RCSLT

Guidance on setting up multiple teams or services on ROOT

This guidance is intended to support organisations who want to link different teams or services within ROOT. It is also possible for an organisation to have several separate 'bases' with different users, provided there is no need to run reports on the organisation as a whole.

This is not an exhaustive guide and there are continuous updates and improvements to ROOT which may affect these options. After reading this guide, do get in touch with us at root@rcslt.org to talk through what is best for your organisation and so we can set this up for you.

The key initial consideration is whether you are choosing to enter data directly into the tool or to upload it via a spreadsheet, so please see the relevant section below. If you are not sure about this yet, please see our guidance Which method of recording? (link) or get in touch to discuss your options.

Key terms:

o **Base** – Within ROOT, all data is associated with a specific 'base' and you can only view data within your own base. Most organisations have a single base, but others have different bases for different teams.

o **Organisation** – In this document, 'organisation' is used to refer to an overarching business or organisation. SLTs within the organisation may work for different teams or services, but they are likely to be governed by the same policies for information governance etc. For example, an NHS Trust, private therapy practice or school academy trust.

o **Service / Team** – In this document these terms are used to refer to structures within an organisation that have their own specific purpose and procedures e.g. an Adult Learning Disability service and Children and Young People's speech and language therapy service provided by the same NHS Trust. Or an independent therapy service which has different teams for 'school age' and 'preschool'.

Organisations using data upload

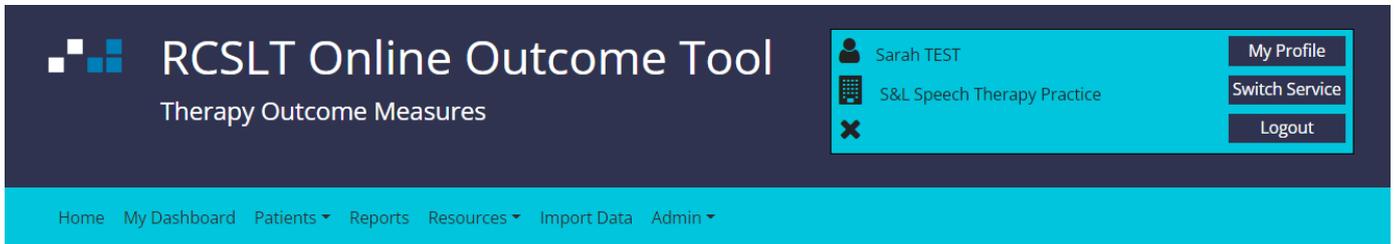| Option 1: Single base with an additional field to specify service / team for each episode of care.	Option 2: Multiple bases which are linked by 'parent' base
What this means in practice: ▪ All SLTs and support staff will login to the ROOT to a single base. One person can easily upload data for, and run reports on behalf of, the whole service (or parts of the service) ▪ All data will be stored in a single space in the ROOT database. This means that anyone with a login will be able to view all data from the organisation (by searching the ROOT database and running reports).	What this means in practice: ▪ SLTs and support staff can be provided with a login which provides access to one or many different 'bases'. These are connected but operate as if they are independent. ▪ If one person wishes to upload data for, and run reports on behalf of, different parts of the service, they will need to switch between bases to do so (see Appendix 1 for an example of what this might look like).
Benefits: ✓ Easy to report on whole organisation.	Benefits: ✓ When reporting on each team/service, you will be able to see comparison with rest of the ROOT data (NB this will be all data in ROOT with the same parameters of age, condition etc, not necessarily similar services).
Drawbacks: ▪ When reporting on individual teams/services using the local filter, you won't be able to compare with other ROOT data.	Drawbacks: ▪ Won't be able to run a report on the organisation as a whole at the current time, but this feature is in development.
Other things to consider: • Your spreadsheet will need to have an additional column specifying the team/service name. • Team data can be on different sheets, but each sheet will still need the additional column. (Be aware that each sheet will need to be imported separately so this approach will take longer to upload).	Other things to consider: • Users can be given access at different levels. For example, where a Children and Young People's service and Adult Learning Disability service from the same NHS Trust are both using ROOT, it may be most appropriate for the majority of users to only have access to one of these bases (while leaders may be given access to the 'parent' base, so they can access all the organisation's data).

Organisations using direct data entry

Option 1: Single base with an additional field to specify team for each episode of care.	Option 2: Multiple bases which are linked by 'parent' base
What this means in practice: ▪ All SLTs and support staff will login to the ROOT to a single base. ▪ All data will be stored in a single space in the ROOT database. This means that anyone with a login will be able to view all data added by anyone within the organisation and run reports.	What this means in practice: ▪ SLTs and support staff can be provided with a login which provides access to one or many different bases. These are connected but operate as if they are independent. ▪ SLTs and support staff working across more than one team/service will need to switch between bases to enter data and view reports. (See Appendix 1 for example of what this looks like)
Benefits: ✓ Easy to report on whole organisation ✓ Unique patient identifier available to all users (e.g., for instance where a patient has one episode of care with acute team and then with community stroke team these will both be linked to same identifier). ✓ Staff users are all members of same base, so easy to manage and avoid human error.	Benefits: ✓ When reporting on each team/service, you will be able to see comparison with rest of the ROOT data (NB this will be all data in ROOT with the same parameters of age, condition etc, not necessarily similar services). ✓ Different teams can easily use different additional fields, according to their own requirements
Drawbacks: ▪ When reporting on individual teams/services using the local filter, you won't be able to compare with other ROOT data. ▪ When inputting data, for each episode of care there will be an extra drop down for users to complete, specifying team/service (see Appendix 2 for an example of what this might look like).	Drawbacks: ▪ Possibility for human error, as users with access to more than one base could add patients to the wrong base or to 'parent' base. ▪ Won't be able to run a report on the organisation as a whole, at the current time, but this feature is in development. ▪ A patient added by a user in one team/service won't automatically flow to all the other teams/services. If the patient is likely to receive speech and language therapy from multiple teams/services, they will behave as a separate patient on the reports

Option 1: Single base with an additional field to specify team for each episode of care.	Option 2: Multiple bases which are linked by 'parent' base
Other things to consider: • If any individual team would like to use additional fields (e.g., direction of care) this will be 'switched on' for everyone. Users can just leave incomplete but could make the screen 'cluttered' (see Appendix 2 for example).	Other things to consider: • Users can be given access at different levels. For example, where a Children and Young People's service and Adult Learning Disability service from the same NHS Trust are both using ROOT, it may be most appropriate for the majority of users to only have access to one of these bases (while leaders may be given access to the 'parent' base, so they can access all the organisation's data).

Appendix 1

Example of log-in screen for user at an organisation with multiple bases, who has access across all these.

It is not necessary for all users to have the same levels of access e.g., an SLT working in the Early Years team who does not need to view data or reports for the rest of the organisation, could be given access to the Early Years base only and would not have the option to 'switch service'.

Appendix 2

Example of drop-down menu for an organisation using direct entry, which requires patients to be allocated to either North or South Locality. When creating each new episode of care, therapists will be presented with this additional data field.

Additional Data Fields

Direction of care **Global** :

Not selected ⌄

Locality : ⌄

North
South

Return to Patient Summary

As noted above, all users see any additional global fields, such as 'direction of care'. So, if only therapists in the South Locality wish to use 'direction of care', therapists in the North would leave it blank.