



Public – To be published on the Trust external website

Title: Outcome Measures Procedure

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Status: Approved

Document type: Procedure

Overarching Policy: [Personalising Care Planning Policy](#)

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1 Introduction

TEWV is committed to making a positive difference to people's lives.

Outcome Measures can show the impact of our work. Using these measures will help improve our services and be meaningful to both our patients and staff.

These measures can:

- enhance care planning,
- track patient progress,
- identify and address inequalities, and
- improve service quality.

We take a full understanding of the person in our care. Outcome measures are one of the ways we can understand someone's experience, and changes in this. When used effectively, outcome measures can also strengthen the relationship between patients and clinicians.

Many national organisations (e.g. NICE) recommend using patient- and clinician-reported outcome measures in clinical practice.

They: -

- are essential for providing person-centred, evidence-based care.
- support shared decision-making.
- help us understand the impact of our work.
- provide assurance to stakeholders.

Consistently using outcome measures supports our Trust goal of providing high quality care to patients. It helps us to improve care and to support our staff to reflect

and learn. Outcomes will mean a better experience for our patients. This is in line with [Our Journey To Change](#) aims.

2 Purpose

We want to demonstrate positive effects on patients, their families, and our communities. Measuring the impact of our care is essential for well-led mental health and learning disability services.

This reflects our commitment to continuous improvement, transparency, and high-quality care.

Following this procedure will help our staff to understand:

- Which outcome and experience measures to use, when and how to use them.
- Why these measures are important for patients, clinicians, and our services.
- The impact of our interventions and services.

3 Who this procedure applies to

All Trust clinical staff.

4 Related documents

This procedure describes what you need to do to implement the section 2.2 Objectives of the [Personalised Care Planning Policy](#): Development and achievement of Meaningful Outcomes.

This procedure also refers to:

- [Transitions Procedure: Child and Adolescent to Adult Services or Primary Care](#)

-
- [Human Rights Equality Diversity and Inclusion Policy](#)
 - [Interpreting and Translation Policy](#)
 - [Mental Capacity Act 2005](#)

5 Measuring Outcomes – Overview

Outcome measures can be completed by a clinician, the patient themselves or their family and carers (as appropriate – see Section 7 ‘Observer Reported’).

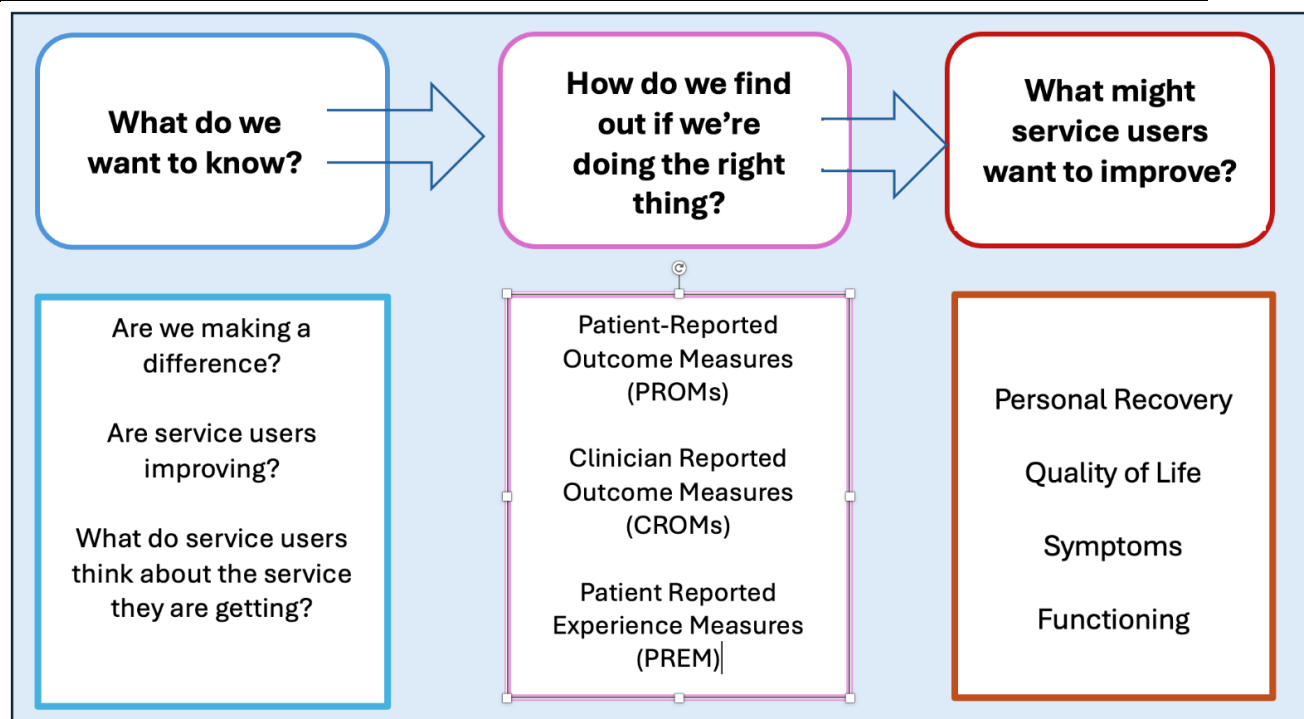
When the measure is rated by the clinician, we call it a Clinician Reported Outcome Measure (CROM).

When the measure is rated by the patient then it is a Patient Reported Outcome Measure (PROM). Both help us to create person centred care plans by identifying patient problems, needs, and goals.

To ensure personalised care and shared decision-making, we need to understand what patients want and evaluate the impact of our care from their perspective. Using PROMs will help achieve this.



Where the patient lacks capacity to consent to the outcome measure, then refer to guidance on Gillick competence, the Mental Capacity Act and Best Interests Decisions as appropriate.



5.1 Who should be interested in whether we make a difference and why?

- **People who use our services:**

They want to know if the care and support they receive is helping them feel better, stay well, and move forward in their lives. Outcome measures help in discussing goals, progress, and what matters most to them. Transparent information builds trust and confidence in the quality of care.

- **Clinicians:**

They need to know if their intervention is working or if adjustments are needed. Outcome measure data helps them understand what is effective and where changes may be required. It supports collaborative, person-centred care and aids in clinical assessment and planning.

- **Management:**

Managers need to know which teams are most effective and why. Outcome measure data helps them understand service performance. It helps them make

informed decisions about resources, workforce planning, and service improvement. It identifies good practices and areas of concern.

- **Commissioners:**

Want assurance that services are effective and offer value for money. They want to know if services meet the needs of the local population. Outcome measure data helps commissioning decisions and contract monitoring. For example, they can use this information to make better service investments, and future service design. This ensures funds are used to deliver meaningful change.

- **Government:**

National health policy and investment are shaped by evidence of what works in practice. Outcome measure data ensures transparency and accountability at a system-wide level. It helps monitor progress against national priorities.

5.2 What are the benefits of measuring outcomes?



All measures can

- Information that can be used to inform assessment, help in designing care and monitor progress.
- A common reference point for professionals across services in relation to difficulties and needs
- Identify areas of difficulty which may otherwise have been missed through discussion alone or which may otherwise have taken longer to identify.
- Identify specific functions or symptoms that the person may want to work on.
- Provide a routine mechanism for securing feedback about progress, to inform responsive care.

Additionally, PROMS can: -

- Support people who use our services and practitioners in developing a shared understanding of the nature and level of difficulties and overall quality of life.
- Helps people to articulate difficulties in cases where they may not have the words to express their thoughts and feelings.
- Helps people to recognise that the way they're feeling is not unusual (someone, somewhere must have felt like this before because they've written it down).

5.3 What are the challenges to measuring outcomes?

What stops us from measuring and looking at the difference we make routinely?

Common Challenges	What can we do?
Time pressures.	Use time in the session and complete the measure together, as part of a therapeutic conversation. Consider sending the measure out prior to the session or completed in the waiting area.
Perceived as additional work as opposed to complementary.	An integral part of the assessment and understanding progress.
"Doing it doesn't make a difference" - it's seen as a waste of time and not meaningful.	The measures help to enhance the therapeutic relationship which in turn supports engagement and meaningful progress.

Resources - access to the appropriate measures, dashboards, digital solutions etc.	<p>This procedure highlights the standard measures which will be available to all clinical teams.</p> <p>Dashboards are available on the Integrated Information Centre.</p>
Beliefs – “people don't find this helpful” or “this is a performance thing”	<p>Outcome measures are central to being able to provide person centred care, based on what matters most to the person.</p> <p>Patients tell us that the use of outcome measures has been important to them and their recovery.</p>
Culture - outcomes are not prioritised.	<p>Outcomes form a key part of the organisations strategic priorities in regard to improving patient and carer experience.</p> <p>Outcomes are a national priority and provide confidence about the impact of our services.</p>
Lack of confidence in how to complete and/or interpret measures.	<p>This procedure aims to clarify basic standards in what outcome measures to use and when.</p>
Ability to record on the Electronic Patient Record (EPR) in order to produce graphs or others visuals that support clinical conversations.	<p>We strive to make improvements in using our Electronic Patient Record to produce graphs.</p>

5.4 Choosing which measure to use

Each specialty will have its own set of recommended measures including PREMs, PROMs and CROMs, to be used as a minimum (for further details see Section 6).

See below for a summary of the current position.

Outcome Measure	AMH	MHSOP	CAMHS	ALD	Forensics
PROM	SWEMWBS DIALOG QPR (EIP) ReQoL* GBO* (*ReQoL and GBO will be introduced)	SWEMWBS DIALOG (functional)	GBO, CORS / ORS and Pathway specific	None Identified.	SWEMWBS
CROM	HoNOS	HoNOS	HoNOSCA/CGAS	HoNOS-LD	HoNOS-LD HoNOS-Secure

This list is an outline of the outcome measures in place across the specialities but, as referenced in the Personalising Care Planning Policy, DIALOG is not always used as an outcome measure but as a tool to support care planning and shared decision making.

For further information on each of the specific tools then follow [this link to the fact file.xls](#).

5.5 When to use measures

Time Points	Guidance
Time Point 1	Includes: at referral, at the assessment appointment or shortly after, at the first session of a psychological, clinical or social intervention or at admission
Intermediate Review Points	<p>Clinical review point examples may include: a change in family circumstances, a change of team/service, a change of intervention, a change of presentation or a significant life event.</p> <p>Good practice would be to do this frequently throughout the persons journey.</p>
Final Time Point	Includes: last appointment, last session of a psychological, clinical or social intervention or discharge

For specialty specific information on the minimum requirements about refer to Section 6.

5.6 How to use measures

Some do's and don'ts of using outcome measurement tools.

Do: -

- ✓ Make sure you have the forms you need ready before the session.
- ✓ Always explain why you are asking anyone to fill out a form.
- ✓ Look at the answers.
- ✓ Discuss the answers with the person completing the form.
- ✓ Share the information in supervision.
- ✓ Always use information from the forms in conjunction with other clinical information.
- ✓ Use accessible or translated versions of the tool whenever its needed.

Don't: -

- ✗ Give out a questionnaire if you think the person doesn't understand why they're being asked to complete it.
- ✗ Use any form if you don't understand why you are using it.
- ✗ Insist on someone filling out forms if they are too distressed.
- ✗ See the numbers generated from outcome measurement tools as an absolute fact.
- ✗ See your clinical judgement as an absolute fact.

5.7 How to understand / interpret the results

Discussion is needed to understand the difference in perspectives. Have a conversation with the person, and where relevant their family & carers. Refer to Appendix 3 for guidance on how to have this conversation.

- You need to be familiar with the scoring for the tool you've selected e.g. do you need to add scores together; does an increase or decrease in the numbers show an improvement?
- Triangulate the information the tool gives you with other information and understanding you've developed – from discussion or other assessment tools.
- What do the results tell you about the progress of the persons recovery and plans?
- Are scores from PROMS and CROMS giving a different impression?

5.7.1 How Do We Measure Change with Outcomes?

We need to know if any change (either improvement or a deterioration) is significant or whether it could have happened by chance and represents the general day to day fluctuations that we all have. When measuring change in outcomes we use statistical methods to enable us to understand whether the change in score is meaningful. This includes:

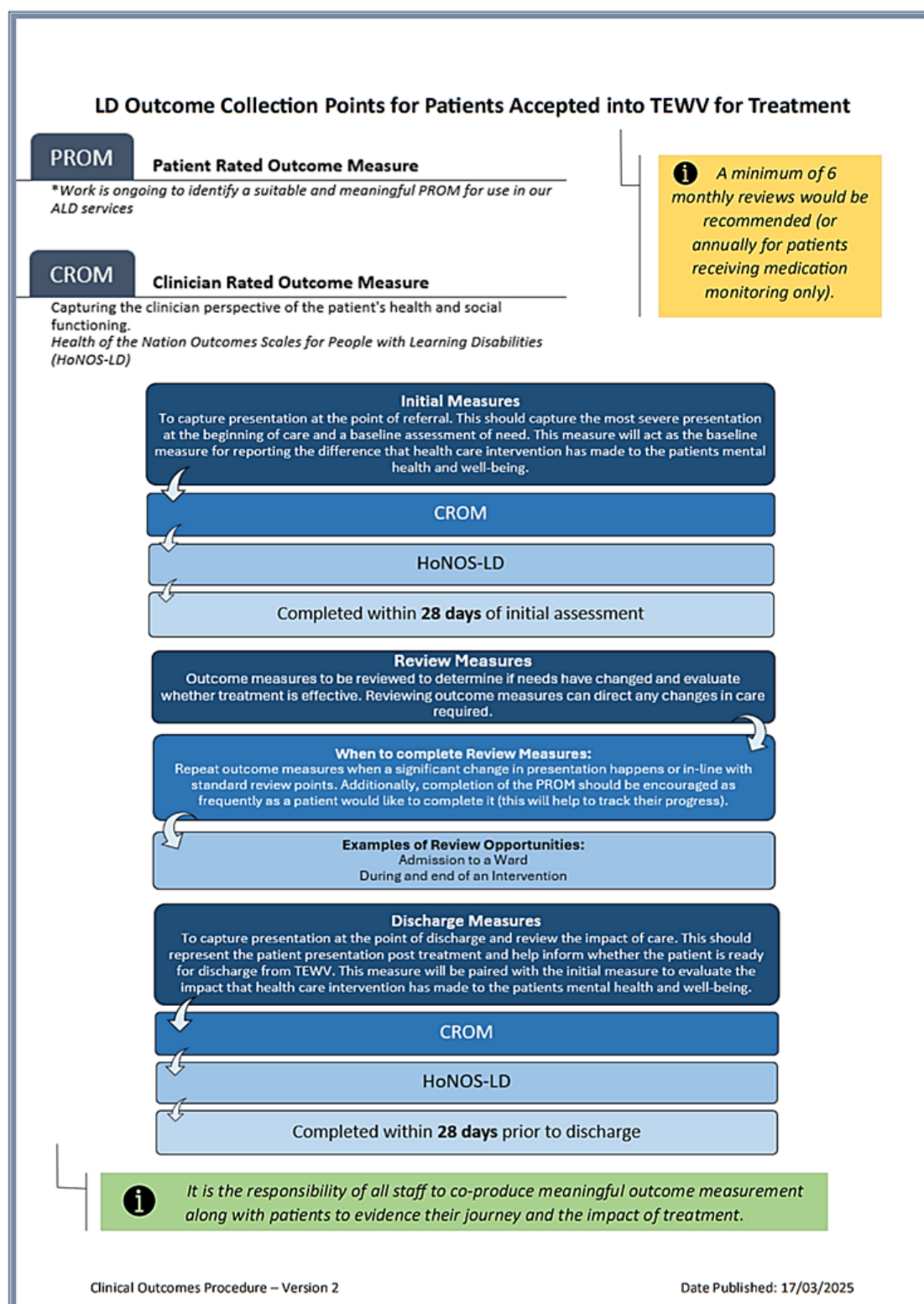
Term	Definition
Reliable change	Measures how likely it is that an observed change in scores is due to real change and not a result of measurement error.
Reliable change index	Describes the minimum change in scoring necessary for it to be considered reliable, this includes reliable improvement and reliable deterioration.
Minimum important difference	Describes the smallest change in score that is considered clinically and practically important.
Clinical cut off	Indicates the range of scoring we would expect to see within the general population. A score outside of this is described as within the clinical range, this indicates scoring outside what we would expect to see in the general population.
Reliable recovery	Indicates that a person has shown reliable improvement, and their score is below the clinical/non-clinical cut off at the recording endpoint.
Meaningful improvement	A positive change in outcome where the magnitude of the change is considered statistically and/or clinically significant.

6 Specialty Specific Standards for Outcomes Measures

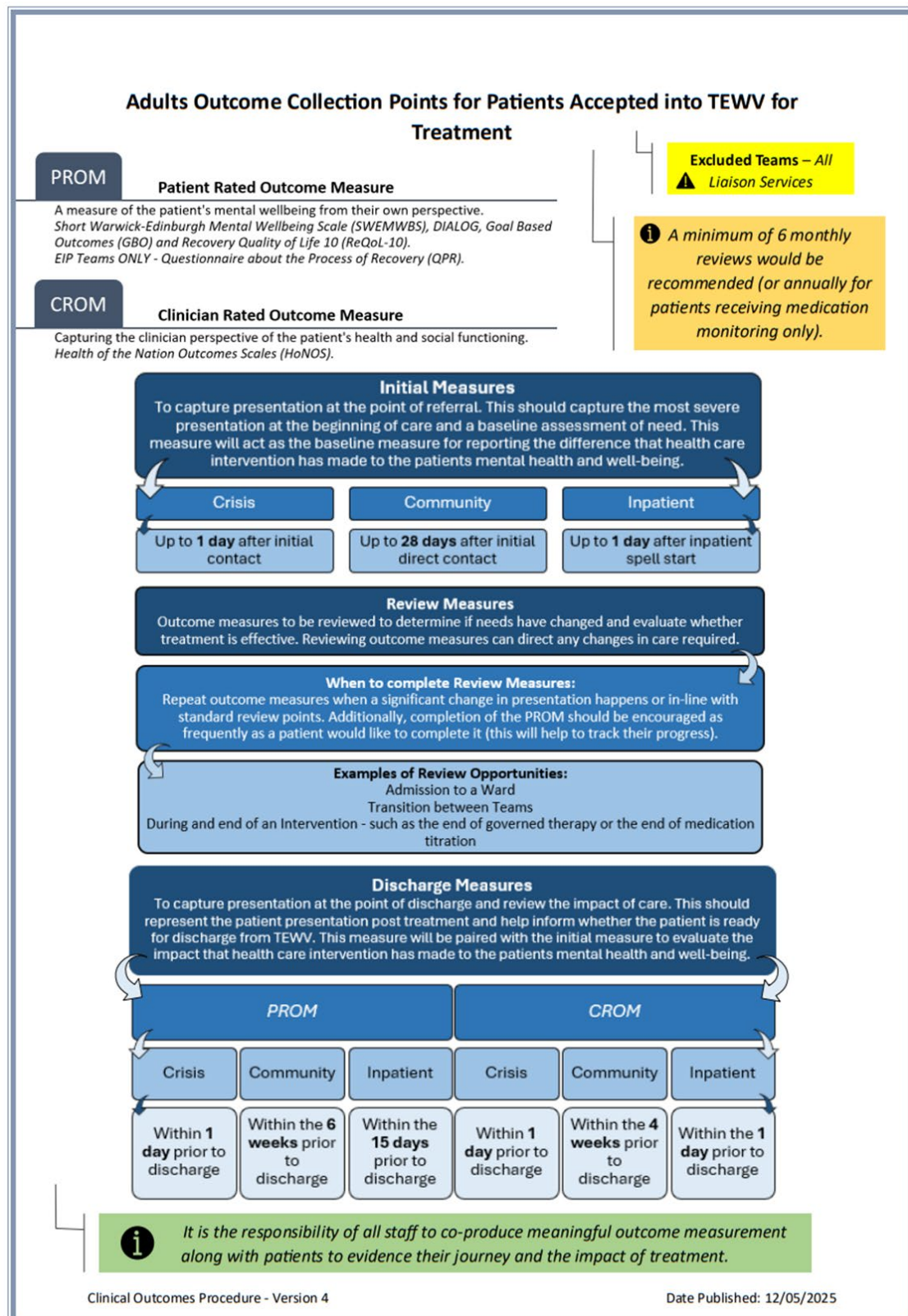
Please note the main links below (larger font) take the reader to the poster version of the specific standards, the links in the smaller font take the reader to the 'Text only accessible' versions of the specific standards.

- 6.1 [Adult Learning Disabilities](#) ([Text only accessible version ALD](#))
- 6.2 [Adult Mental Health](#) ([Text only accessible version AMH](#))
- 6.3 [Child and Adolescent Mental Health Services](#) ([Text only accessible version CAMHS-plain](#))
- 6.4 [Child and Adolescent Mental Health Services – Neurodevelopment Pathway Assessment](#) ([Text only accessible version CAMHS neuro](#))
- 6.5 [Health and Justice](#) ([Text only accessible version H&J](#))
- 6.6 [Mental Health Services for Older People](#) ([Text only accessible version MHSOP](#))
- 6.7 [Ridgeway](#) ([Text only accessible version Ridgeway](#))

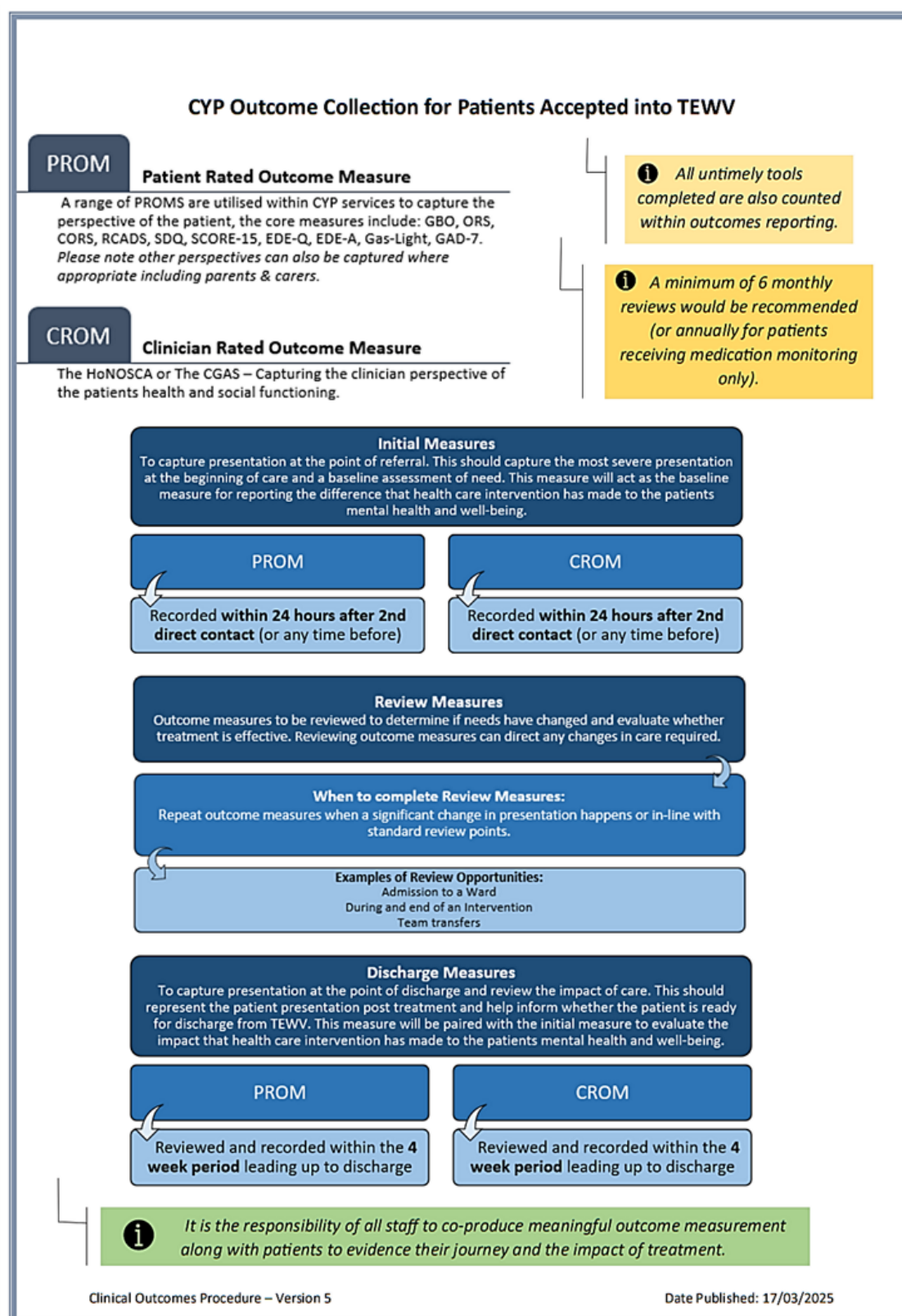
6.1 Adult Learning Disabilities



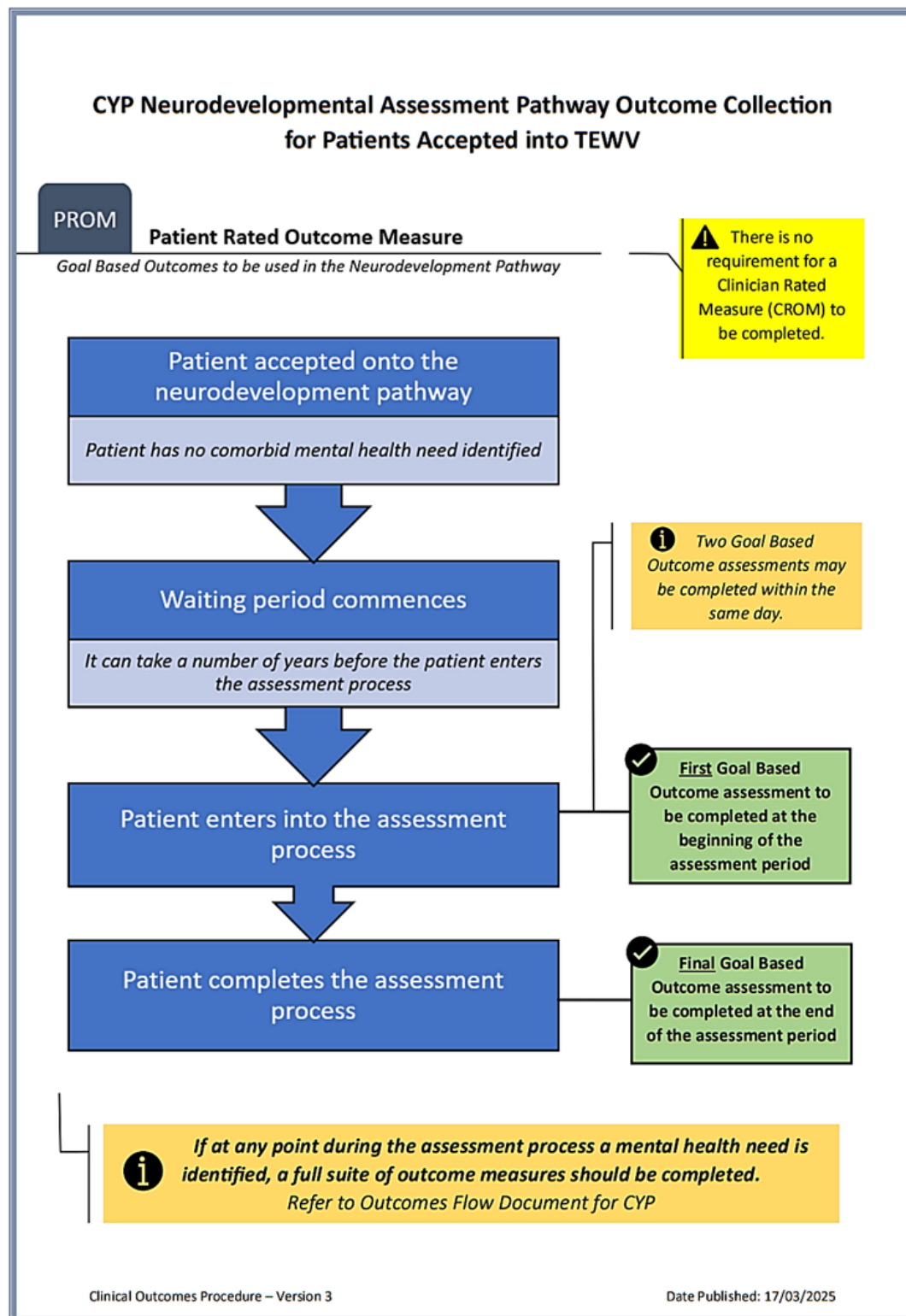
6.2 Adult Mental Health



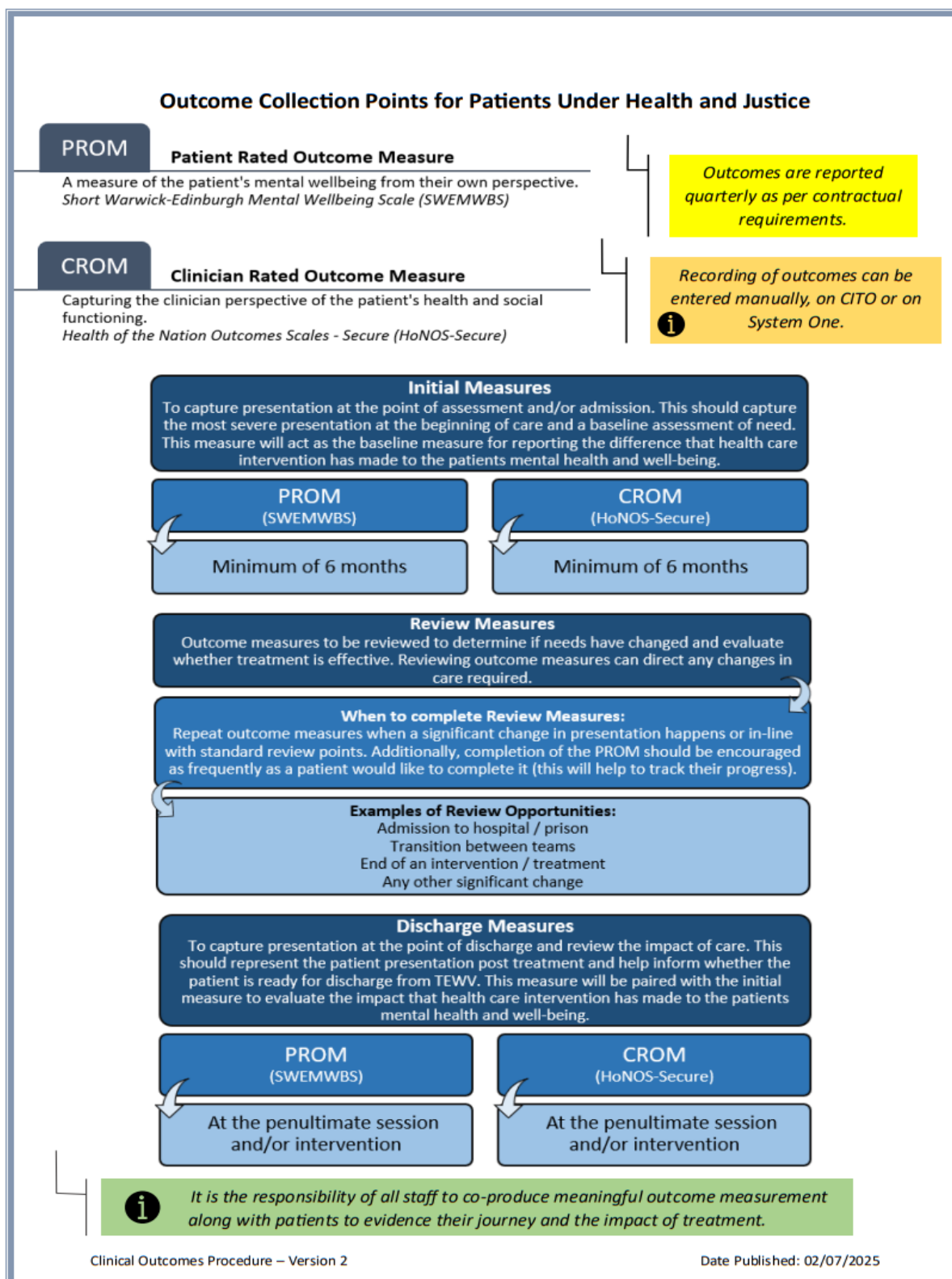
6.3 Child and Adolescent Mental Health Services



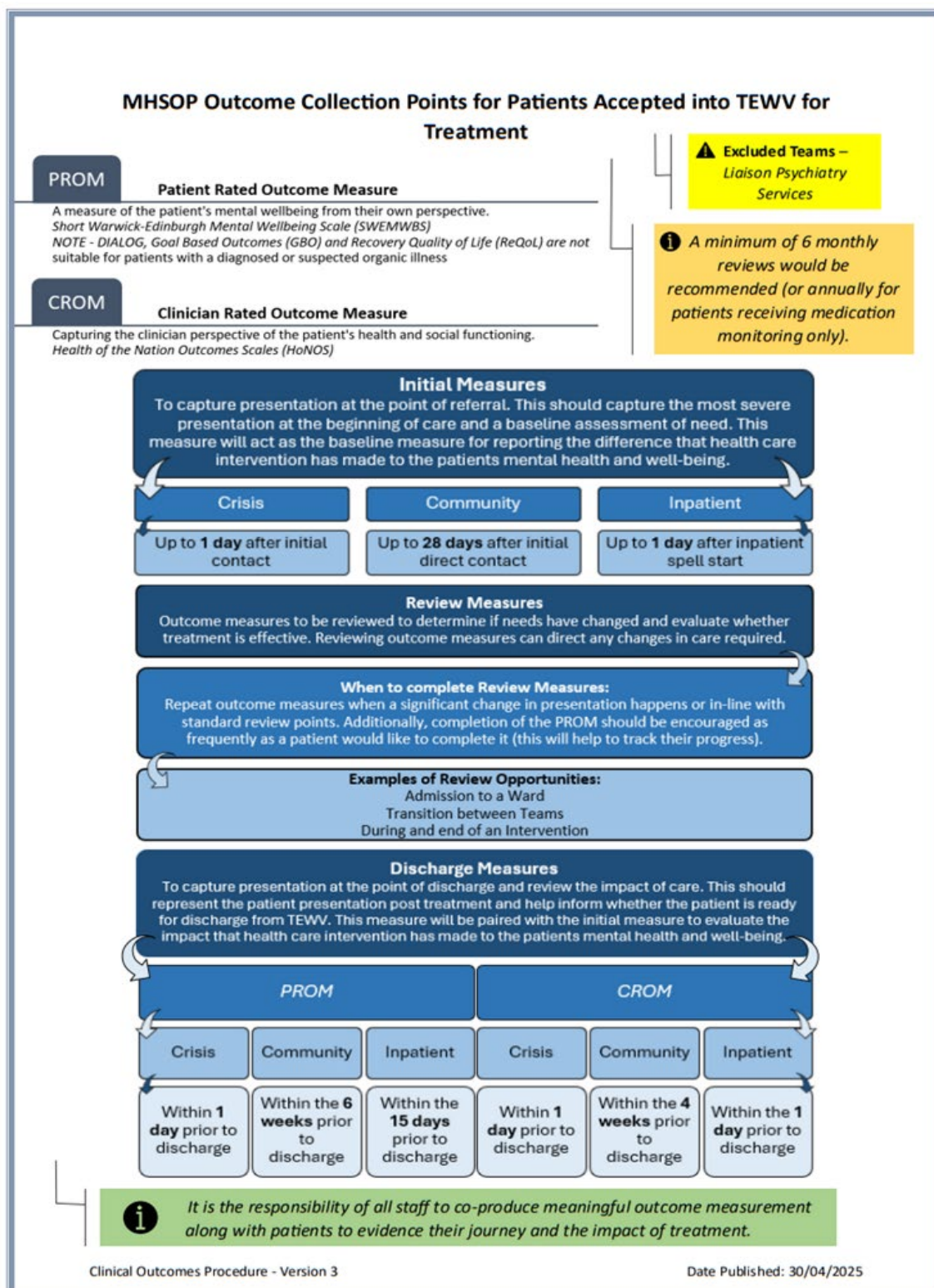
6.4 Child and Adolescent Mental Health Services – Neurodevelopment Pathway Assessment



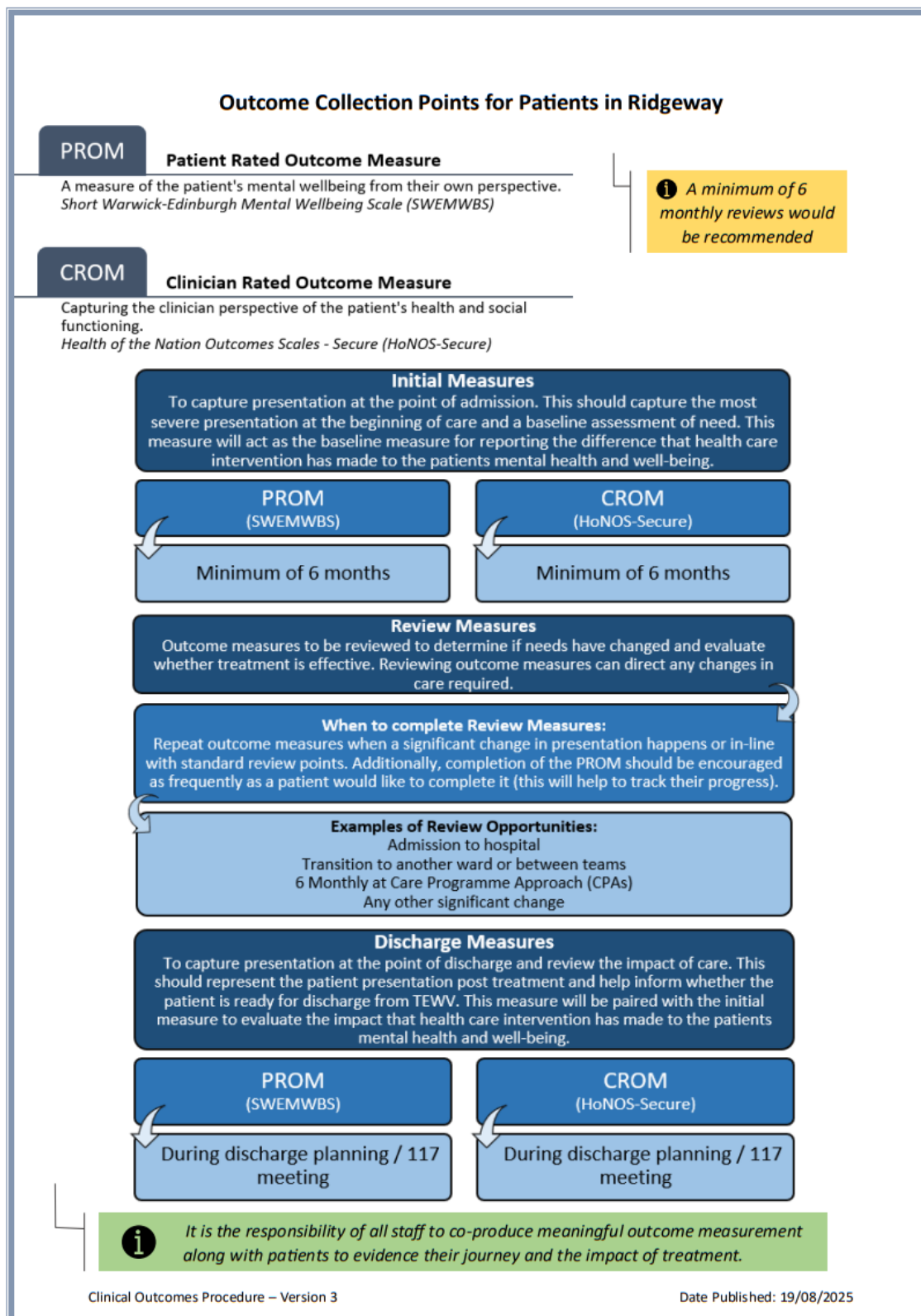
6.5 Health and Justice



6.6 Mental Health Services for Older People



6.7 Ridgeway



7 Definitions

Term	Definition
CORS	Child Outcome Rating Scale
CROM	Clinician Reported Outcome Measure
DIALOG & DIALOG+	Patient reported satisfaction and needs for care across different parts of their life and treatment.
EIP	Early Intervention In Psychosis
GBO	Goals Based Outcomes
HoNOS	Health of the Nation Outcome Scale (with versions for Children, Adult Learning Disability, & Secure services)
NICE	National Institute for Health and Care Excellence
Observer Reported	<p>There are some circumstances when family and/or carers might be asked to complete a specified outcome measure, as they know the person well.</p> <p>This can be helpful when the person cannot report for themselves e.g. young children.</p>

ORS	Outcomes Rating Scale
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measure
QoL	Quality of Life
QPR	Questionnaire about the Process of Recovery
RCADS	Revised Children's Anxiety and Depression Scale
ROM	Routine Outcome Measure
SWEMWBS	Short Warwick-Edinburgh Mental Well-Being Scale

8 How this procedure will be implemented

This procedure will be published on the Trusts intranet and external website.

8.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Continue to progress and conclude the 'Improvement Framework' to improve use and embedding of routine outcomes measures.	<p>Staff training in outcomes measures, tailored to speciality specific needs.</p> <p>Clarity on minimum standards</p> <p>Support use of collected measures in clinical conversations</p> <p>Use of data meaningfully across all levels.</p> <p>Digital solutions</p> <p>Specialty specific training needs analysis and plan presented to Training and Education Governance Group.</p>	June 2028.	Trust Wide Outcomes Steering Group	<p>Governance and oversight of outcomes digital dashboards.</p> <p>Increased use of paired outcome measures.</p> <p>Increase reporting of improved experience and outcomes.</p>

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Governance and oversight of outcomes digital dashboards.	Frequency = Monthly Method = Integrated Performance Report review from Governance Group oversight Responsible = Service Level / Speciality Improvement Delivery Group	Care Group Boards Executive Directors Group Quality Assurance Committee Trust Board
2	Increased use of paired outcome measures.	Frequency = Monthly Method = Integrated Performance Report review from Governance Group oversight Responsible = Service Level / Speciality Improvement Delivery Group	Care Group Boards Executive Directors Group Quality Assurance Committee Trust Board
3	Increase reporting of improved experience and outcomes.	Frequency = Monthly Method = Integrated Performance Report review at Governance Group Oversight Responsible = Service Level / Speciality	Care Group Boards Executive Directors Group Quality Assurance Committee Trust Board

		Improvement Delivery Group	
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10 References

- Child Outcomes Research Consortium. [Using outcome measures with specific groups of children and young people.](#)
- NHS England. [About the NHS Outcomes Framework \(NHS OF\)](#)
- Royal College of Psychiatrists. [Outcome Measures in Psychiatry.](#)

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	16 October 2025
Next review date	16 October 2028
This document replaces	n/a – new document
This document was approved by	Executive Clinical Leaders Subgroup
This document was approved	16 October 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	17 June 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	16 Oct 2025	New document (please note accessible text version of Speciality Specific Standards for Outcome Measures posters added to create appendix 4 prior to publication to meet requirements of accessibility regulations)	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide, cross-specialty.
Title	Outcome Measures Procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	<ul style="list-style-type: none">• Provide clarity to all clinical staff around the expectations related to using outcomes and experience measures: which measures to use and when and how to use them.• Support understanding of why they are important for people who use our services, for clinicians and for the services we deliver.• Understand the impact of our interventions and services. We will work to continuously improve the services we deliver, and this information will be key in enabling quality improvement.
Start date of Equality Analysis Screening	05/06/2025
End date of Equality Analysis Screening	17/06/2025

Section 2	Impacts
Who does the Procedure benefit?	Improving the frequency of use of paired outcomes measures will ensure services are effective for an individual but also will ensure that, at a population level, groups of people with shared characteristics

	are not marginalised or offered appropriate services, thereby making services more equitable.
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	Ensuring that conversations held with the person are meaningful and person-centred will ensure our services are equitable and inclusive a diverse range of people from all across the communities we serve.

Section 3	Research and involvement
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What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS England and Royal College of Psychiatry guidelines on outcomes measures.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes.
If you answered Yes above, describe the engagement and involvement that has taken place	The draft has been to several key forums and networks for a wide range of views, that have fed into its development. People with lived experience have contributed their views.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	

Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	

Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	N	Intended as posters
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	

Appendix 3 – Guidance and prompts for practitioners on introducing and discussing the PROMs

Below you can find some conversational examples to support the introduction, completion and discussion of PROMs. Our discussions need to be undertaken with an understanding of the persons communication needs and preferences e.g. accessible or translated information and tools.

Introduction to PROMs:

“I’d like to introduce to you some questionnaires that can help us work together to tackle the things that are most important to you.”

“Most people find these helpful as a way of keeping track of how things are progressing while they are meeting with us.”

“These measures are valuable in understanding your experiences, needs and priorities, and in tailoring your care toward your needs.”

“In our service, we use three different outcome measures which we’ll describe as we go through them...”

“If you'd like, I can send you a more detailed description of each questionnaire or print them out for you.”

“By the way, please don't worry about your answers to the different questionnaires or if you don't want to complete them. It won't have a negative impact on the care you receive.”

Practitioners may also wish to explore alternative or supplementary methods of discussing PROMs with patients, which could include providing written information or the use of visual aids, depending on individual patient need.

Completion of PROMs:

“To make our session more effective and focused on you, I suggest filling out the PROMs on a digital device (mobile phone, tablet or computer) before our appointments. This way, we can focus on your answers.”

“However, if you prefer, we can go through them together during our first session to help you feel more confident in answering the questions.”

“You can fill out the PROMs on a paper form instead if you prefer.”

Results of PROMs:

Begin by asking an open question to give the person some space.

“I noticed that you completed DIALOG, ReQoL-10 and GBO [pick the one/ones that has/ have been completed] before our session, which is great. Do you have any thoughts about what you answered?”

“Did it bring up anything you’d like to talk about?”

Probe their answers (e.g., ‘Can you say more about that?’). At the end, tie up any specific aspects that haven’t been discussed – for example:

“There are a couple of aspects I would like to discuss... [e.g.]

“Regarding GBO, it’s wonderful to see that you feel you’ve made progress in your goal of being able to talk about your feelings with your partner. That’s great news. Can you tell me some more about it?”

Appendix 4 – Text only accessible versions of Specialty Specific Standards for Outcomes Measures

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Adult Learning Disabilities (Text only accessible version)

LD Outcome Collection Points for Patients Accepted into TEWV for Treatment

Patient Rated Outcome Measure (PROM):

Work is ongoing to identify a suitable and meaningful PROM for use in our ALD services.

Clinician Rated Outcome Measure (CROM):

Capturing the clinician perspective of the patient's health and social functioning.

Health of the Nation Outcomes Scales for People with Learning Disabilities (HoNOS-LD).

A minimum of 6 monthly reviews would be recommended (or annually for patients receiving medication monitoring only).

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

CROM (HoNOS-LD) = Completed within 28 days of initial assessment

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points. Additionally, completion of the PROM should be encouraged as frequently as a patient would like to complete it (this will help to track their progress).

Examples of Review Opportunities:

Admission to a ward

During and end of an intervention

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

CROM (HoNOS-LD) = Completed within 28 days prior to discharge

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.

Adult Mental Health (Text only accessible version)

Adults Outcome Collection Points for Patients Accepted into TEWV for Treatment

Patient Rated Outcome Measure (PROM):

A measure of the patient's mental wellbeing from their own perspective.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), DIALOG, Goal Based Outcomes (GBO) and Recovery Quality of Life 10 (ReQoL-10).

EIP Teams ONLY - Questionnaire about the Process of Recovery (QPR).

Clinician Rated Outcome Measure (CROM):

Capturing the clinician perspective of the patient's health and social functioning.

Health of the Nation Outcomes Scales (HoNOS).

Excluded Teams – All Liaison Services

A minimum of 6 monthly reviews would be recommended (or annually for patients receiving medication monitoring only).

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

Crisis = Up to **1 day** after initial contact

Community = Up to **28 days** after initial direct contact

Inpatient = Up to **1 day** after inpatient spell start

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points. Additionally, completion of the PROM should be encouraged as frequently as a patient would like to complete it (this will help to track their progress).

Examples of Review Opportunities:

Admission to a Ward

Transition between Teams

During and end of an intervention – such as the end of governed therapy or the end of medication titration

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

PROM:

Crisis = Within 1 day prior to discharge

Community = Within the 6 weeks prior to discharge

Inpatient = Within the 15 days prior to discharge

CROM:

Crisis = Within 1 day prior to discharge

Community = Within the 4 weeks prior to discharge

Inpatient = Within the 1 day prior to discharge

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.

CAMHS – plain (Text only accessible version)

CYP Outcome Collection for Patients Accepted into TEWV

Patient Rated Outcome Measure (PROM):

A range of PROMS are utilised within CYP services to capture the perspective of the patient, the core measures include: GBO, ORS, CORS, RCADS, SDQ, SCORE-15, EDE-Q, EDE-A, Gas-Light, GAD-7.

Please note other perspectives can also be captured where appropriate including parents & carers.

Clinician Rated Outcome Measure (CROM):

The HoNOSCA or The CGAS – Capturing the clinician perspective of the patient's health and social functioning.

All untimely tools completed are also counted within outcomes reporting.

A minimum of 6 monthly reviews would be recommended (or annually for patients receiving medication monitoring only).

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

PROM = Recorded within 24 hours after 2nd direct contact (or any time before)

CROM = Recorded within 24 hours after 2nd direct contact (or any time before)

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points.

Examples of Review Opportunities:

Admission to a Ward

During and end of an intervention

Team Transfers

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

PROM = Reviewed and recorded within the 4 week period leading up to discharge

CROM = Reviewed and recorded within the 4 week period leading up to discharge

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.

CAMHS – Neurodevelopment Pathway Assessment (Text only accessible version)

CYP Neurodevelopmental Assessment Pathway Outcome Collection for Patients Accepted into TEWV

Patient Rated Outcome Measure (PROM):

Goal Based Outcomes to be used in the Neurodevelopment Pathway

There is no requirement for a Clinician Rated Measure (CROM) to be completed.

Step 1 - Patient Accepted onto the neurodevelopment pathway

Patient has no comorbid mental health need identified

Step 2 – Waiting period commences

It can take a number of years before the patient enters the assessment process

Step 3 – Patient enters into the assessment process

[First](#) Goal Based Outcome assessment to be completed at the beginning of the assessment period.

Two Goal Based Outcome assessments may be completed within the same day.

Step 4 – Patient completed the assessment process

[Final](#) Goal Based Outcome assessment to be completed at the end of the assessment period.

If at any point during the assessment process a mental health need is identified, a full suite of outcome measures should be completed (refer to Outcomes Flow Document for CYP).

Health and Justice (Text only accessible version)

Outcome Collection for Patients Under Health and Justice

Patient Rated Outcome Measure (PROM):

A measure of the patient's mental wellbeing from their own perspective.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Clinician Rated Outcome Measure (CROM):

Capturing the clinician perspective of the patient's health and social functioning.

Health of the Nation Outcomes Scales - Secure (HoNOS-Secure)

Outcomes are reported quarterly as per contractual requirements.

Recording of outcomes can be entered manually, on CITO or on System One.

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

PROM (SWEMWBS) = Minimum of 6 months

CROM (HoNOS-Secure) = Minimum of 6 months

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points. Additionally, completion of the PROM should be encouraged as frequently as a patient would like to complete it (this will help to track their progress).

Examples of Review Opportunities:

Admission to hospital / prison

Transition between teams

End of an intervention / treatment

Any other significant change

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

PROM (SWEMWBS) = At the penultimate session and/or intervention

CROM (HoNOS-Secure) = At the penultimate session and/or intervention

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.

MHSOP (Text only accessible version)

MHSOP Outcome Collection Points for Patients Accepted into TEWV for Treatment

Patient Rated Outcome Measure (PROM):

A measure of the patient's mental wellbeing from their own perspective.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Note - DIALOG, Goal Based Outcomes (GBO) and Recovery Quality of Life 10 (ReQoL-10) are not suitable for patients with a diagnosed or suspected organic illness

Clinician Rated Outcome Measure (CROM):

Capturing the clinician perspective of the patient's health and social functioning.

Health of the Nation Outcomes Scales (HoNOS).

Excluded Teams – Liaison Psychiatry Services

A minimum of 6 monthly reviews would be recommended (or annually for patients receiving medication monitoring only).

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

Crisis = Up to **1 day** after initial contact

Community = Up to **28 days** after initial direct contact

Inpatient = Up to **1 day** after inpatient spell start

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points. Additionally, completion of the PROM should be encouraged as frequently as a patient would like to complete it (this will help to track their progress).

Examples of Review Opportunities:

Admission to a Ward

Transition between Teams

During and end of an intervention

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

PROM:

Crisis = Within 1 day prior to discharge

Community = Within the 6 weeks prior to discharge

Inpatient = Within the 15 days prior to discharge

CROM:

Crisis = Within 1 day prior to discharge

Community = Within the 4 weeks prior to discharge

Inpatient = Within the 1 day prior to discharge

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.

Ridgeway (Text only accessible version)

Outcome Collection Points for Patients in Ridgeway

Patient Rated Outcome Measure (PROM):

A measure of the patient's mental wellbeing from their own perspective.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Clinician Rated Outcome Measure (CROM):

Capturing the clinician perspective of the patient's health and social functioning.

Health of the Nation Outcomes Scales - Secure (HoNOS-Secure).

A minimum of 6 monthly reviews would be recommended

Initial Measures

To capture presentation at the point of referral. This should capture the most severe presentation at the beginning of care and a baseline assessment of need. This measure will act as the baseline measure for reporting the difference that health care intervention has made to the patient's mental health and well-being.

PROM (SWEMWBS) = Minimum of 6 months

CROM (HoNOS-Secure) = Minimum of 6 months

Review Measures

Outcome measures to be reviewed to determine if needs have changed and evaluate whether treatment is effective. Reviewing outcome measures can direct any changes in care required.

When to complete Review Measures:

Repeat outcome measures when a significant change in presentation happens or in-line with standard review points. Additionally, completion of the PROM should be encouraged as frequently as a patient would like to complete it (this will help to track their progress).

Examples of Review Opportunities:

Admission to hospital
Transition to another ward or between teams
6 Monthly at Care Programme Approach (CPAs)
Any other significant change

Discharge Measures:

To capture presentation at the point of discharge and review the impact of care. This should represent the patient presentation post treatment and help inform whether the patient is ready for discharge from TEWV. This measure will be paired with the initial measure to evaluate the impact that health care intervention has made to the patient's mental health and well-being.

PROM (SWEMWBS) = During discharge planning / 117 Meeting

CROM (HoNOS-Secure) = During discharge planning / 1117 Meeting

It is the responsibility of all staff to co-produce meaningful outcome measurement along with patients to evidence their journey and the impact of treatment.