



# Outcome Measures Companion Guide



## Who is this companion guide for?

*This companion guide is designed to support mental health and learning disability services in Wales to introduce and effectively use service user rated outcome measure tools<sup>1</sup>. These tools are often known as Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). It is an accompaniment to a one day training event. Our goal is to provide a step by step approach which will enable outcome measure tools to be successfully embedded.*

Time spent with mental health teams in Wales researching the most helpful way to embed the use of the tools, highlighted the pressures staff experience on a daily basis to deliver current services. They often had limited capacity to make changes or explore how to transform or innovate services. Staff were generally managing large caseloads with significant record keeping requirements, often paper based. There was noteworthy variation in the amount and type of documentation required in different health boards and services across Wales.

Though some teams and services have been using outcome measure tools for a considerable time, this was not widespread and some trepidation was expressed about introducing more paperwork. To ask teams to introduce and embed something new into an already brimming workload is a large ask.

Therefore, before adding something new, the focus of our approach is to first assist teams in eliminating possible duplication and redundant forms; by providing teams with methods to enable them to review their existing processes. By cleansing processes, teams will hopefully see how to reduce administrative burden and identify areas in which outcome measure tools can be used.

**This companion guide is an accompaniment to the slide set, videos and other resources which are available on the [Improvement Cymru Outcome Measures webpages](#).**

## What is this companion guide about?

### **In this guide we explore:**

- What outcome measure tools are
- How they can help you in your work and the benefits of using them
- When you might want to use them
- How to implement and embed the use of outcome measure tools to ensure sustained use.

We want to ensure that we create an optimal environment for teams to use the tools and so we have provided additional information and resources to support staff self-care, wellbeing and team support, together with information to create an awareness of equality and diversity so we can better understand the unique and varying needs of the people we work with.

---

**1** There are three clusters of tools which are recommended for use across Wales – details can be found in [Chapter 4](#)

# How is this companion guide organised?

The 3 modules covered in this guide are the key to embedding and improving the use of outcome measure tools:

## 1. Creating an optimal environment to embed outcome measure tools

- Reviewing existing processes
- Staff self-care, wellbeing and team support
- Importance of equality and diversity needs

## 2. A workforce trained and confident in the use of outcome measure tools

## 3. Access to data collection and feedback systems to monitor progress.

The chapters in this guide are based on the journey you are likely to take with your team. We hope it will provide information to support you from the point you have your first discussion about making changes to practice, all the way through to sustaining changes and the support you may need following the training.

We understand that each team will have different needs, some may be already working in an outcome focused way and using outcome measure tools, however for others this will be new. Use the resources available as a pick and mix to help you achieve the objectives identified later.

At the end of each chapter you will see this icon which will give you a list of all the associated resources. These can be found on the [Improvement Cymru Outcome Measures webpages](#).



# Acknowledgements

This guide has been a work in progress for the authors for the last 2 years. Through working together with mental health and learning disability teams, carer and service user<sup>2</sup> representatives, 3rd sector organisations and colleagues in Welsh Government, we have been able to develop the approaches and examples presented in this guide. We would like to thank them for their support and feedback.

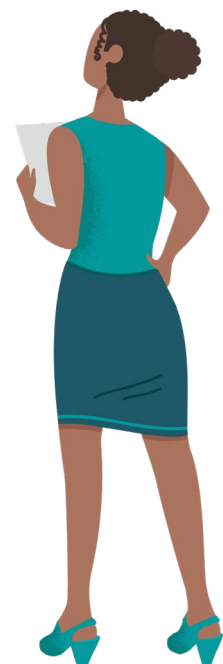
---

2 In this document we have used the term service user, but we recognise that people may also use the terms patient, citizen or client.

# Contents

<b>1. Background</b>	<b>6</b>
<b>2. First steps – the preparation</b>	<b>7</b>
Creating an optimal environment to embed outcome measure tools	
Process mapping: How to review and improve your processes	
How do you embed the use of outcome measure tools into existing practices?	
<b>3. Understanding the method</b>	<b>11</b>
Objectives in the Maturity Matrix	
Creating an action plan	
<b>4. A workforce trained and confident in the use of tools</b>	<b>14</b>
Why use outcome measure tools?	
How should outcome measure tools be used?	
How will we know what Outcome Measure tools to use?	
What are the challenges in providing outcome focused services?	
Team measure of successfully embedding the outcome measure tools into practice	
How frequently do you need to repeat the outcome measure tool?	
How to measure progress	
<b>5. Access to data collection and feedback systems to monitor progress</b>	<b>20</b>
Monitoring arrangements	
Using the Outcome Measures Collation Workbook	
Potential benefits of using the Outcome Measures Collation Workbook	
Practitioner and Service User Survey	

<b>6. Improved staff self-care, wellbeing and team support</b>	<b>22</b>
Compassionate Care	
What is self-compassion and why is it so important?	
Ways to promote staff self-care in the workplace	
<b>7. Improved understanding of equality and diversity needs</b>	<b>25</b>
Cultural competence and unconscious bias	
Welsh language	
Reasonable adjustments	
<b>8. Sustaining the change following the training</b>	<b>28</b>
<b>Appendix</b>	<b>29</b>
Review of Processes Exercise	



# 1. Background

*Here we provide details of the research which informed the development of this guide.*

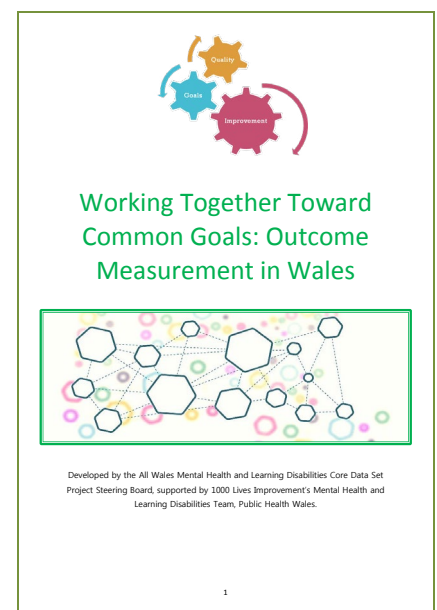
## Outcome Measures Framework

It can be helpful to give some context and background to understand why we are asking you and your team to implement changes into the way you work. The Outcome Measures Framework<sup>3</sup> gives the background. The Outcome Measures project forms part of the Welsh Government core dataset project with the aim that outcome focused practice will be built upon and embedded in teams by 2022.

The model supports service users, staff and teams to work effectively together to improve service user wellbeing, experience and therapeutic relationships (alongside, when appropriate, the care and treatment planning process).

The outcome measure tools have been carefully chosen following several years of research and information gathering on tools that were in circulation across our mental health and learning disability services in Wales. The tools are easy to use and understand and are free.

The outcome measure tools were tested by pilot teams nominated from each health board in 2019. These teams spent a year learning how to implement and embed the outcome measure tools into day-to-day practice. This training is a result of learning from those successes and equally importantly the difficulties, challenges and failures. By working with the pilot teams we have learnt the best way to introduce the use of the tools more widely.



### Resources available

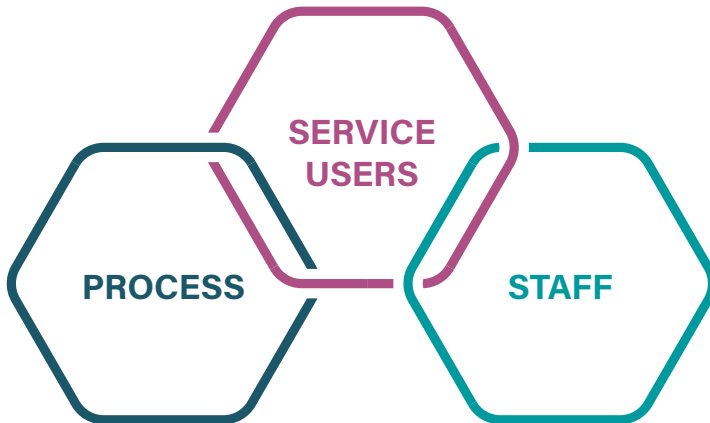
- [Outcome Measurement in Wales Framework](#)
- [National Clinical Framework 8.0 \(gov.wales\)](#)
- [Together for mental health: our mental health strategy | GOV.WALES](#)



<sup>3</sup> <https://phw.nhs.wales/services-and-teams/improvement-cymru/improvement-cymru-programmes/mental-health/outcome-measures/framework/>

## 2. First steps – the preparation

### Creating an optimal environment to embed outcome measure tools



#### PROCESS

Working well together

#### STAFF

Looking after ourselves and colleagues

#### SERVICE USERS

Understanding the people we work with

Research tells us that there are a number of factors we need to consider when introducing any change to existing practice. This includes clearly explaining the rationale for the change; the evidence behind it and why it's needed but there are other considerations too. We believe there are three critical elements (this is not exhaustive and there will be other considerations depending on the environment):

1. Ensuring that current processes are reviewed and streamlined, if possible, is critical
2. Staff wellbeing and in particular self-compassion is crucial to staff being able to maintain compassionate practices and be able to embrace any changes
3. Refocus on the diversity of the people we work with to ensure we have taken their unique needs into consideration, with specific attention paid to communication (in particular, the Welsh language) and culture as well as other reasonable adjustments needed.

We also discuss how to measure whether the change introduced is effective in [Chapter 5](#).

#### Process

If we understand the way that we work and the part we all have to play in the system, then we work more efficiently together. We need to include everyone involved in a process when any changes are being considered. In this section we ask you to consider reviewing your existing processes in relation to the service user journey in your service.

## What are your current processes?

We ask this question before something new is introduced because often the first thought is that 'this is going to be more work' and 'we simply don't have the time to do anything else.' By understanding your current processes and streamlining them, we anticipate you will be able to see whether there is any duplication and remove this, which in turn will reduce the administrative burden. More detail is given below and in the [Appendix](#) but here are some initial questions that may help your thinking:

- What paper based/online forms/data are you currently completing/collecting?
- Is there any information that you collect that is not of use to you? Why do you collect it?
- What forms/paperwork do you complete together with the service user? Is this helpful?
- How do you currently record service user experience?
- Do you have meetings with service user/family/carer representatives?
- How is a team approach to work supported?

## Staff

Working in health and social care can have its challenges. Daily, staff can face extremes of joy and sadness; seeing people in distress or dying as well as supporting families and carers. They also see the effects of deprivation.

'The NHS is founded on a common set of principles and values that bind together the communities and people it serves - patients and public - and the staff who work for it. If we are caring and compassionate, then we should be able to demonstrate those values as employers in the way we look after our employees'<sup>4</sup>

Compassion can be described as intelligent kindness and is central to how people perceive care. Compassion is based on empathy, respect and dignity. In health and social care, we provide compassionate care but factors such as burnout and occupational stress can affect our ability to do this. It is widely recognised that staff wellbeing has a direct correlation with better outcomes for service users. More information is given in [Chapter 6](#).

## Service users: Understanding the people we work with

To support the improved use of outcome measure tools it is important that we understand the individual needs of the people we are working with. Some things that we may need to consider are:

- Whether the service provided for an individual needs to be in Welsh
- How to be culturally competent and understand our unconscious biases
- When and how to make reasonable adjustments.

This will help to support the therapeutic relationship and breakdown possible barriers to communication. See [Chapter 7](#).



---

4 Sir Keith Pearson JP DL NHS Staff and Learners' Mental Wellbeing Commission Chair

## Process mapping: How to review and improve your processes

We all work in a process driven world. Everything we do fits into a larger process designed to fulfil a purpose, but how do we know our processes are the best they can be and why we do the things we do?

Sometimes individually, we review our processes and refine our ways of working automatically because we know, as a result, we will be more efficient and productive. This can include removing unnecessary steps (waste) or duplication of effort and reducing unhelpful variation.

If you think this way, then perhaps other people within your team are thinking and doing this too. You have probably also thought about the part that you and your colleagues play within the team, but do you know how it all fits together as a whole process and the impact it has on your service users?

You will no doubt have multiple processes taking place within your team every day, such as receiving a new referral or the first time you meet with a service user. Regularly reviewing our processes helps us to make sure we know why we are doing the things we do and we are working with our service users as well as we can.

If you haven't reviewed your processes before, then this is something to consider as they may not always provide you with the most efficient ways of working. Perhaps it is just one of those things that you haven't had time to do or assumed that this is the way we have always done things so never asked why the team continue to work in this way. Maybe you have an idea for how you might improve things in your work area but there has never been an ideal time to explore this with your team.

You may have come across a comment from a service user who is unhappy because work has been duplicated with another colleague perhaps "your colleague already discussed this with me yesterday", or colleagues who are frustrated by the amount of paperwork that needs to be completed. You have the power to make improvements that impact on your team and your service users.

### **The key to success is to keep the service users at the centre of any improvement plan.**

Reviewing any process is time consuming, but it is incredibly valuable and will likely save you time further down the line. If you invest time doing this, when it comes to introducing outcome measure tools, as part of your work/process, you will have already refined it and have a very good idea of how and when to use them. You should not add anything new into a process without understanding the process you are changing. If you would like to review your processes, the 4 step model in the [Appendix](#) might be useful.

### **If you decide that you do not want to review your processes, it may make it harder for the team to understand the importance of adding something new to what they are already doing.**

Your team may have already reviewed its processes and be clear on the roles and responsibilities of every member of the team. When introducing something new, the team feel confident that they know where and how to make it fit. This is great! A team works better together when they understand the part each person has to play in making the process work.

## How do you embed the use of outcome measure tools into existing practices?

This will depend on the service that you work in, but once you have a better understanding of the way your team works then you will have a good idea of when and how you could use the outcome measure tools. The most important thing for us is that the outcome measure tools are used with purpose and are helpful to both staff and service users.

Working together and agreeing when and who will administer the tools as a multi-disciplinary team (MDT) (if possible) will ensure that everyone is aware of the process and who is involved at each stage. We know all specialties may not be involved with each service user, but discussions about involvement in the MDT will help to avoid duplication and ensure that tools are not inappropriately overused.

### The benefits to working this way are:

- Everyone has a part to play
- Burden is shared
- Reduction of duplication
- Appreciation for everyone's role
- Service users do not need to repeat themselves.

### Some things to think about...

- The purpose of using the tool... to support the intervention agreed/the care and treatment planning process
- Frequency of use – will the tools be used session by session/at the start and at the end of an intervention/when the Care and Treatment Plan is reviewed?
- How can you include the service user in discussions about when the tools are used – what are their thoughts or feelings about this?



### 3. Understanding the method


*This companion guide can be used to support the nominees who have attended the one day training to lead the change in the team as well as assisting team members to understand the process.*


#### Objectives in the Maturity Matrix

After attending the one day training, the Maturity Matrix is a tool that can be used to enable team nominees to plan and measure the progression through the training objectives within their teams. Each module will contain activities for the team to work through, together with a list of resources available to support the change needed in each area. Some practices are likely to already be in place and may just need reinforcing. The resources are there to draw upon as needed.

You will be able to see how well your team is progressing through the change process by working through the activities and using the simple; Already Achieved, Green, Amber or Red rating.

We may ask you to provide information on progress to help us understand the pace at which teams are able to work through the modules. Therefore we ask that you revisit this document regularly in order to keep it updated and for it to be as reflective as possible of your team’s progress.





### Maturity Matrix

1. Creating an optimal environment to embed outcome measure tools

ID	Objectives	Planned Date	Already Achieved	RAG	Date Completed	Comments
1	Pre training bundle shared with the team					
2	A review of existing processes has been completed with the team					
3	Team nominees received training					
4	A co-produced action plan has been developed					
5	Team has knowledge and awareness of staff self-care and understand how to promote it					
6	Team has awareness of the importance for reasonable adjustments and equality and diversity issues					
7	Resources for this module shared and are available to the team					

**Resources to support you to achieve the above objectives:**

- Outcome Measures information poster
- Frequently asked questions
- Training objectives
- Review of processes masterclass
- Outcome Measure tools supporting booklet
- Outcome measure tools leaflet for service users

- Action Plan template
- Equality and Diversity Awareness videos
- Equality and Diversity Awareness booklet
- Link to Compassion Practices.net website
- Compassionate care resources pack

**Red** – Not started  
**Amber** – In Progress  
**Green** – Completed

#### Using the slides, videos and companion guide together

The resources provided as part of the training are designed to support the introduction and embedding of the use of outcome measure tools. Using an action plan in conjunction with the Maturity Matrix can help with this process.

## Creating an action plan

The action plan can be used to plan what activities the team will need to undertake to meet the objectives within the Maturity Matrix. It is useful to assign people within the team tasks to complete within an agreed timescale to ensure that your plans to implement the changes stays within your planned timescales. It might mean that only certain individuals require training on some areas as other members of the team may be more proficient/confident in these ways of working. You may wish to create individual action plans for each of the 3 areas identified in the Maturity Matrix.

### Here are some things to think about to help you develop the action plan:

- How will you bring everyone together and give the team time to look at the tools?  
You might want to consider small working groups
- How will you ensure that everyone has an opportunity to voice their thoughts?
- Which cluster of tools<sup>5</sup> will you focus on first? Our learning suggests to focus on 1 cluster at a time
- Thinking about learning needs of the team – does anyone need help with understanding the tools and how to use them? How will you support each other?
- Gather everyone's thoughts and agree which tool(s) you like the best. How will you decide which outcome measure tools to use?
- Speak to service users in your setting – explain that this is something new but it is there to help. We can learn from people's lived experiences in order to make sure we implement outcome measure tools in the right way and in partnership with service users.



#### Here's an idea!

Each person in the team scores the tools in order of preference and then the highest score wins/ballot/small focus groups.

---

5 There are 3 clusters of tools that have been recommended for use across Wales – see [Chapter 4](#) for details

## Service User Engagement

Actions	By Whom	By When
Contact our service user representative group to set up a meeting to discuss outcome tools	Jo	5th July
Get together (preferably with a service user to look at the tools together in detail and then present to the rest of the team at our next team meeting	Geoff, Amy and Jenny	20th July

## Team Engagement

Actions	By Whom	By When
Meet with members of the team that could not attend today so that they are understand and are involved in the work	Paul	10th July
Set up weekly meetings with the team to discuss progress and queries	Tom	2nd July

### Resources available:

- [Action Plan](#)
- [Maturity Matrix](#)



## 4. A workforce trained and confident in the use of tools

### Why use outcome measure tools?

#### There are 3 main reasons for using outcome measure tools and gaining service user feedback:

- It is what people, families and carers, who use services want<sup>6</sup>
- To support the provision of outcome-focused interventions
- To ensure we continue to have appropriate services.

#### Using outcome measure tools can also support:

- Practitioners to work with service users to jointly develop shared goals/outcomes
- Practitioners to reflect on whether interventions are having the desired impact and whether they need to change
- Decisions about when to end involvement.

#### They can also help to improve the:

- Experience for service users, their families and carers
- Involvement of service users in decision making around their care and treatment.

### How should outcome measure tools be used?

Outcome measure tools are essentially questionnaires which can be used to help the practitioner and service user have a conversation. They can support service users, staff and teams to work effectively together to improve wellbeing, experience and therapeutic relationships. The tools can be used as a conversation starter, something to focus on when building a relationship.

The outcome measure tools can allow both the practitioner and service user to reflect on whether interventions are having the desired impact or whether they need to change and develop a different approach. The tools can also support the care and treatment planning process and sit very much alongside the Care and Treatment Plan. These tools are not replacing clinical tools, which may already be used in some services, as they have their own place and purpose. This is not about using the tools as tick box exercises. The use of outcome measures has the potential to support the therapeutic relationship and focus on what matters most to the service user. The questions in the tools are there as a guide to support the discussion and understand the problem.

---

<sup>6</sup> They can provide a mechanism to ensure the service user voice is heard and can help ensure decisions about interventions and care are co-produced and focused on what matters to the service user.

## How will we know what Outcome Measure tools to use?

*The tools that have been chosen are split into 3 different groups or clusters*

### Cluster 1: Improvement in my wellbeing

Any one of the Cluster 1 outcome measure tools could be used when you start working with the person for the first time, when you are getting to know the service user or if you are working on a specific intervention over a period of time and you want to measure progress. For example:

- A service user has been referred to the Local Primary Mental Health Support Service (LPMHSS). A Cluster 1 tool has been sent out to them at home with some guidance on how to fill it in. Following completion the service user would contact the service and give their score over the telephone. The LPMHSS could then decide the next step of working with the service user based on the score and the other information they have received
- A service user has been referred to either a Community Mental Health Team (CMHT) or a Community Learning Disability Team (CLDT). You have met the service user a few times and agreed a number of actions to support them. A Cluster 1 tool could be used before and after the agreed actions (session by session or mid-way) to see whether they have made a difference to their overall wellbeing
- A service user has been admitted on to a ward and you have started working with them. You could use a Cluster 1 tool to show progress/ track changes/celebrate successes in their overall mental wellbeing during admission. The visual tool can be quite powerful for the service user in demonstrating change. The tool could be repeated again at discharge/on review of the Care and Treatment Plan.

Improvement In My Wellbeing	
Adults	Children and Young Adults
CORE LD	Strengths and Difficulties Questionnaire
World Health Organisation Quality of Life (WHOQoL-Bref)	
Mini-Mans LD *	

\* Can be used with EQ-5D-LD however should this be implemented in an electronic system please contact the Improvement Cymru team to advise further

## Cluster 2: Being able to set, agree and achieve my own goals/outcomes

This cluster of tools supports the work that a practitioner and service user will do together when jointly developing shared goals. These tools help to create goal based co-produced aims with a person centred approach. They enable us to work together to focus on and achieve the outcomes that are important to the service user.

Goals and outcomes may have already been discussed, for example, at the time when a Care and Treatment Plan was completed. However, there may have been too many goals set at that time or the goals may no longer be relevant as the person's circumstances or their aspirations may have

changed. It is important to continually review goals to ensure that they are truly person centred and are helping the person make progress towards their hopes and dreams.

Goals should be rooted in what the individual wants and needs to achieve. This is identified through discussion with the person about the things that are most important to them in their life and by negotiating the way forward. The tools can enable us to find ways to develop and work towards these goals in whatever setting we may meet the person.

Being able to Set My Own Goals and Aspirations	
Adults	Children and Young Adults
Goal Based Outcomes (GBOs)	Goal Based Outcomes (GBOs)
Social Services and Wellbeing Care and Support Plan 10 Point Scale	Social Services and Wellbeing Care and Support Plan 10 Point Scale

## Cluster 3: My experience and satisfaction

This is an opportunity for the service user to provide feedback on their experience of using our services. If not completed anonymously, the tools in Cluster 3 can provide us with a good opportunity to discuss with people what went well and what, if anything, might have been difficult or unsatisfactory.

Learning from service user satisfaction and experience on both an individual and sample basis can provide really helpful information about how we can improve services together.

My Experience and Satisfaction	
Adults	Children and Young Adults
My NHS Wales Experience	My NHS Wales Experience (Easy read)
	Experience of Service Questionnaire

## What are the challenges in providing outcome focused services?

### **There may be certain challenges that you have come across in your services:**

- How can practitioners work with service users more effectively to jointly develop shared goals/outcomes?
- How do practitioners know whether interventions are having the desired impact or whether they need to change?
- How do you have effective discussions in relation to the achievement of goals/outcomes?
- When is it appropriate to end involvement?

Using outcome measure tools may actually help with some of these challenges. They can help to open up the conversation between practitioner and service user and perhaps even be an intervention in itself. Negotiating and developing goals together can have a positive effect on the therapeutic relationship.

## Team measure of successfully embedding the outcome measure tools into practice

We will not get an accurate understanding of how successfully outcome measures are being used in practice by focusing on the number of outcome measure tools completed. The primary measure that we are interested in is the regular use of staff and service user surveys as these will give us a greater understanding of the impact of the outcome measure tools on practice and service user experience. There are more details about this in [Chapter 5](#).

These centre on:

- Are teams using outcome measure tools to support the therapeutic relationship?
- Are teams understanding the importance of using tools?
- Are teams finding them useful?

The key themes we are interested in are whether these tools are useful to both the practitioner and service user, how they help to open up the conversation about what matters to the person, how they enable us to celebrate success and how they inform improvements in practice.

## How frequently do you need to repeat the outcome measure tool?

The frequency of use will depend on your particular setting and service user group as well as the tools being used.

For example, Cluster 1 outcome measure tools can be used at first contact, at review and prior to discharge; they can also be used to measure session by session change.

Cluster 2 outcome measure tools which are concerned with goals and aspirations might more typically be used for people in secondary services and align closely with the care and treatment planning process. They can also be used at the beginning of contact/intervention, at review and prior to discharge.

We have already discussed in [Chapter 4](#) the importance of the MDT agreeing when tools will be used. There may be instances when they are used outside the usual care and treatment planning process. For example if a service user participated in a discrete 6 week course. A tool could be used at the start and repeated at the end of the course to determine the effects it had on the service user's mental health and wellbeing.

Cluster 3 tools provide an opportunity for the service user to provide feedback on their experience of using our services. These may be used on a sample or regular basis- this will largely be dependent on your service.



## How to measure progress

### Individual service user progress

When you are completing your review together with the service user and you compare scores from the first time the tool was completed, there may be a significant change for the better, only a small change, no change or things may have become more difficult.

### Positive change

As part of your review, it is helpful to discuss with the service user what has helped and what has made a difference. This will help you move forward together positively and shape future goals and aspirations. You can also agree how they would like to celebrate the progress made, such as buying their favourite food or letting someone know how well they have done. Putting up a well done poster in a prominent place in the house to celebrate success.

### No change or negative change

What happens when things haven't gone as expected? There may not be any real difference in scores or what if things have become more difficult? If there is minimal change then it is important to understand what elements of the intervention might have been helpful. There may be some improvement although it is not reflected in the scores. In this scenario you could decide together to continue with what you are doing but monitor progress more closely and review more regularly. If through the discussion it is clear that the intervention is not working then this is where you will need to decide what to do next.

#### Resources available:

- [Outcome Measure tools](#)



### Things to consider:

- Is there someone in the team who can offer support and advice as perhaps they have specialist expertise in a particular area?
- Would it be helpful to discuss with the wider MDT (if available)?
- Would a psychological formulation to understand the factors underlying distress be useful?
- Is it time to arrange a family/carer/friends meeting?
- Would team/individual supervision be of benefit?

### Team progress

Mental health and learning disability teams differ in both function and form. They range from single practitioners working in other services, to MDTs working in the community, to inpatients wards. For this reason there is no 'one size fits all' approach for using outcome measure tools.

How will you know that you have been successful in embedding the use of the tools in the most helpful way? What does progress look like and how will you know? **Remember: This is not about the number of questionnaires completed.**

We have already mentioned the Maturity Matrix that you can access and download. This is a simple tool which you can use to track your progress as a team over time.

As you become more comfortable as a team in using outcome measure tools, you may start to think about how you use the information you have been collecting to help develop your services. The collection of scores as a service may help you understand what interventions are working and help shape future services. Make sure you celebrate your successes!

## 5. Access to data collection and feedback systems to monitor progress

### Monitoring arrangements

One thing that we haven't discussed is what happens to the tool when it is completed? Have you thought about where you plan to store the tools? It is likely they will be stored in a service user's paper notes or on your organisation's electronic system. Wherever it is stored, it will be important that this information is easily retrievable so that when you next review progress and redo the tool, you have access to the previous scores. To help you do this, we have produced a collation workbook which can store service user scores and can produce visual representations of progress<sup>7</sup>. The workbook is available on the website and there is also a video that helps to explain how it can be used.



#### Here's an idea!

The service user may also want to keep a copy of their questionnaires as they may be helpful to them.

### Using the Outcome Measures Collation Workbook

You will need to safely save the workbook electronically and consider the following:

- How will it be accessed?
- Who will be updating the workbook?
- Will each practitioner have their own workbook?
- Can it be embedded into existing systems within your organisation?
- A separate workbook will need to be created and saved for each tool used. It is not possible to use one workbook for all the tools.

**Collation Workbook**

This workbook allows the collation of assessment scores from multiple service users, over time. It can produce a very basic aggregate analysis of these scores - e.g. how many service users showed "reliable improvement" using a tool.

Which tool do you want to collate data for?  Once you've set this, you must not change it. This workbook can only collect data for a single tool. Use multiple workbooks to collect data from multiple tools.

About this tool		
Scores must fall in the range	0 - 40	You must only enter scores that fall within this range!
Reliable improvement is defined as a change of	-5	This is intended to correspond roughly to a reliable change criterion at about 95% confidence.
Most people outside of health services have a score	below 12	This is intended to correspond very roughly to the 10th percentile in the wider population.

Scored Assessment Tool v. 2021-Apr-19

<sup>7</sup> Whilst more comprehensive electronic data collections systems and standards i.e. Welsh Community Care Information System (WCCIS) are being developed.

## Potential benefits of using the Outcome Measures Collation Workbook

- Tracking changes over time for each service user you work with and presenting the information in graphical form to demonstrate progress and changes over time. This will enable meaningful discussion about next steps
- Manage the use of outcome measure tools on an individual or team caseload basis to explore the benefits and changes resulting from approaches and interventions used. What is working well or what do we need to do differently?
- Review the service as a whole on a managerial level to assess 'how are we doing' and how to plan services moving forward.

## Practitioner and Service User Survey

We have created a practitioner and service user survey which we recommend are utilised to monitor the impact of using the tools. We suggest that the practitioner survey is used prior to any changes in team working, at 6 months following the training day and then at 12 months. This will provide information about:

- What tools are being used
- Staff motivation and confidence in using the tools
- Whether staff feel equipped to use the tools and their usefulness.

The type of service and setting will determine when the service user survey will be undertaken. For example, it could be at the end of an intervention or a sample basis. It will be important to discuss and agree as a team what will work best for your service users. The service user survey will provide information about whether the tools:

- Helped to understand what is important to the individual
- Helped people work towards their goals
- Supported the relationship with the practitioner.

### Resources available:

- [Outcome Measures Collation Workbook](#)
- [How to use the Outcome Measures Collation Workbook slide set](#)
- [How to use the Outcome Measures Collation Workbook video walkthrough](#)
- [Service user survey](#)
- [Practitioner survey](#)



## 6. Improved staff self-care, wellbeing and team support

### Compassionate Care

A Healthier Wales<sup>8</sup> recognised the importance of supporting and sustaining our workforce. Achieving this requires practitioners, managers and organisations to have an understanding of the central role of compassion in both the design and provision of health and social care services.

In order to effectively embed the use of outcome measure tools in day-to-day practice throughout mental health and learning disability services, we want to ensure that staff wellbeing is recognised as being key to delivering services.

#### What is Compassionate Care?

The Royal College of Psychiatrists faculty document 'Compassionate Care: 10 things you can do to make a difference' defines compassionate care as:

*'A sensitivity to distress together with the commitment, courage and wisdom to do something about it. In healthcare, compassion can help prevent health problems and speed up recovery. Compassion can improve staff efficiency by enhancing cooperation between individuals and teams and between patients and healthcare professionals.'*

#### Why are we not compassionate all of the time?

There are a number of reasons which help to explain a reduced capacity for compassion and these include:

- **Compassion fatigue:** a reduced ability to tolerate strong emotions in service users, colleagues and loved ones when staff are unable to take leave, time out or regenerate emotional reserves
- **Burnout:** emotional exhaustion, depersonalisation and a reduced sense of accomplishment. Both compassion fatigue and burnout are more likely when there are high levels of work and little organisational support
- **Secondary traumatic stress:** when staff are exposed at work to various traumas experienced by patients<sup>9</sup>.

*'The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet'<sup>10</sup>.*

---

8 <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

9 [https://www.rcpsych.ac.uk/docs/default-source/members/faculties/general-adult-psychiatry/general-adult-fr-gap-02-compassionate-care.pdf?sfvrsn=e6852ee1\\_2](https://www.rcpsych.ac.uk/docs/default-source/members/faculties/general-adult-psychiatry/general-adult-fr-gap-02-compassionate-care.pdf?sfvrsn=e6852ee1_2)

10 Quotation taken from the book 'Kitchen Table Wisdom' by Rachel Naomi Remen

## What is self-compassion and why is it so important?

Many people are able to extend compassion toward others but find it difficult to extend the same compassion toward themselves. They may see self-compassion as an act of self-indulgence or selfishness, but extending compassion toward oneself is the very opposite. It enables us to maintain our resilience and ability to remain compassionate to others.

*'Self-compassion means being gentle, kind and understanding with yourself; accepting that you are not perfect; and understanding that there is potential for learning and growth in every mistake you make (Kristin Neff, 2003)'<sup>11</sup>.*

An easy way to understand the importance of self-compassion is to compare it to the instructions given by flight attendants in the case of a depressurised aeroplane cabin: you're supposed to put on your own oxygen mask before helping someone else with theirs even when this feels counterintuitive. In the same way, we need to look after ourselves before taking care of others.

### The importance of self-compassion

Three components which can promote self-compassion are:

- **Self-kindness** – taking a warm and caring approach to ourselves when we are having a hard time as opposed to being harshly critical when we make a mistake or feel inadequate. When we can speak to ourselves kindly instead of berating ourselves for not being perfect, we are more likely to achieve our aims
- **Common Humanity** – when we are struggling, we often think that we are the only ones not managing or coping with our circumstances. However, as human beings we all suffer at times, none of us are immune and appreciating our common humanity can remind us that others will have had similar feelings and experiences
- **Mindfulness** – means recognising how we are thinking and feeling now without judgement. Allowing our thoughts and feelings to be present and accepting them. We can do this by bringing our awareness to a repetitive action we naturally perform such as breathing or walking, so that we can kindly observe our thoughts and feelings as they arise<sup>12</sup>.

---

<sup>11</sup> <https://positivepsychology.com/self-compassion-5-steps/>

<sup>12</sup> <https://self-compassion.org/the-three-elements-of-self-compassion-2/>

## Ways to promote staff self-care in the workplace

### Taking Care Giving Care Rounds/ Compassion Circles

Compassion circles were created by Andy Bradley<sup>13</sup>; this intervention was developed within Aneurin Bevan University Health Board under the name of Taking Care Giving Care (TCGC) rounds. It has been used with over 1000 NHS staff and is being adopted across the UK in a range of settings, as a way of helping staff to take better care of themselves and each other. It also focuses on sustaining compassionate care for our service users in the face of the multiple demands routinely faced in the public sector. TCGC rounds are a mechanism to help you think about the role of compassion in the workplace and how it can be embedded into practice.

The Improvement Cymru website provides a link to a website created by [CompassionPractices.net](http://CompassionPractices.net) which has all the resources needed to run TCGC rounds and other team practices designed to support self-care.

### Compassion Ripple Effect

This diagram provides an example of how self-compassion can benefit others as a ripple effect. The idea of being compassionate and kind to ourselves which extends into the way that we work individually (staff have feelings of empathy and compassion toward service users) and as a team throughout the organisation (improved teamwork and insight into others) and into the community. Building shared values of care and openness within the work environment.



#### Resources available:

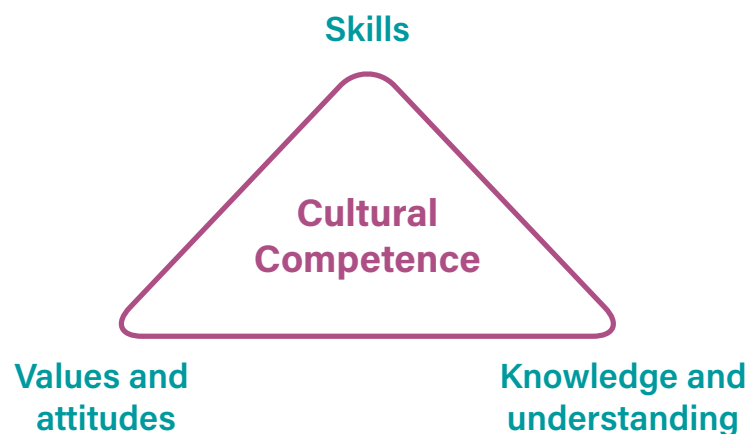
- [Compassion Practices: Liberating Compassion for All](#)
- [You Matter card](#)
- [Evaluation and feedback forms](#)



<sup>13</sup> International facilitator, TED talk speaker and nominated as one of Britain's most radical thinkers by the Observer/Nesta

## 7. Improved understanding of equality and diversity needs

As part of the way we are introducing the use of outcome measure tools into mental health and learning disability services, we wanted to create an increased awareness of the unique personal experiences of the people we support. We can do this, in part, by considering the health inequalities that can arise between groups or populations from the sometimes unequal distribution of social, environmental and economic conditions within societies. These can determine the risk of people getting ill, their ability to prevent illness or opportunities to take action and/or access treatment when ill health occurs. We have identified three specific areas<sup>14</sup> to consider:



### Cultural competence and unconscious bias

There are existing and in some cases increasing health inequalities experienced by people from Black, Asian and minority ethnic communities. The COVID-19 pandemic has starkly highlighted these. To reduce those inequalities, we need to ensure our services meet the needs of all groups. One of the ways we can begin to do this is by reinforcing and developing culturally competent services. These are services that respect the diversity in the service user population and are aware of cultural factors that can affect health, health and social care, such as language, communication styles,

beliefs, attitudes and behaviours. An awareness of cultural competence and unconscious bias is critical to providing an equitable service for those from a range of Black, Asian and minority ethnic communities.

Diverse Cymru is a Welsh charity committed to supporting people faced with inequality and discrimination. They have provided the content for a training video and resources to help services think about what action they may need to take to promote more equitable health and social care.

---

<sup>14</sup> This list is not exhaustive

## Welsh language

'More than just words' is the Welsh Government's Strategic Framework for the Welsh Language in Health and Social Care<sup>15</sup>. It identifies four priority groups where Welsh language services are especially important. These are:

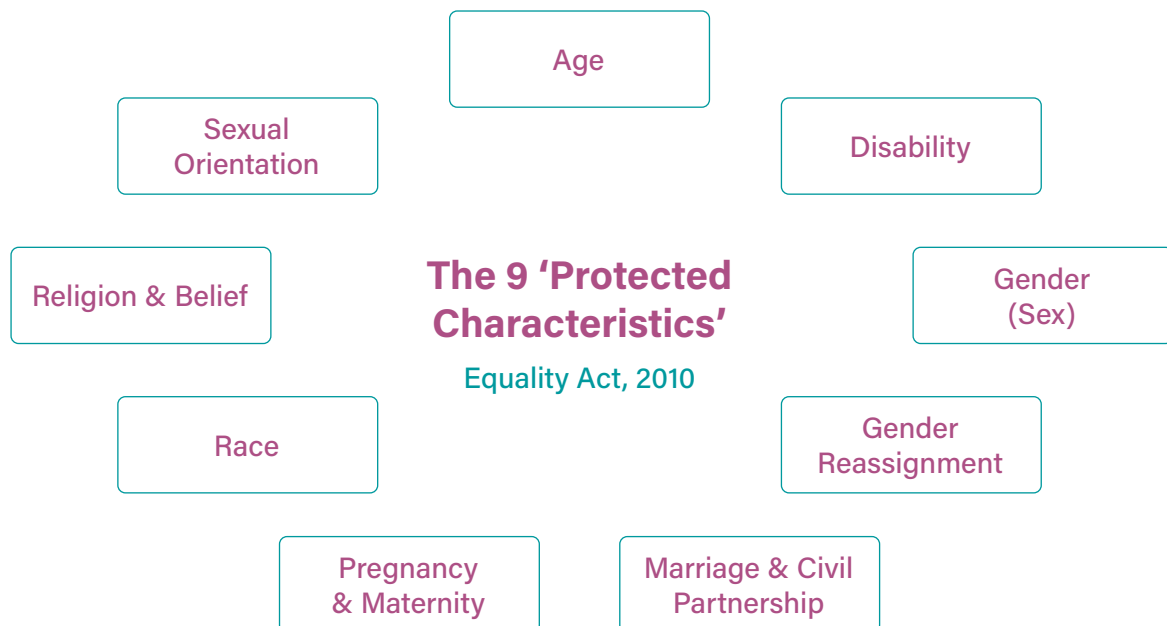
- Children
- Older people
- People with learning disabilities
- People with mental health problems.

This is because these groups are more likely to benefit significantly less if they don't receive care

in the language of their choosing. An 'active offer' is needed to ensure both legal requirements are met and we offer the most equitable and appropriate services. Different teams will have varying capacities to offer services and interventions in Welsh. Your organisation will probably already have a plan for increasing the availability of Welsh language and meeting the needs of people who are first language Welsh speakers. It may be helpful to contact your organisation's Welsh language department to identify how to work together to familiarise yourself and your team with the resources available.

## Reasonable adjustments

There are 9 protected characteristics within the Equality Act, 2010<sup>16</sup>. Disability being one of them. The Equality Act says you must ensure people with disabilities are not disadvantaged in the services they receive. This means providing person centred care tailored to individual needs which may require reasonable adjustments.



<sup>15</sup> <https://gov.wales/more-just-words-action-plan-2019-2020>

<sup>16</sup> <https://www.legislation.gov.uk/ukpga/2010/15/contents>

## Reasonable Adjustments: One size does not fit all

Within the Equality Act, we have a duty to consider and make reasonable adjustments including the removal of physical barriers and/or providing extra support for a disabled person; this specifically includes people with a learning disability and/or mental health problem. This duty is a legal requirement. Because the duty is anticipatory and continuing, services need to think about what adjustments might be needed to meet the needs of disabled people in a proactive way<sup>17</sup>. This includes planning ahead and anticipating the requirements of disabled service users and the adjustments that might need to be made for them.

What is defined as reasonable depends on several factors, including: if the change requested would address the disadvantage that disabled people experience; the practicability of making the changes; the size of the organisation; the cost of making the changes and the resources available for this and whether any changes have already been made. Disabled people should never be asked to pay for reasonable adjustments.

Examples of the adjustments you might need to consider include:

- Longer appointment times and/or home visits
- Easy read/accessible information
- Quiet waiting areas.

### Resources available:

- [Equality and Diversity awareness video and booklet](#)



### Further reading

- [Commission for Equality in Mental Health: Briefing 1 | Centre for Mental Health](#)
- [Uché Blackstock: dismantling structural racism in health care – The Lancet](#)
- [More than just words... Strategic Framework for Welsh Language Services in Health, Social Services and Social Care \(gov.wales\)](#)
- <https://socialcare.wales/resources/language-dignity-and-care-introductory-document>
- <https://socialcare.wales/resources/language-dignity-and-care-trainer-presentation>

---

<sup>17</sup> This is regardless of whether you know that a particular individual is disabled or whether you currently have any disabled patients.

## 8. Sustaining the change following the training

Once outcome measure tools have started to be used in your team, we need to find ways to sustain their use in our day-to-day work. We are aiming for this way of working to become standard practice.

When we make changes in our own lives our initial energy and enthusiasm motivates us, but in order for that change to be sustained, we need to develop ways to embed it into our routines - what we usually do. In the same way, we need to identify ways that we can turn the new practice we have developed for using outcome measure tools into a habit and the norm in our workplaces. Some helpful questions to consider are:

- What mechanisms and systems can we put into place to ensure that new members joining the team in the future know about outcome measure tools and how to use them?
- How can we use service user feedback to ensure outcome measure tools are being used effectively (not a tick box exercise)?
- Do we need to set in place a training refresher programme every year to help remind us of the rationale, purpose and practical details of how to use these tools?
- Do we need to have a core team/person who leads on outcome measure tools in the team to ensure that we maintain it as a priority for us all?

There are some very practical strategies that we can utilise to ensure that we sustain the changes made. For example, we could include the outcome measure tools training modules on our new starter induction list so that every new member of staff and student receives the same level of training that established members of the team have had. This helps outcome measure tools and the supporting principles become a core part of our team's daily practice.

Similarly, it will be important to set in place mechanisms to ensure that members of your team who are not in work when you are rolling out your internal training do not miss out on the training but will receive this when they return to your team e.g. staff who are on maternity leave, career breaks, sick leave, staff on secondments etc.

We also need to consider how we ensure that the initial energy and enthusiasm is maintained. It will be important to find strategies to share learning as a team and celebrate success and ideas for improvement. We may choose to set aside protected time in team meetings as an opportunity to discuss outcome measure tools. We could also look to have small workshops or learning events where service users and practitioners share their experiences of the impact of using outcome measures on their lives or their daily practice.

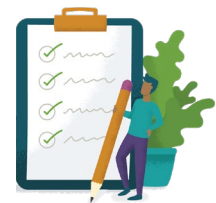
Please remember that you are not alone in your journey. Every mental health and learning disability team in Wales will be embarking on the same journey as you. Reach out to other teams in your locality or in other areas of Wales. Let's work together to support teams that may be struggling, let's share success and learning. We are anticipating that a community of practice will be created which will aid as a mechanism to foster these relationships throughout Wales.

*'I can do things you cannot, you can do things I cannot; together we can do great things.'*

– Mother Teresa

### Resources available:

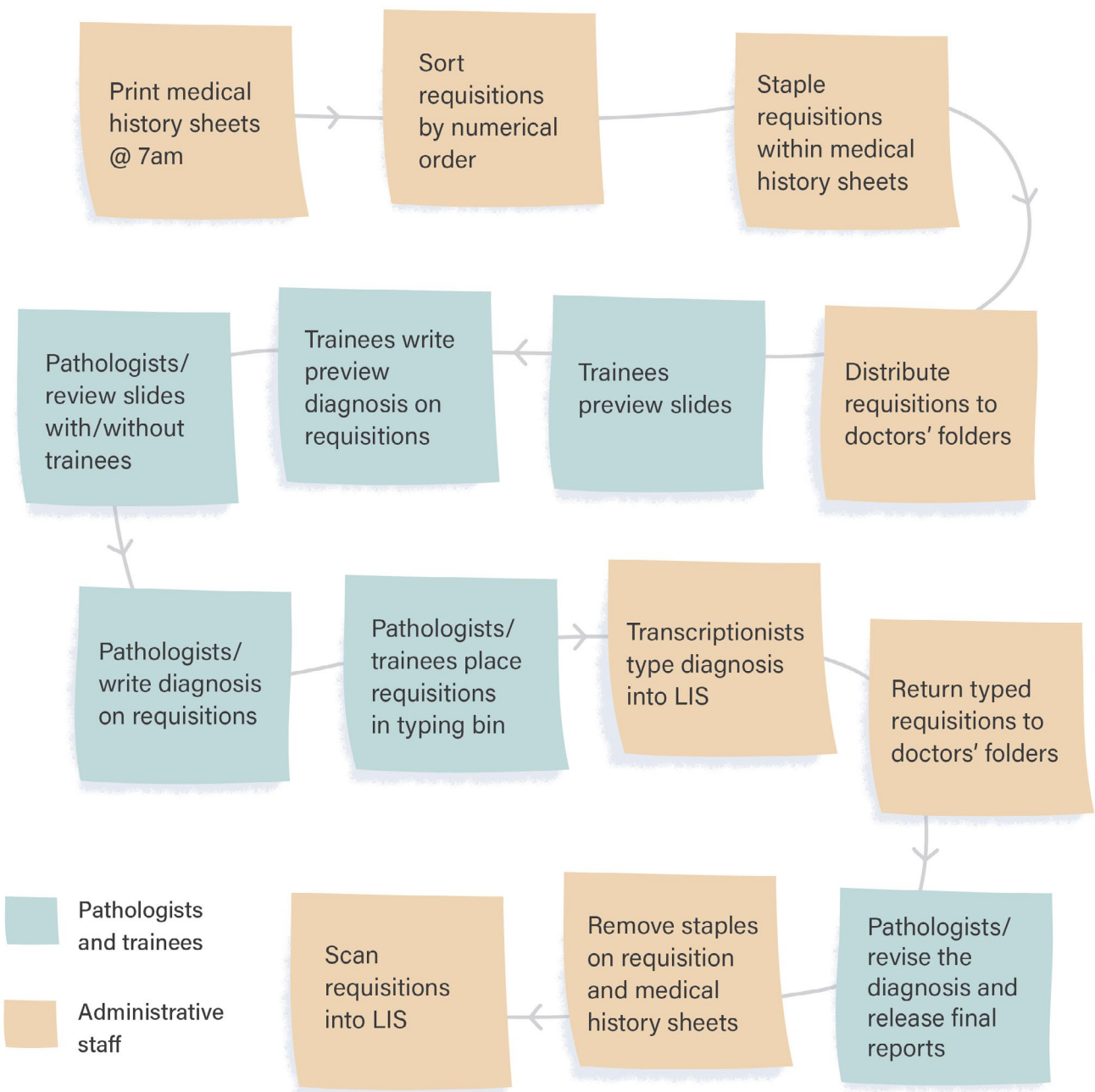
- [Service user survey](#)
- [Practitioner survey](#)



# Appendix

## Review of Processes Exercise

This is a great exercise you can do with sticky notes. It can be done on the floor or on a wall.



## Part 1 – Map the existing process

### You will need:

- Sticky notes
- Access to a wall, whiteboard or flip chart paper taped together to make a large blank template
- Pens/markers
- Tape (to stop those sticky notes from falling off).

Where possible, get the team together in a room and decide on the process that you want to review. If this is not realistic, you can carry this work out over a period of time ensuring that everyone is able to participate in the exercise.

1. Each person will identify the elements of the process that they are involved in. This could be a formal process such as those that may be safety-related or legal reasons for following particular steps, or an informal process that may not have been written down such as a colleague's method of communicating information
2. If an activity requires the completion of documentation, then just write (document and its name) on the note
3. The important thing at this stage is to list all the activities and not to get caught up in too much detail



### Here's an idea!

Take a photo and email it to the whole team. It is important that all team members are able to add parts to the process that may not have been identified in the earlier mapping.

4. Once you feel you have these core elements of the process, start to put them in an order from start to finish. If you get stuck at any point, ask the team the question "and then what happens"? Keep going until the team is confident that the entire process has been captured
5. Review your mapped process from start to finish and remove any duplicate sticky notes from the process (unless this is due to duplication within the process)
6. Draw arrows to show the direction the sticky notes/process is moving in and then share the map of the process with other members of the team.

Following the review, it may be apparent that we complete similar tasks in different ways. This is known as variation. By tightening up our processes, we can reduce any variation within them. Please be aware that this is not a blame exercise and by reviewing processes as a team we will learn from each other and find better ways of completing the tasks together.



## Part 2 – Question and refine the existing process

The team is now in a position to review the whole process from start to finish. This is an opportunity to remove redundant processes or duplication along the way. The team will need to think about opportunities to work differently.

Discuss each step in detail and ask questions such as:

- Why are we doing this or who benefits from this?
- Is the sequence of events correct?
- Can the frequency of the activity be reduced?
- Can information be shared to reduce duplication?

You may be given answers such as 'I don't know' or 'it has always been done that way' but you will need explore these answers in more detail by:

- Challenging the process constructively and exploring all ideas
- Agreeing changes to ensure everyone understands their new/amended responsibilities
- Discussing the potential impact of making changes
- Creating a process map of the refined process and allowing time for other members of the team to review and comment on the new process.

**We need to ensure that any changes will also be of benefit to service users.**

If there is any resistance within the team, allow them the opportunity to explain their reasons behind their reluctance to make changes. They may have valid reasons and further refinements may be required. You may need to provide reassurance that the new process is to reduce the administrative burden on the team and to be more efficient.

## Part 3 – Embed the process change

Your team has agreed the new process but how does this affect others and how will you embed the new process into daily practice? Who else needs to know about the changes?

- Ensure that all members of the team are aware of any changes to the process, how it affects them and when it will be effective from
- Ensure that the new process is communicated to everyone who it affects outside of the team. Do you need to speak to senior managers or referring agencies? Make everyone aware of the change. Even if it is to tell someone that they won't be getting a form anymore to file away and why. Provide an explanation and rationale about why the change has been made and when it is effective from
- Ensure the process is being managed and monitored properly in order to minimise the risk of reverting back to the old way of working.

## Part 4 – Sustaining the change

- Focus on the benefits for your team and service users. This is why you are making the change. By removing redundant ways of working and duplication, this will hopefully result in a reduction in some of the administrative burden on the team
- Communicate what you have learnt about each other as team and how this will improve your way of working together in the future
- Celebrate the success even if it has only been a small change.

**A change is easier to sustain when multiple people take responsibility and ownership for it within the team.**



**MESURAU CANLYNIADAU**  
**OUTCOME MEASURES**

