input. The parents were becoming more concerned with behavioural issues rather than language difficulties. This TOMs episode reaffirmed the speech therapist's and family concerns through TOMs scores, that speech therapy input was no longer a benefit or the primary issue for this child. You can see here that there was no improvement in Impairment or Activity, demonstrating a plateau, but more importantly, a deterioration in Participation in the child's wellbeing. The scores gave the impetus to the speech therapist to raise it at the annual review and it resulted in re-evaluation of stated speech therapy needs. It was placing more priority on confidence and self-esteem including plans for further investigations.

This [slide 24] is an example of how we have used TOMs data to support and reaffirm changes in service delivery: the therapy interventions trialled with Parkinson's patients was changed to a group approach rather than one-to-one. We wanted to ensure that that service change was still able to produce positive patient outcomes and TOMs was able to demonstrate this clearly for us to confirm whether it was a valuable approach to take forward or not.

So, these charts [slide 25] show how the outcome from one of the groups delivered for Parkinson's who were newly diagnosed and only had mild difficulties. This was confirmed through their median and starting scores of four across all domains. The TOMs data showed us that 86% of the patients either maintained or improved in all areas. It's not surprising given the high starting scores that the majority remained the same, and we were happy with this given that the aim of this type of

intervention for this client group was education and offering strategies to maintain their skills and promote self-management.

These [slide 26] are the TOMs results of a group with more advanced difficulties, evidenced through their median starting score of three. The results demonstrated positive outcomes, but it was more interesting to see here that there was more improvement rather than just maintained scores compared to the other group. As this more severely affected group's goals of intervention were more focused on rehabilitation. The results gave the confidence to the speech therapy service that continuing to provide group therapy for Parkinson's patients was not only viable in terms of utilisation of resource and cost-effectiveness, but we were also able to maintain positive outcomes for the patients.

So, a review of the Pre-School Assessment Services [slide 27] shows that most children were being discharged following one contact only. TOMs was used as a way to analyse what was happening with these one-off contacts in more detail. So, the majority of those children discharged following one contact didn't make any change within the session. The changes that were made however were predominantly in Carer Wellbeing, which is the dark blue bar on the chart here [slide 28], rather than other dimensions. If only applied to Carer Wellbeing it led to consideration of whether there was another method of achieving this rather than specialist assessment, which was a big demand in terms of resource, time and waiting lists. As a result of the analysis ABMU are actually piloting a different method of service delivery for these cases through a Pre-Referral Assessment Clinic with much shorter appointment times and face-to-face triage with one speech therapist interacting with a child, whilst another talks to the carers or parents. The initial outcomes are proving promising confirming previous findings and also a time saving of 33%, and a positive impact on waiting times for those who definitely need the assessment and follow-up. The trial's data provided the evidence to drive this service change and will also allow us to monitor its success and impact.

Okay, the final case study [slide 29] shows an example of how TOMs can influence funding or commissioning for services. Patient J was a complex brain injury patient with very poor starting TOMs scores across all domains. There were no beds available for her in our Health Board Specialist Neuro-Rehabilitation Unit, so she was actually being managed on a general hospital ward that didn't have adequate speech therapy resources to meet her needs. We had secured some funding to provide speech therapy and put her on the general ward and the severity of those starting difficulties helped us demonstrate the need for this.

Following the finding, significant improvements were made and we could demonstrate this through TOMs, and it supported the extension of the speech therapy funding to facilitate discharge from that environment as per the patient and family wishes, avoiding the need for transfer to the Neuro-Rehabilitation Unit. The final TOMs scores were able to demonstrate the improvement clearly and we found that using numbers in this way was a really powerful way to communicate to those who were in a position to offer funding.

So, going back to our experience with ROOT, we've had a really positive experience of the pilot site and utilising the data and reports is becoming an invaluable tool for our service. Keeping our own data and developing this whilst also using ROOT has allowed us to understand TOMs potential and this has influenced our liaison with RCLT regarding the needs of the service and from ROOT. For example, it has resulted in planned trial of User-Defined Fields to look at analysing the extra data that our spreadsheet currently collects. For example, clinical teams, the number of contacts and what time is being spent to achieve more outcomes.

These are some learning points and tips from our ABM use TOMs Implementation Team that you can read through later. Of particular note on this slide would be the importance of investment in appropriate training and maintenance of staff engagement and the recognition that this is an ongoing need. Most importantly to mention here is that although it has been hard work and there's still so much to continue with, we are really excited to be up and running with Outcome Measures and the part of ROOT development within ABM. The potential of TOMs in influencing speech therapy as a profession through guiding evidence-based practice and benchmarking against other

services is really exciting and something that we are really proud to be a part of. So, I'm going to hand you back over to Kathryn now who's going to go into a little bit more about how you could get up and running with ROOT yourself.

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Thank you very much Jade. So, just before we go into detail I just thought I would update you on where we are now. So, evaluation of the ROOT pilot site indicated that the ROOT added value for the services that were using it in a number of ways as Jade has outlined. And based on the findings the RCSLT Board of Trustees approved a roll out more widely across the profession for members wishing to use it.

So, we are using a phased approach and working with earlier doctors to support them to implement the ROOT in their service as and when they are ready to do so. So, to date we have received over 100 expressions of interest from members, either on behalf of their team or service or as an individual SLT in independent practice to use the ROOT. The ROOT is free to use for SLTs as part of their membership and is available to all members whether working as a sole practitioner or in a large organisation and everywhere in between. We are currently working with the earlier doctors to work through the ROOT Ready Flow Chart we have devised using learning from the pilot, and we are going to look at it in detail in just a moment.

In parallel, we are continuing to develop the functionality of the ROOT in response to members' feedback and to build on and refine the suite of resources available to support members with getting ready to use the ROOT. And talking of which, this slide summarises some of the resources that we have developed and includes a link to the web page where you can find these documents.

For the rest of the webinar, we are going to focus on the ROOT Ready Flow Chart. In reality the order of the steps differs slightly from service to service and some stages can be progressed in parallel, but hopefully this will give you a better idea of what are the steps to implementation.

So, the initial two steps of the flow chart relate to the use of TOMs itself. The first step is about TOMs training, and we have specified a minimum standard of training required for access to the ROOT to ensure that the Measure is used accurately and consistently. It is recommended that users of the ROOT have either completed formal TOMs training or have access to colleagues who have completed a course and have provided local training and support and practice. It is important that ROOT users are familiar with the principles and scales of the TOMs. It is also important that a service regularly undertakes reliability checks to ensure that TOMs is being used consistently which is Stage 2 in the Flow Chart. There is information in Chapter 3 of the third edition of the TOMs manual about how to address inter-rater reliability across the team.

The next section of the flow chart focuses on which method of data entry you and your service will be using. The Direct Data Entry Method whereby clinicians enter data directly into the ROOT is typically preferred where there is no local system for electronically collecting and collating TOMs data, including where services are recording their TOMs data on paper forms. The Data Upload Method on the other hand is often the method of choice where services have an existing electronic system to enable to collect their data. Be that a locally developed spreadsheet as in the case of Jade or something built into an electronic patient record system. For members wishing to use this method there are some minimum requirements to ensure that the system is compatible and the RCSLT has developed a document to support discussions with IT suppliers about these database requirements which is available on the web page. If you're not sure about which method would be best, feel free to get in contact to talk through what would be the best for you.

So, SLT teams and services that are interested in potentially using the ROOT will need to secure approval from their organisation before using the tool. The RCSLT has developed an information pack to support conversations with relevant IT and Information Governors' personnel in your organisation. The ROOT Information Governors' Pack has been updated since the GDPR and we have sought advice from the Information Commissioner's Office to ensure that we are on the right track. The documentation that you will be required to complete locally will depend on your local

organisation and the local policies. These may include things like a Privacy Impact Assessment and Information Sharing Agreements. The ROOT Information Governors' Pack has been developed to support with this as mentioned, and again can be downloaded from the website.

Before you start using the ROOT it will be necessary however to complete a Data Processing Agreement with Different Class Solutions Ltd, a company who are both developing the online tool and other data processes. This document can be completed electronically.

So, once these steps have been completed your organisation is ready to start using the system. In terms of getting started we are here to support you with navigating the resources available to help with using the ROOT including our online training modules and FAQs, and we're also here to get users set up on the system and to provide some practical advice. For example, about planning your 'go live' date and making key decisions, for example, whether you wish to retrospectively enter data into the system.

So, we appreciate that we have covered a lot of information in this webinar so far and in a very relatively short space of time, so please do not hesitate to get in contact with us for any more information, and for now I'm going to hand you back to Kamini for questions.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks very much Kathryn. Well, we have had quite a lot of questions coming in and I've just been having a look at some of them. A few of them are about the TOMs scales themselves. So, of course, I think we need to come back to on those either by email or through the Q&A document that we're going to put together after the webinar. Also, people have been asking questions around other examples of where TOMs has been used, for example, in children with social and communication difficulties or adults with learning disabilities. So, we do have pilot sites that have used the ROOT with a whole range of people with communication difficulties and in different settings, so again, we'll come back to you on those specific questions. And just to go back to ones that we think would be appropriate for everyone to maybe hear answers too, I'm just going to ask a few question from Kathryn and Jade that have been submitted.

So, Kathryn, one of the questions that has been asked is how much of the data that I enter into ROOT will be viewed by other people who use the system?

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Yes, so this is a great question and one that we get asked quite regularly. So, once an organisation has completed the data processing agreement and the Speech and Language Therapy Services is all set up to use it, we set up a dedicated area on the ROOT for that service, and all the data entered by Speech and Language Therapists at that service is only available to them, so they can only see the data that they have entered into the system. However, what the ROOT does is it generates reports, as Jade mentioned earlier, which enable you to compare the outcomes for your service with data submitted by the rest of the services involved in using the ROOT. So, for example, if you were to generate a report looking at your data for children with (inaudible 0:33:08), there's the option of comparing your data with that of data from across the piece. But just to clarify that it's not possible to identify other services that are involved, and also to reiterate that the patient level data is not available to view by anyone outside of your organisation. So, hopefully that helps to address that question.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks very much Kathryn. Now, another question, I think this one for Jade. How best can ROOT be established in a busy acute environment without adding significant extra paperwork or administration time?

***Jade Farrell, Clinical Lead SLT, Abertawe Bro Morgannwg University Health Board***

Okay, there's no easy answer to say it but embedding TOMs and getting started it does take time and it is an added thing to do for (inaudible 0:34:05) and for therapists. One of the things that Kathryn mentioned is that one of the reasons that TOMs was actually selected is because once you

do get up and running with it, with the actual scoring, it's really quick and easy to do, but you do have to embed within your team how that can happen and try and find solutions and processes that make it as easy as possible for your staff. In terms of embedding ROOT specifically, in our Health Board we decided to use administration staff to do the data entry into our system, because we were aware of that pressure from Therapists on Therapists' time. So, whilst they collect the information quickly based on the information that they are achieving on the patient, we actually used admin to put the data onto the system.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks very much Jade. Another question has come in about how ROOT will work for services that are commissioned by education, in other words, will the outcomes being evaluated be meaningful to Local Authorities or Education Commissioners? Both myself and Kathryn will have a go at answering this one.

We are very aware that there is interest in TOMs actually from the Education Sector. Pam Enderby recently presented at The Times Education Supplement SEN Show and her presentation was extremely well received. We are aware that for children with SEN the sector is interested in Outcome Measures that are broader in terms of Outcomes like Social Participation and Wellbeing elements which TOMs does address. We also have a number of pilot sites that do work with children in a range of settings including children who are in pre-school and school age, and I think as part of this work... do you want to say a little bit Kathryn about any of those pilots?

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Yeah, I suppose just to elaborate on that Kamini. So, we're aware that there are a number of services using the ROOT working in Children's Services, and obviously they are reporting data to a number of different stakeholders, and one of our pilot sites has fed back to us that they have been reporting back the data to their Local Authority and Education Commissioners and that this has been well received. So, I think in terms of what different stakeholders are looking for we are very aware that across the country Commissioners and Budget Holders are perhaps looking for different types of data but just I guess to signpost back to the fact that at the RCSLT we are doing a lot of work around National- level Influencing. So, we're actively seeking opportunities to get involved with projects to steer the direction of what data is being asked for. And yeah, I guess to say that it's the case that we're really keen to hear from any of our pilot sites to see whether this is changing over time and very keen to get feedback. But as far as we are aware that people that are reporting this data, it is being found to be useful.

***Kamini Gadhok MBE, CEO, RCSLT***

Thanks very much. And another question that's come in is how often can reports be pulled from ROOT?

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Do you want me to take that one Kamini? Yes, so they can be pulled as often you like. So, soon as you are set up on the system, have your logins and you've collected a sufficient amount of data to start really interrogating it, you can login get data in real time and download that. As Jade mentioned in her section, there are a number of different reporting options, so you can play around with presenting the information in different ways. So, we are aware that there's potentially a lot of different audiences for the reports, and so we've been exploring different ways of presenting the data and always keen to get feedback on that of course. But, yeah, as often as you like. And all members with a login to the ROOT can access their data and the reports, so everybody has the opportunity to do that.

***Kamini Gadhok MBE, CEO, RCSLT***

Another technical question. We're about to move into RiO for data collection. Is this compatible with the uploading option? Kathryn?

***Kathryn Moyse, Outcomes and Informatics Manager, RCSLT***

Yeah, again, I'll take that one. So, one of our pilot sites did use RiO and does continue to use RiO, and they are using the upload method. So, we've seen there it can be done. As I mentioned a little bit earlier, there are some basic requirements to being able to use the upload method, and by that I mean your dataset has to contain certain mandatory fields. So, we've developed the Data Specification document that sets out the mandatory fields, but if you want to have a chat about that just get in touch and we can talk you through it. But yeah, I'm sure it will be done.

***Kamini Gadhok MBE, CEO, RCSLT***

And we're getting quite a lot of questions about different types of IT systems and I think again we'll come back to colleagues because we are beginning to run out of time for the webinar today, and they're quite detailed questions. So, thank you so much. I forgot to mention that at the beginning of the webinar we had over 180 participants, so thank you to all of you to joining.

It's been hopefully a helpful conversation and we will pick up, as I said, on the questions we haven't answered after today. Just to say we have mentioned a few times that information is on the website, and for those of you who didn't read my email, you should all have received an email yesterday saying that we've just launched our new website. I just need to alert you to the fact that we're going to be rolling out access to the member only area because we're trying to test it. Certainly, today we're hoping to start rolling it out if the test has worked, but the public facing site is available. So, we will let you know ... well, you'll all hear from me by email when you get your login numbers. And Kaleigh's just reminding me that the emails are public, so actually you will be able to access the information. But I think all the ROOT... some of the information about the ROOT might be behind the members area, so just to be aware of that. Anyway, so hopefully you'll get excited about the new website as well as part of my plugging for the day.

Before I end and say thank you obviously to the colleagues today who've presented, so thank you very much to Kathryn and to Jade. I just want to promote some of the webinars that are coming up in the future. The first one in January is placing children and young people at the heart of Speech and Language Therapy Services. There is some new guidance that we launched, again hopefully you'll have a look at that. And the other one is around IDSI, making IDSI working for you which is in February. Dr Ben Hanson has agreed to be on the panel which we are really excited about. So, he is on the UK Board as part of the International book that's happening around ITSI, and I'm very aware that there are a lot of issues and questions and I'm very happy to support members in the meantime, so we are here for you on any of these issues. I just want to say a big thank you to everybody for dialling in and I hope you found the experience of a webinar very helpful. So, thanks very much. Okay. Bye-bye.