MULTI-PROFESSIONAL WORKING IN THE COMMUNITY

GROUP CONCEPT MAPPING FINDINGS

Report

for Strategic Programme for Primary Care

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January 2023

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1. EXECUTIVE SUMMARY

INTRODUCTION AND CONTEXT

The University of South Wales has been working with the Strategic Programme for Primary care (SPPC) on a Community Infrastructure programme seeking to develop an evaluation framework for multi-professional working in the community. This study forms a key part of that programme of work in providing a quantitative underpinning for other parts of the project to draw from and in gathering the consensus of professionals in the relevant context.

METHODS

This is a Group Concept Mapping study using GroupWisdom™ software to understand the local consensus in regards to what is of value to multi-professional working. There were 62 participants in total across a range of stakeholder groups recruited through the SPPC acting as gatekeepers. Group Concept Mapping involves three key parts that participants were asked to complete: brainstorming, sorting and rating.

RESULTS

During brainstorming, participants first responded to a focus prompt: "When developing a multi-professional working framework, I think I would measure the value of this way of working as…". 123 statements were included for sorting, in which participants placed statements into themed piles, and for rating of statements across three domains: importance, impact and ease of collection. Five key themes or 'clusters' emerged: trust, respect and relationship building, workforce and staff well-being, cross-sector, service and outcome data, and patient/person centred. On average, participants rated the 'patient/person centred' cluster as the most important and impactful, and rated 'workforce and staff well-being' as the easiest to collect. Results indicated that there were differences in opinion between staff with more/less self-rated knowledge of multi-professional working as they tended to rate the 'top' statements across all three domains differently. There were also differences between UHB participants and other stakeholder groups, particularly in relation to their rating of 'trust, respect and relationship building' which appeared to be viewed as more important among non-UHB participants, and there were differences between participants that had been in their role for 73 months and over vs. under 73 months, particularly relating to the importance rating of 'workforce and staff wellbeing'.

CONCLUSIONS

The top 10 statements across all three domains are presented and provide a hierarchical list of possible key priorities, the majority of these statements focus on patient/person centred working. A case is made for the importance of current context when interpreting the data in addition to the importance of continued workforce training highlighted in the results. The data provides a useful underpinning for the implementation of multi-professional working

and for the other parts of the Community Infrastructure programme moving forwards, such as the development matrix. The top 30 statements across importance and impact will be mapped across the sub-domains of the matrix, the purpose of which is to provide users of the matrix the opportunity to underpin their assessment with the most important and most impactful evidence.

2. INTRODUCTION AND CONTEXT

The University of South Wales has been working with the Strategic Programme for Primary care (SPPC)[1], Community Infrastructure[2] programme seeking to develop an evaluation framework for multi-professional working in the community. The Community Infrastructure Programme is a core part of the SPPC 24/7 work stream regarding the provision of sustainable 24/7 community services. The programme is wholly aligned to A Healthier Wales[3], the Primary Care Model for Wales[4], the Six Goals of Urgent and Emergency Care[5], Allied Health Professions (AHP) Framework[6], and supports the SPPC Accelerated Cluster Development Programme (ACD)[7].

The programme has involved several components to date including a scoping review and development of a qualitative evaluation matrix in addition to the Group Concept Mapping study detailed in this report. This work is due to be taken into practice and trialled in early 2023.

The Group Concept Mapping component of this project was implemented to explore the views of professionals working across Wales in regard to multi-professional working. The data gathered here will be used to support other parts of the project (i.e. by providing quantitative data to underpin the qualitative matrix) in addition to providing needed insight into the views of the professional community that the work will be taken forward with.

In particular, this study gathers information across three specific domains, these being:

- What do professionals think is most important to multi-professional working?
- What do professionals consider to have most impact on multi-professional working?
- What data on multi-professional working do professionals consider easy to collect?

Group Concept Mapping (GCM) is a form of consensus building, and so the aim is to understand the professional consensus in answer to these questions. Key themes are generated from this work in addition to specific data items ranked across all three domains. In understanding these, professionals can then be presented with meaningful items and suggestions to aid the development or maintenance of multi-professional working within their teams, services and individual practice.

This is combined with the other aforementioned parts of the programme to provide a meaningful framework rooted within a strong evidence base that reflects the views of the professionals that it applies to.

[1] Strategic Programme - Primary Care One (nhs.wales)
[2] Community Infrastructure (CI) Programme - Primary Care One (nhs.wales)
[3] A healthier Wales: long term plan for health and social care | GOV.WALES
[4] Primary Care Model for Wales written description _ April 2019 (Eng).pdf
[5] Six goals for urgent and emergency care: policy handbook for 2021 to 2026 | GOV.WALES
[6] Allied Health Professions (AHP) Framework | GOV.WALES
[7] Accelerated Cluster Development Toolkit - Primary Care One (nhs.wales)

3. METHOD AND APPROACH

This study was carried out between 25th July 2022 and 4th November 2022. Ethical approval was sought and given by the University of South Wales, Faculty of Life Science and Education low-risk ethics panel (220601LR). As required by Health and Care Research Wales processes, permission to include NHS staff was granted by each participating Health Board and NHS Trust. The invitation to participate within this study was distributed widely across health and social care to reflect the multi-professional workforce in totality across primary and community care.

This study used an online form of GCM to explore opinions of professionals working in a community based multi-professional context to understand what they feel is important and impactful to multi-professional working, and what data relating to this they felt would be easy to collect. The process of GCM is summarised below in figure 1.

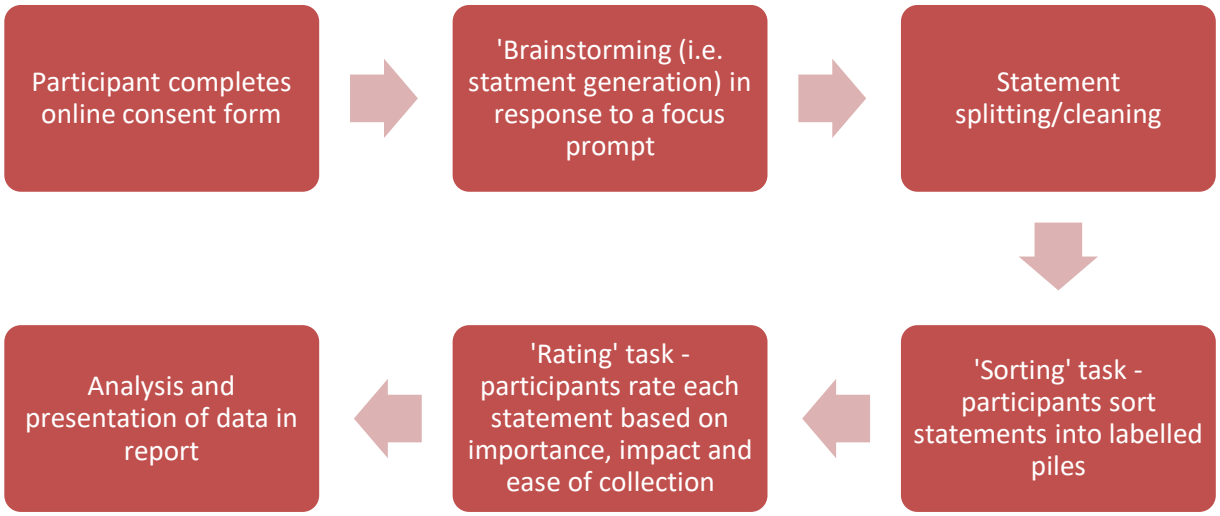


Figure 1: The process of Group Concept Mapping

The views of professionals were explored using the three activities of the GCM method: statement generation, sifting and sorting statements into themes with labels, rating each statement for importance, impact and ease of collection. GCM offered an opportunity for virtual groups of geographically dispersed participants from a range of settings to participate using online software to help them individually organise and present their ideas supported by a trained facilitator. Participants answered five demographic questions:

- In which stakeholder group do you identify?
- Under which category does your current professional role fall?
- How long have you been working in the community or in primary care?
- How would you rate your knowledge of multi-professional working?
- What sort of multi-professional team do you work in?

The GCM facilitator-led methodology used Group Wisdom™ software for data collection, data integration and analysis.

Data analysis used the online software to conduct four steps of data analysis following data review, cleaning and acceptance processes:

- Step 1 – Participant demographic responses were analysed using descriptive statistics.
- Step 2 – A similarity matrix was created from the participant sorted statements. This demonstrates the number of participants who sorted the statements together. [These are initially formed into individual participant matrices. The similarity matrix is formed by a combination of all individual matrices.]
- Step 3 – Multidimensional scaling analysis is a statistical technique that uses the similarity matrix to produce a point map. Each participant statement is allocated a point on a two-dimension (XY) axis (see Figure 7 for more detail).
- Step 4 – Ward's algorithm is a computationally intensive method used in clustering the statements to produce a cluster map with cluster labels (see Figure 8), cluster rating (Figures 9, 10 and 11), and go-zone analysis (Figures 12, 13 and 14). The purpose of developing these maps is to progress the analysis to identify the top items that professionals should consider when adopting and developing multi-professional working in the community. [These will then be integrated into the development matrix to support multi-professional teams when evidencing their position in the matrix sub-domains.]

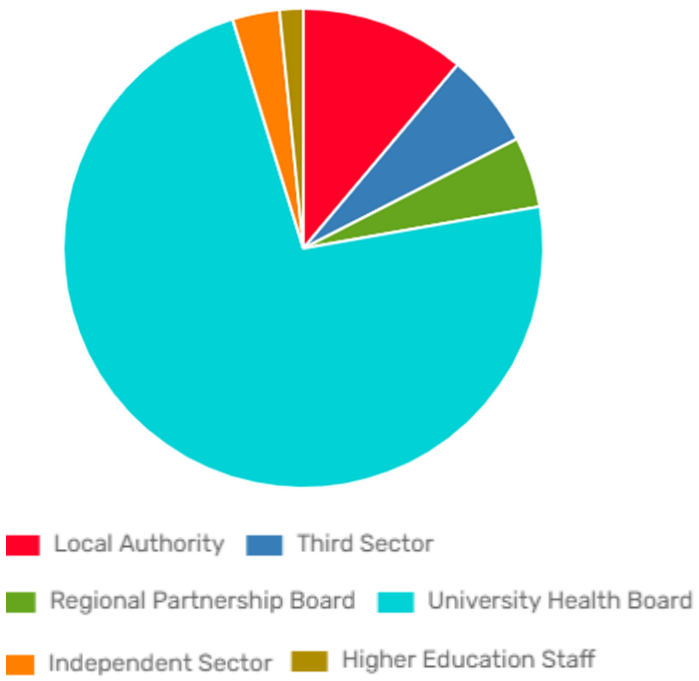
4. FINDINGS

3.1 WHO WERE THE PARTICIPANTS?

Sixty two participants were recruited using purposive sampling and enrolled onto the Group Wisdom™ software. They were recruited through the SPPC, acting as gatekeepers throughout the recruitment process. Participants completed the following:

- Participant Questions- n=63
- Brainstorming activity- n=15
- Finished sorting activity- n=42
- Finished ease of collection rating activity- n=37
- Finished importance rating activity- n=40
- Finished impact rating activity n=36

The majority of participants identified their stakeholder group as University Health Board (73%) however there were also some participants that identified as Local Authority (11%), Third Sector (6%), Regional Partnership Board (5%), Independent Sector (3%) and Higher Education Staff (2%), those whose stakeholder group was not listed chose the group most closely aligned to them. See figure 2.



OPTION	FREQUENCY	%
University Health Board (UHB)	46	73%
Local Authority	7	11%
Third Sector	4	6%
Regional Partnership Board	3	5%
Independent Sector	2	3%
Higher Education Staff	1	2%
Total	**63**	**100%**

Figure 2: Defining the stakeholder group of participants

Participants worked across a range of roles (figure 3). The majority were either allied health

professionals (25%) or nurses (14%) but there were also responses from operational (13%) and senior (13%) managers, project/programme managers (7%), social care professionals (3%), pharmacists (3%), medical practitioners (3%), and health care scientists (3%) with a single health and/or social care support worker (2%), commissioner (2%) and an educational professional (2%). 10% of participants defined their role as 'other' (Figure 3). Some participants may have chosen roles most closely aligned to their professional background rather than choose the 'other' category.

OPTION	FREQUENCY	%
Allied health professional	16	25%
Nurse	9	14%
Operational manager	8	13%
Senior manager	8	13%
Other	6	10%
Project/programme manager	5	7%
Social care professional	2	3%
Pharmacist	2	3%
Medical practitioner	2	3%
Health care scientist	2	3%
Educational professional	1	2%
Health and/or social care support worker	1	2%
Commissioner	1	2%
Total	**63**	**100%**

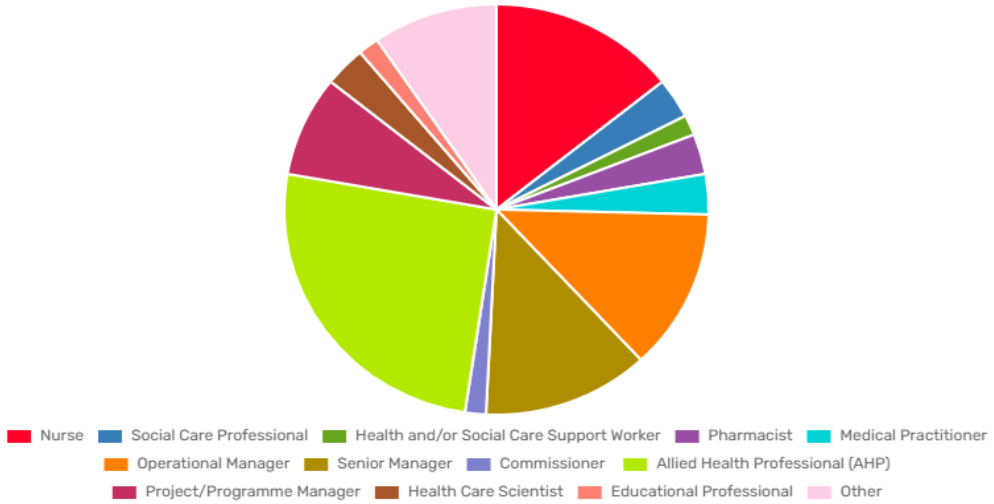
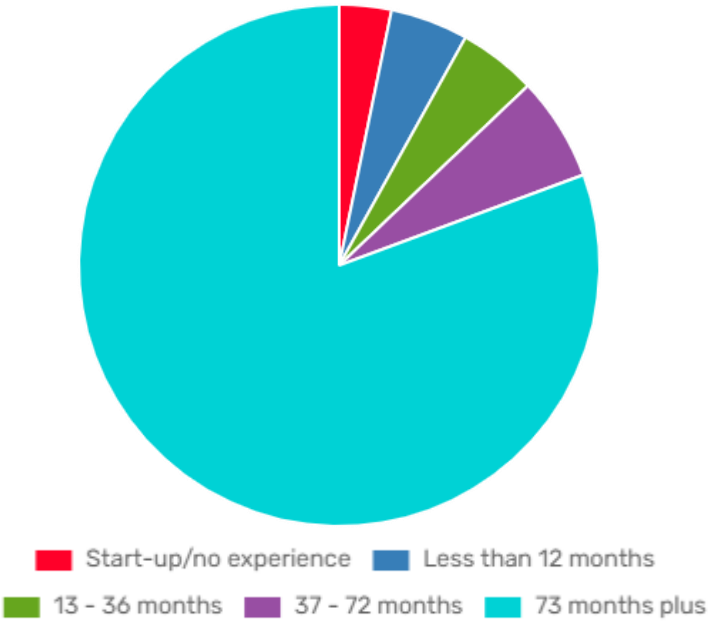


Figure 3: Description of current professional role of participants

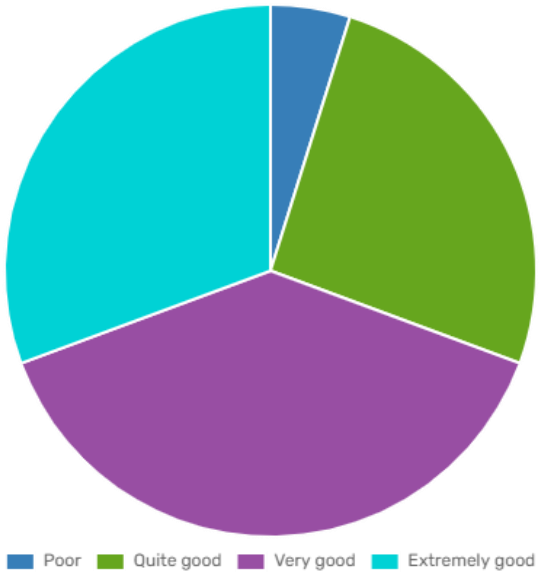
The majority of participants had been working in the community or in primary care for 73 months or longer (81%) with fewer having been working for between 37 – 72 months (6%) and even fewer having worked in this setting for 13 – 36 months (5%) or less than 12 months (5%). Only 3% of participants indicated that they had no experience or were a start-up (Figure 4).



OPTION	FREQUENCY	%
73 months plus	50	80%
37 – 72 months	4	6%
13 – 36 months	3	5%
Less than 12 months	3	5%
Start-up/no experience	2	3%
Total	**62**	**100%**

Figure 4: Length of time participants had been working in the community or primary care

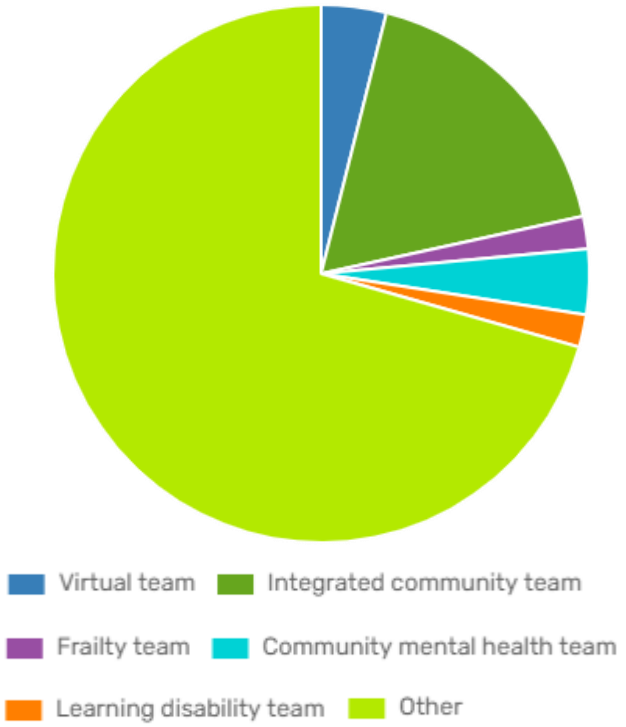
Participants were generally confident in their knowledge of multi-professional working, with most self-rating their knowledge as either very good (39%) or extremely good (30%). Most other participants rated their knowledge as quite good (26%) with only a few rating their knowledge as poor (5%). No participants rated their knowledge as very poor (Figure 5).



OPTION	FREQUENCY	%
Very good	24	39%
Extremely good	19	30%
Quite good	16	26%
Poor	3	5%
Total	**62**	**100%**

Figure 5: Participants self-rated knowledge of multi-professional working

Finally, when asked what sort of multi-professional team they worked in, most participants chose 'other' and typed their own definition (Table 1) (70%) but others identified that they worked in integrated community teams (18%), virtual teams (4%) or community mental health teams (4%). There was a single participant from a learning disability team (2%) and from a frailty team (2%). See Figure 6. The high incidence in 'other' responses may reflect opinion regarding the importance of individual team identity.



OPTION	FREQUENCY	%
Other	36	70%
Integrated community team	9	18%
Virtual team	2	4%
Community mental health team	2	4%
Learning disability team	1	2%
Frailty team	1	2%
Total	**51**	**100%**

Figure 6: Multi-professional teams of participants

Inputted responses		
All Wales muti-professional team for digital	Community Neuro Rehabilitation Service	National support organisation to the NHS
Develop and manage project that are delivered in the community	MDT assessing needs and delivering assistive technology services	Manage all mental health OT services within community mental health & primary care
National team	Client lead for OTs	Acute clinical team
Strategic post	General practice	Diabetes
Primary care	Analysts and planners	Nurse staffing programme
Intermediate care MDT	Home First integration	Professional body
Planning and strategy team	Digital transformation	Wales cancer network
Cross borough working	Flow/triage team	Palliative and end of life care

Table 1: Input of single responses for participants who answered 'other' above

3.2 IDENTIFYING AND ANALYSING THE 123 WAYS IN WHICH MULTI-PROFESSIONAL WORKING IS VALUED

Activity 1 – Brainstorming

During this activity n=15 participants together provided 87 statements to complete the single online focus prompt '*When developing a multi-professional working framework, I think I would measure the value of this way of working as…*' Examples of statements can be seen in Table 2.[8]

Statement no	Statement
3	Working across parts of organisations and H&C system
4	Allowing prudency of approach
5	Building relationships which act as support
7	Respect for others

Table 2: Four statements kept in their entirety provided by participants

Many statements comprised more than one key message and so these were split into separate statements, following this there were 161 statements generated by participants. Additionally, 21 statements were taken from the content of a previous study (Wallace & Garthwaite, 2022[2]) and added by the researcher, and 6 more were added by the researcher from the scoping review attached to the project (Randall & Wallace, 2022[3]).

This left a total of 188 statements before statements were 'cleaned' (i.e. duplicates removed, wording altered for clarity in sorting/rating). Following statement cleaning 123 statements were included for sorting and rating, of which 100 were generated by participants, 17 were included from a previous study and 6 were included from the scoping review.

[8] The full list of statements is available in Appendix 1,

[2] Wallace C and Garthwaite T (2022) Multi-agency working: Research to support the Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014. Cardiff. Welsh Government.

[3] Randall S and Wallace C (2022) Multi-professional working in the community: A Scoping Review. Welsh Institute for Health and Social Care. PRIME Centre Wales. University of South Wales.

Activity 2 – Grouping/sorting: point and cluster maps

In this activity participants were asked to sort and group all the statements into piles and provide each pile with an individual label. The software at first generated a point map showing all the 123 statements (Figure 7).

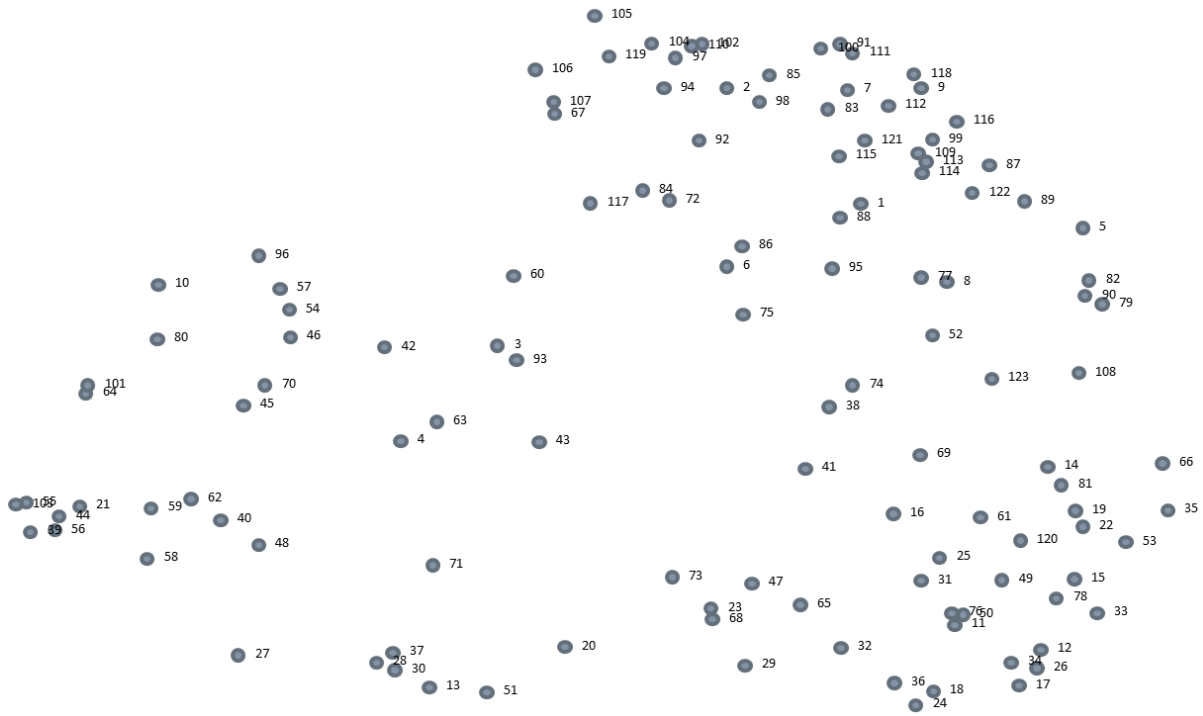


Figure 7: Computer generated point map of 123 statements

The dataset had a final stress value of 0.2264 – the acceptable range is 0.205-0.365, and therefore this is considered to be similar to reliability (Kane and Trochim, 2007)[9] and is related to the statistical development of the multi-dimensional analysis (see methods section). The stress value is situated towards the bottom of the range and so is considered to be a good fit. The closer the statements (represented by a point) to one another the more frequently they were sorted together by participants. For example statements 50 ("accessible support and care") and 76 ("increased access to services") are close together and so have been sorted together most frequently. Whilst statement 118 ("offering a voice to members of the team who maybe aren't always recognised") and 39 ("data that demonstrates benefits of working together for the organisation") are on opposite ends of the map and were either not sorted together often or not at all.

The software then provided a range of cluster maps i.e. a four cluster map, a five cluster map and a six cluster map. Each map contained all statements. The maps were formed from how the participants sorted each statement. The content of each cluster within each of the cluster maps was manually checked for theme consistency. The five cluster map had the most thematic consistency and was therefore chosen. . The five clusters were trust, respect and

[9] Kane, M., and Trochim, W. M. K. (2007). *Concept Mapping for Planning and Evaluation.* Thousand Oaks, CA: Sage

relationship building, workforce and staff wellbeing, cross-sector, service and outcome data, and patient/person centred (Figure 8). Cluster titles were generated from labels participants had given their sorted piles. Statement placement in a cluster originates from participants' sorting and rating of each statement. For example statement 16 ("one system that supports people by putting them at the centre") is positioned in the 'patient/person centred' cluster because that is where the majority of participants placed the statement. The conceptual relationship between clusters is shown by the distance between them. Therefore the cluster called 'trust, respect and relationship building' is closer to 'workforce and staff wellbeing' and 'patient/person centred' than it is to the other two clusters. This is significant as it suggests conceptual relationships between clusters and areas that are inextricably linked in determining meaningful items required to achieve multi-professional working.

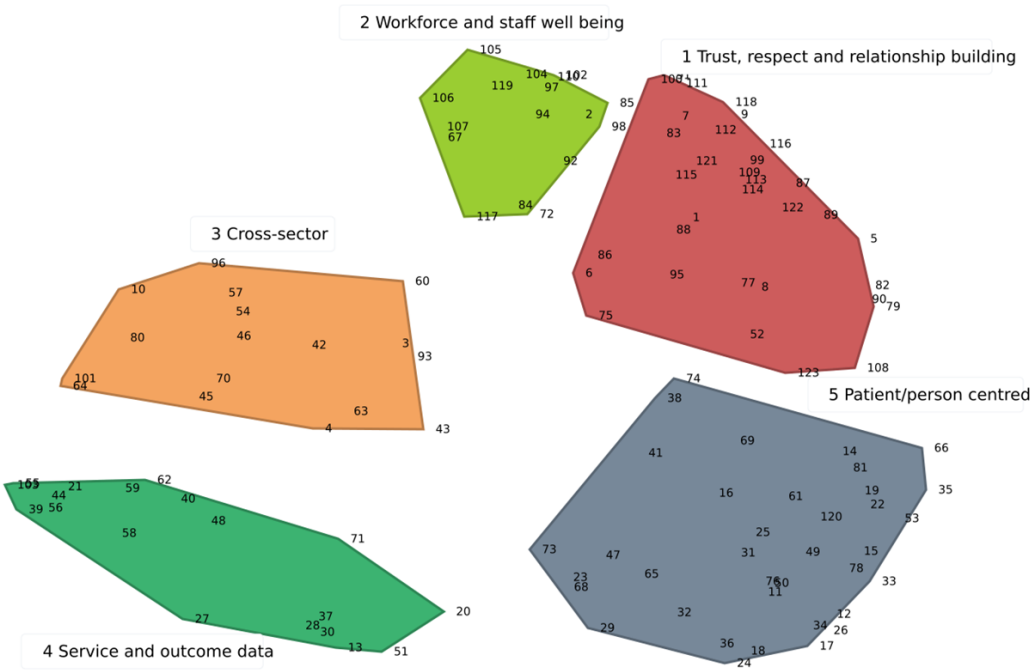


Figure 8: Cluster map with labels from the participant grouping exercise

The patient/person centred process cluster had most statements (n=37) with trust, respect and relationship building following closely (n=33); whilst the workforce and staff wellbeing, and cross sector clusters had least statements (n=17), with service and outcome data having only a few more (n=19). Table 3 (overleaf) shows the number of statements per cluster and Table 4 (overleaf) provides three statements examples per cluster.[10]

[10] The full list of statements by cluster is available from: Appendix 2

Construct	Trust, respect and relationship building	Workforce and staff wellbeing	Cross sector	Service and outcome data	Patient/ person centred
Number of statements	33	17	17	19	37
Average rating of **importance** of statement	4.34	4.41	4.40	4.31	4.51
Ave rating of **impact** of statement	3.89	3.95	3.93	3.87	4.14
Ave rating of **ease of collection** of statement	2.62	2.91	2.80	2.87	2.71

Table 3: Cluster characteristics

Statement No.	Wording
TRUST, REPECT AND RELATIONSHIP BUILDING	
1	Breaking down barriers between traditional boundaries
5	Building relationships which act as support
6	Trust and relationships between organisations
WORKFORCE AND STAFF WELLBEING	
2	Offering a supportive challenge
67	Use of peer review
72	Having a set of 'ground rules' i.e. confidentiality
CROSS-SECTOR	
3	Working across parts of organisations and H&C system
4	Allowing prudency of approach
10	Recognising the aims of the SSWB act across Wales
SERVICE AND OUTCOME DATA	
13	Measuring service user perspective
20	Fewer crisis referrals
21	Data that demonstrates benefits of working together for the individual
PATIENT/PERSON CENTRED	
11	Person receiving timely, coordinated, collaborative care
12	Person receiving care in a location and format that best meets their needs
14	Reducing conflicting advice or information to the person or family

Table 4: Examples statements in each of the five clusters

Activity 3 – rating for importance, impact and ease of collection: cluster rating maps

In this activity participants were asked to rate all 123 statements on five-point Likert type scales. These scales were importance, impact and ease of collection. The cluster-rating maps show the average of cluster ratings given by the participants. The cluster-rating map in Figure 9 (and Table 3 above) demonstrates that the cluster called 'patient/person centred' is considered by participants as the most important of all five clusters, when considering the most important components of successful multi-professional working (4.51).

Figure 9: Cluster rating map – **importance** of each identified component of multi-professional working

We further analysed the rating maps to understand whether the opinions of those with highly self-rated knowledge of multi-professional working differed from those with lower self-rated knowledge. To do that, we produced point (statement) rating maps., We used the demographic questions asking about participant knowledge of multi-professional working for this step of the analysis. Participants who answered 'extremely good' or 'very good' in response to the demographic questions asking them about their knowledge of multi-professional working were compared to professionals who answered 'quite good' or 'poor'. A summary of these results presenting the top 10 rated statements for importance for each of these three groups is presented in Table 5. This told us that each group ranked the top statement of 'delivery of safe, high quality, effective care' (65) as the most important. However, subsequent rankings differ between groups, particularly in the case of workforce related items such as 'staff wellbeing' (119) and 'staff satisfaction' (107) which participants with lower knowledge ranked as more important whilst participants with higher knowledge placed greater importance on statements such as 'respect for others' (7) and 'valuing the peoples voice' (33).

	All participants		Participants with 'extremely good' or 'very good' knowledge		Participants with 'quite good' or 'poor' knowledge	
RANK	STATEMENT	RATING	STATEMENT	RATING	STATEMENT	RATING
1	Delivery of safe, high quality, effective care (65)	4.95	Delivery of safe, high quality, effective care (65)	4.93	Delivery of safe, high quality, effective care (65)	5.00
2	Person receiving timely, coordinated, collaborative care (11)	4.88	Shared decision making with the person (78)	4.93	Person receiving timely, coordinated, collaborative care (11)	4.92
3	Respect for others (7)	4.85	Respect for others (7)	4.90	Reduced risk of harm (68)	4.83
4	Valuing the peoples voice (33)	4.85	Enabling people to have involvement in their care (26)	4.89	Staff wellbeing (119)	4.83
5	Enabling people to have involvement in their care (26)	4.85	Valuing the peoples voice (33)	4.86	Staff satisfaction (107)	4.83
6	Supporting people to live well (36)	4.85	Person receiving timely, coordinated, collaborative care (11)	4.92	Valuing everyone's voice and contribution (116)	4.83
7	Shared vision (88)	4.83	Supporting people to live well (36)	4.86	Shared vision (88)	4.83
8	Maximising peoples independence (24)	4.82	Supportive team climate (111)	4.86	Valuing the people's voice (33)	4.83
9	Staff wellbeing (119)	4.80	Shared vision (88)	4.83	The right person, delivering the right support, at the right time (120)	4.83
10	Shared decision making with the person (78)	4.79	Maximising people's independence (24)	4.82	Supporting people to live well (36)	4.83

Table 5. Rankings of importance of statements across participants with different knowledge of multi-professional working

Analysis was also undertaken on the cluster of statements which had the most impact on multi-professional working (Figure 10). The highest rated of these was again 'patient/person centred' (4.14) with the second being 'workforce and staff wellbeing' (3.95). The cluster 'service and outcome data' was considered the least impactful (3.87). In the middle of these were the clusters 'cross-sector' (3.93) and 'trust, respect and relationship building' (3.89).

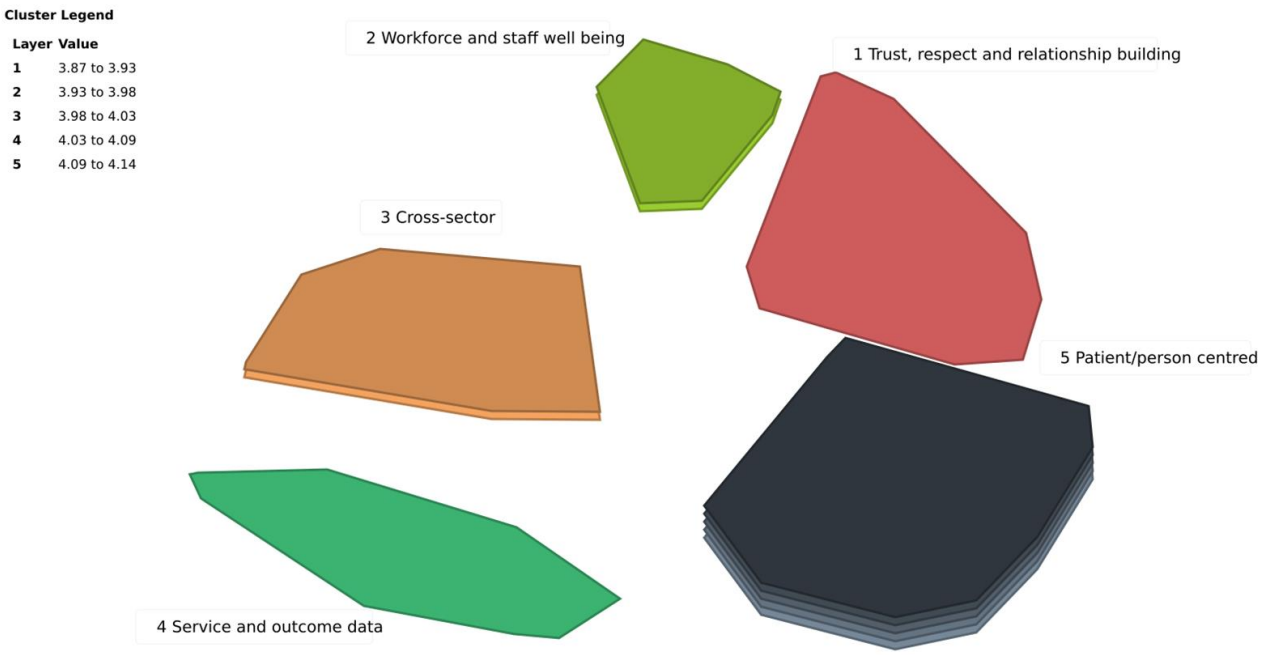


Figure 10: Cluster rating map **– impact** on multi-professional working

As for the importance ratings, point rating maps were generated for all participants, for those with 'extremely good' or 'very good' self-rated knowledge of multi-professional working, and for those with 'quite good' or 'poor' knowledge. A summary of results is presented in Table 6. These results show that, once again, the top ranked statement with most impact ('delivery of safe, high quality, effective care, 65) was consistent across all participants. However, they again differed on subsequent rankings, for example both 'positive leadership' (97) and 'strong leadership' (98) are ranked as highly impactful for participants with higher knowledge, however these statements are not ranked within the top ten for participants with lower knowledge. This is the opposite for statements such as 'using shared IT systems' (46) and 'staff retention' (106), highlighting the differences in opinion between those with high vs low knowledge.

	All participants		**Participants with 'extremely good' or 'very good' knowledge**		**Participants with 'quite good' or 'poor' knowledge**	
RANK	STATEMENT	RATING	STATEMENT	RATING	STATEMENT	RATING
1	Delivery of safe, high quality, effective care (65)	4.69	Delivery of safe, high quality, effective care (65)	4.68	Delivery of safe, high quality, effective care (65)	4.70
2	Person receiving timely, coordinated, collaborative care	4.57	Positive leadership (97)	4.62	Using shared IT systems (46)	4.70

	All participants		Participants with 'extremely good' or 'very good' knowledge		Participants with 'quite good' or 'poor' knowledge	
RANK	STATEMENT	RATING	STATEMENT	RATING	STATEMENT	RATING
	(11)					
3	Staff wellbeing (119)	4.54	Person receiving timely, coordinated, collaborative care (11)	4.56	Staff satisfaction (107)	4.60
4	Maximising peoples independence (24)	4.51	Staff wellbeing (119)	4.56	Staff retention (106)	4.60
5	Positive leadership (97)	4.50	Respect for others (7)	4.54	Person receiving timely, coordinated, collaborative care (11)	4.60
6	Using shared IT systems (46)	4.46	Maximising peoples independence (24)	4.52	Agreed processes that enable seamless delivery between teams (93)	4.56
7	Reduced risk of harm (68)	4.43	Supporting people to live well (36)	4.48	Purposeful data used to inform improvement and requirement of needs (56)	4.50
8	The right person, providing the right support, at the right time (120)	4.43	Strong leadership (98)	4.44	Staff wellbeing (119)	4.50
9	Staff retention (106)	4.41	Enabling people to have involvement in their care (26)	4.44	Better care and clarity for people and their families (18)	4.50
10	One system that supports people by putting them at the centre (16)	4.38	The right person, providing the right support, at the right time (120)	4.44	Reduced risk of harm (68)	4.50

Table 6. Rankings of impact of statements across participants with different knowledge of multi-professional working

Finally, analysis was also undertaken on the cluster of statements which were seen as easy to collect in relation to multi-professional working (Figure 11). The highest rated, and therefore

viewed as easiest to collect, was 'workforce and staff wellbeing' (2.91) followed closely by 'service and outcome data' (2.87), with 'trust, respect and relationship building' being seen as the most difficult to collect (2.62).

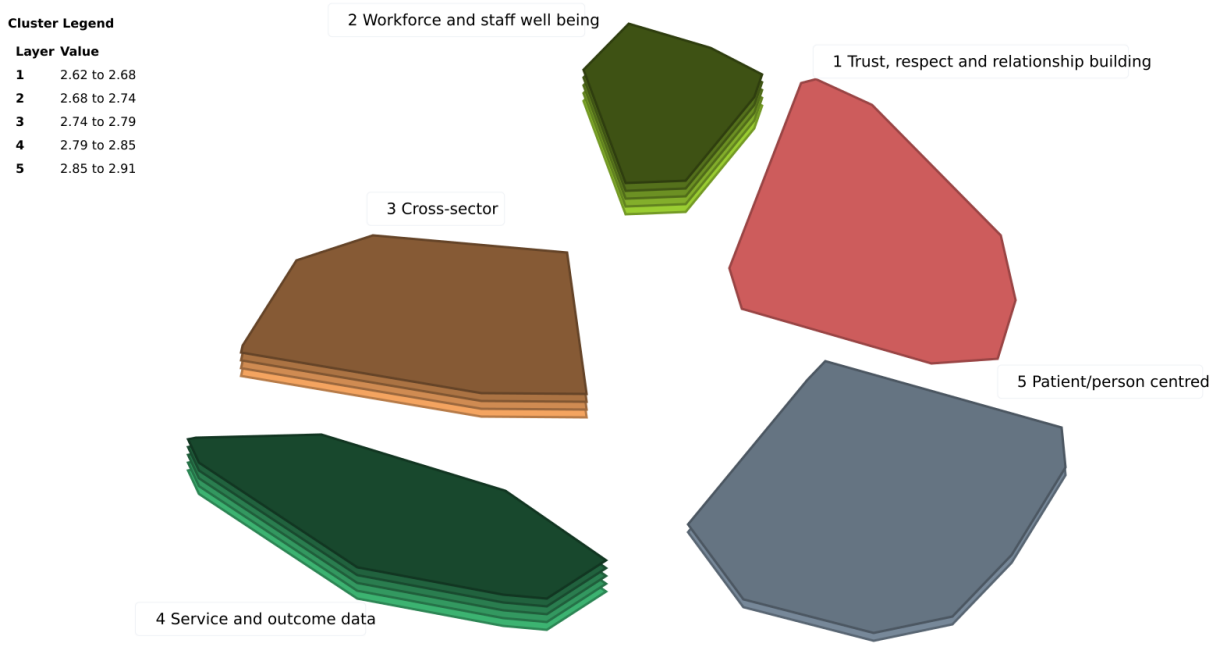


Figure 11: Cluster rating map – **ease of collection** of statements relating to multi-professional working

As above, point rating maps were generated for all participants, for those with 'extremely good' or 'very good' self-rated knowledge of multi-professional working, and for those with 'quite good' or 'poor' knowledge. A summary of results is presented in Table 7. In this case, the top ranked statement differs across all participant groups as do subsequent rankings of statements. Participants with higher knowledge ranked items such as 'improved PROM scores' (30) and 'co-location of services' (52) as among the most easy to collect data, however participants with lower knowledge did not rank these statements as highly. They rated statements such as 'clear governance and communication framework' (57) and 'clear definition of professional responsibilities' (92) as highly easy to collect whereas those with higher knowledge did not. This once again highlights that knowledge of multi-professional working appears to change opinion/priorities.

	All participants		**Participants with 'extremely good' or 'very good' knowledge**		**Participants with 'quite good' or 'poor' knowledge**	
RANK	STATEMENT	RATING	STATEMENT	RATING	STATEMENT	RATING
1	Staff retention (106)	3.88	Regular multi-professional	3.88	Staff satisfaction (107)	4.27

	All participants		Participants with 'extremely good' or 'very good' knowledge		Participants with 'quite good' or 'poor' knowledge	
RANK	STATEMENT	RATING	STATEMENT	RATING	STATEMENT	RATING
			meetings (99)			
2	Regular multi-professional meetings (99)	3.84	Staff retention (106)	3.75	Staff retention (106)	4.17
3	Staff satisfaction (107)	3.72	Co-location of services (52)	3.74	Regular multi-professional meetings (99)	3.75
4	Using shared IT systems (46)	3.70	Using shared IT systems (46)	3.73	Clear governance and communication framework (57)	3.69
5	Co-location of services (52)	3.63	Improved PROM scores (30)	3.65	Having a set of 'ground rules' i.e. confidentiality (72)	3.67
6	Improved PROM scores (30)	3.50	Staff satisfaction (107)	3.50	Using shared IT systems (46)	3.64
7	Improved PREM scores (28)	3.47	Measuring service user perspective (13)	3.46	Staff wellbeing (119)	3.64
8	Measuring service user perspective (13)	3.45	Improved PREM scores	3.44	Clear definition of professional responsibilities (92)	3.55
9	Having a set of 'ground rules' i.e. confidentiality (72)	3.44	Having a set of 'ground rules' i.e. confidentiality (72)	3.33	Improved PREM scores (28)	3.55
10	Fewer crisis referrals (20)	3.37	Clear care pathways linked to referral systems (63)	3.31	Opportunity for shared learning (85)	3.54

Table 7. Ratings of ease of collection of statements across participants with different knowledge of multi-professional working.

Activity 4 – Go-Zones

We then used both the cluster map and the rating scales to develop three Go-Zones using all participant data. The first of these looked at the interaction between impact and importance (Figure 12). Whilst the statements within these figures may not be clear, the trend indicates a strong relationships between importance and impact.

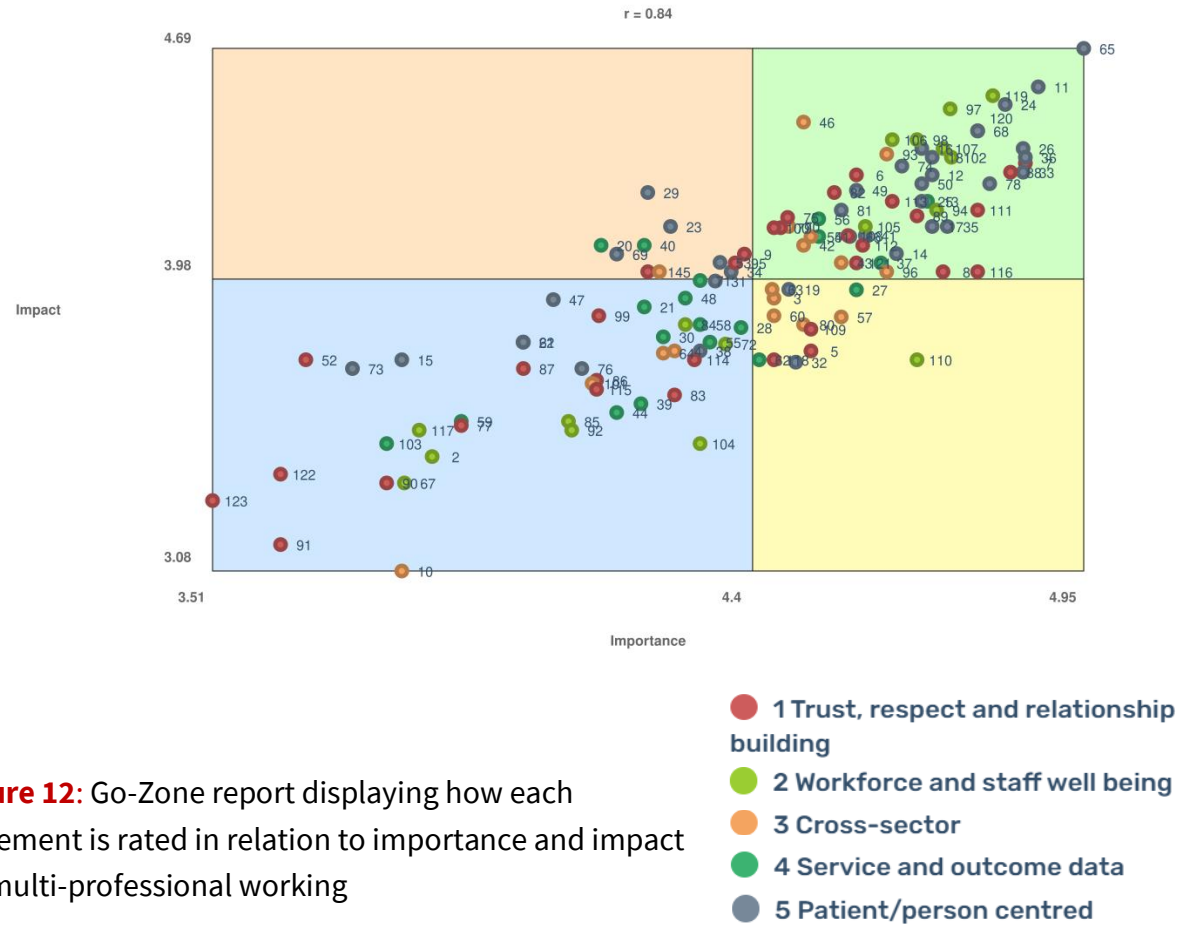


Figure 12: Go-Zone report displaying how each statement is rated in relation to importance and impact on multi-professional working

This go-zone shows which statements were above or below the mean (average) across the two chosen rating criteria of 'importance' and 'impact'. Statements above the impact mean (3.98) were most impactful and are in the orange and green zones. Statements above the importance mean (4.40) are the statements which have most importance i.e. the green and yellow zones. The go-zone in figure 12 shows that the statements presented in the green zone are most important and most have most impact (e.g. 'person receiving timely, coordinated, collaborative care', 6). Those in the orange zone are most impactful but least important (e,g, 'breaking down barriers between traditional boundaries', 1). Statements in the yellow zone are least impactful but have most importance (e.g. 'building relationships which act as support', 5). Those in the blue zone are statements of least importance and least impact (e.g. 'offering a supportive challenge', 2). Example statements from each quadrant can be seen in Table 8 (a full list is shown in Appendix 3). These zones may be of interest to commissioners, providing an indication of those statements which they may wish to consider in the

commissioning process, for example 'using shared IT systems' (46) which is considered by participants as most important and having most impact

No.	Wording
GREEN QUADRANT [n=56] – most important and most impact	
46	Using shared IT systems
11	Person receiving timely, coordinated, collaborative care
13	Measuring service user perspective
ORANGE QUADRANT [n=11] – least important and most impact	
1	Breaking down barriers between traditional boundaries
9	A willingness to help each other out
20	Fewer crisis referrals
BLUE QUADRANT [N=43] – least important and least impact	
2	Offering a supportive challenge
4	Allowing prudency of approach
10	Recognising the aims of the SSWB act across Wales
YELLOW QUADRANT [n=13] – most important and least impact	
3	Working across parts of organisations and H&C system
5	Building relationships which act as support
19	A way to co-ordinate care for the person which reduces conditions

Table 8: Example and total number of statements from each quadrant.

We examined the fifty-six statements from the green quadrant (the most important and most impact) by comparing each statements statistical characteristics. In table 9 we present the top 5 statement means for impact, importance and their combined mean.
The top statement is number 65 'delivery of safe, high quality, effective care' which had a mean average of 4.820 and can be found in the 'person/patient centred' cluster. Other top statements were either in the same cluster (11, 24) or in the 'workforce and staff wellbeing' cluster (97, 119) (Table 9).

Cluster	Statement	Impact	Importance	Mean
Person/patient centred	Delivery of safe, high quality, effective care	4.69	4.95	4.820
Person/patient centred	Person receiving timely, coordinated, collaborative care	4.57	4.88	4.725

Workforce and staff wellbeing	Staff wellbeing	4.54	4.80	4.670
Person/patient centred	Maximising peoples independence	4.51	4.82	4.665
Workforce and staff wellbeing	Positive leadership	4.50	4.73	4.615

Table 9: The top five most important with most impact on multi-professional working statements by cluster.

The top 5 statements identified above reinforce results showing that being person centred is of the most importance and has the highest impact. These statements also demonstrate a whole system perspective as they encompass leadership, staff and the person.

This process was repeated to generate Go-Zones for comparisons with ease of collection and importance (Figure 13), and ease of collection and impact (Figure 14, overleaf). The top five statements for these are also presented in Tables 10 and 11 respectively overleaf.

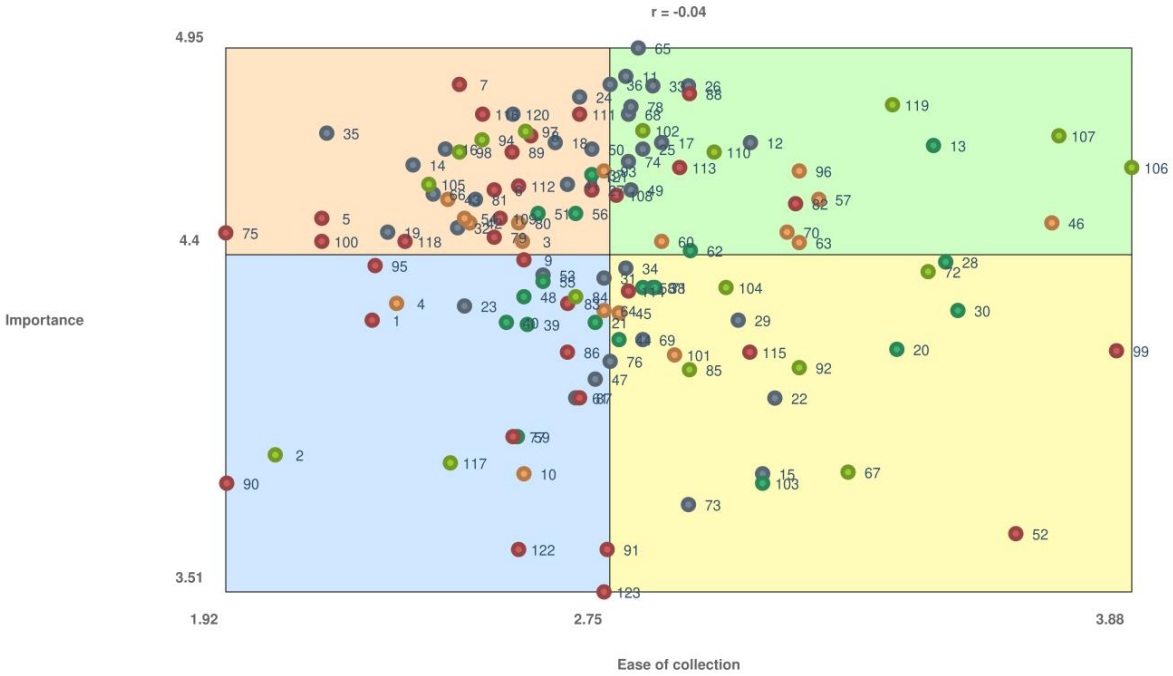


Figure 13: Go-Zone report displaying how each statement is rated in relation to importance and ease of collection on multi-professional working

1 Trust, respect and relationship building
2 Workforce and staff well being
3 Cross-sector
4 Service and outcome data
5 Patient/person centred

We will first consider the relationship between importance and ease of collection. Figure 13 demonstrates no strong relationship between these however there is a very slight negative relationship i.e. as importance increases, ease of collection decreases.

Cluster	Statement	EoC	Importance	Mean
Workforce and staff wellbeing	Staff retention	3.88	4.63	4.255
Workforce and staff wellbeing	Staff satisfaction	3.72	4.72	4.220
Cross-sector	Using shared IT systems	3.70	4.49	4.095
Workforce and staff wellbeing	Staff wellbeing	3.36	4.80	4.080
Service and outcome data	Measuring service user perspective	3.45	4.69	4.070

Table 10: The top five most important and easiest to collect (EoC) multi-professional working statements by cluster.

The top 5 statements identified above are mainly focussed on the workforce, specifically regarding staff satisfaction, retention and wellbeing.

Finally, the relationship between impact and ease of collection is shown in Figure 14. Once again, there is no strong relationship shown between these.

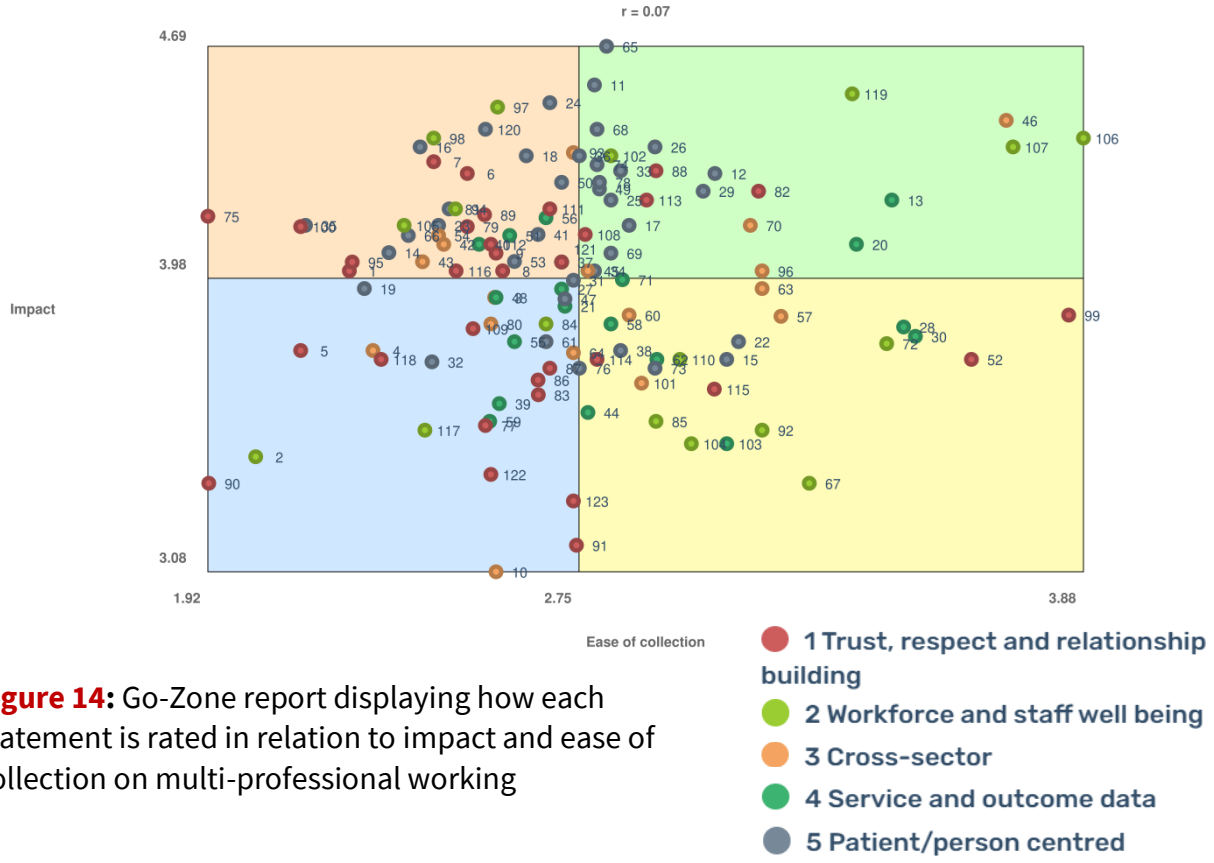


Figure 14: Go-Zone report displaying how each statement is rated in relation to impact and ease of collection on multi-professional working

Cluster	Statement	EoC	Impact	Mean
Workforce and staff wellbeing	Staff retention	3.88	4.41	4.145
Cross-sector	Using shared IT systems	3.70	4.46	4.080
Workforce and staff wellbeing	Staff satisfaction	3.72	4.38	4.050
Workforce and staff wellbeing	Staff wellbeing	3.36	4.54	3.950
Service and outcome data	Measuring service user perspective	3.45	4.22	7.670

Table 11: The top five most impactful and easiest to collect (EoC) multi-professional working statements by cluster

The top 5 statements across impact and ease of collection as shown above are the same statements in a different order as those for importance/ease of collection. This is likely due to the strong relationship between impact and importance.

Activity 5 – Ladder Graphs

Finally, in order to gain some further comparisons in the data utilising the demographic information gathered, pattern matches using ladders graphs were generated to visualise comparative data. Pattern matches are "pair-wise comparisons of cluster ratings across criteria"[11]. In this case it is the importance of statements to multi-professional working amongst professionals of different service lengths, and between different stakeholder groups that was of particular interest and has therefore been visualised. Figure 15 provides relative pattern matches showing the differences in importance ratings between participants who had been in their role for over 73 months, and those that had been in their role for a shorter amount of time. Relative as opposed to absolute pattern matches are presented because n=34 participants had been in their role for over 73 months and n=7 had worked for 72 months or less.

The ladder graph in Figure 15 shows relative consensus in the way they rated the importance of four of the five clusters i.e. workforce and staff wellbeing, cross-sector, trust, respect and relationship building and service and outcome data.

Figure 15: Ladder graph comparing importance variable between participants who have been in their role for over and under 73 months

[11] Kane, M., Rosas, S. (2018). Conversations About Group Concept Mapping – Applications, Examples, and Enhancements. Thousand Oaks, Sage Publications, Inc.

This process was repeated for the importance rating comparing those who identified as University Health Board stakeholders, and those who identified with other groups (e.g. Local Authority, Third Sector etc.). In this case the consensus of these groups differs on four of the five clusters (workforce and staff wellbeing, cross-sector, service and outcome data, and trust, respect and relationship building). The ladder graph for these results can be seen in Figure 16.

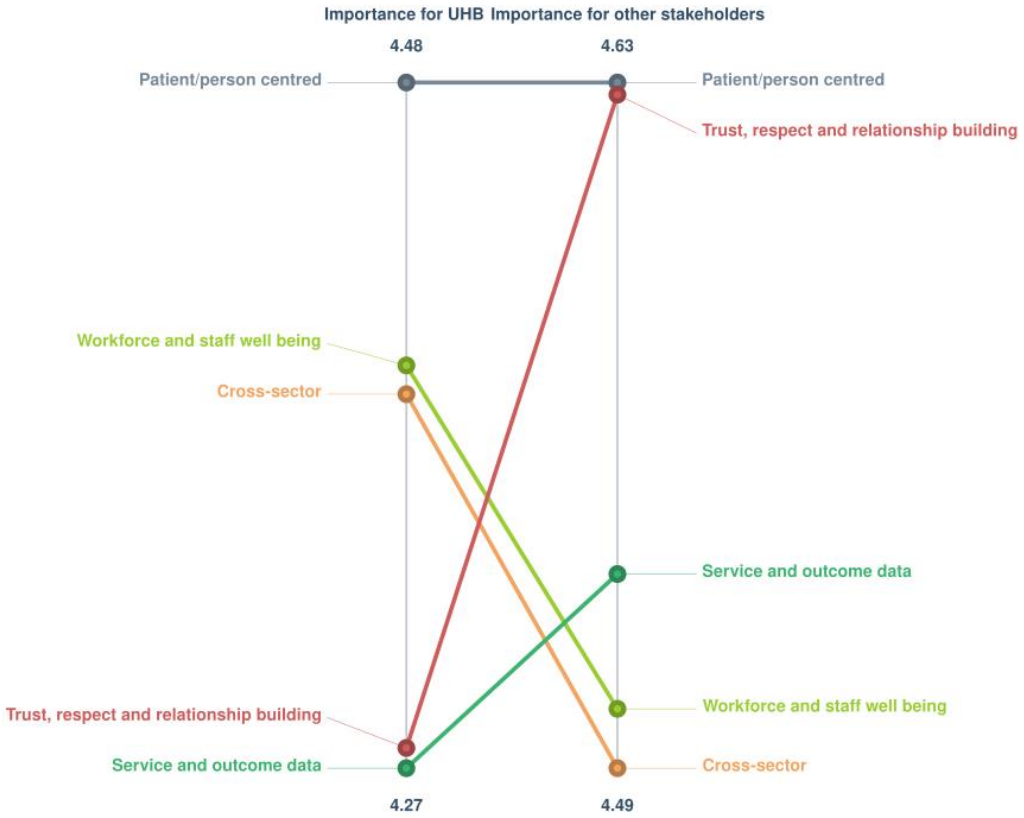


Figure 16: Ladder graph comparing importance between UHB participants and all others

The ladder graphs above demonstrate the differences in perception both between professionals with longer vs shorter service lengths, and between UHB participants and others (i.e. Local Authority, Third Sector, Independent Sector, RPB and Higher Education Staff).

WHAT SHOULD WE DO WITH IT?

Whilst the findings are open to interpretation the intended use for the data is to be integrated with other parts of the Community Infrastructure programme to provide a quantitative underpinning throughout the project. The data could be used alongside the qualitative matrix to provide the professionals utilising this with meaningful guidance to improvement.

Of course, the first task in the GCM was to respond to the prompt: "*When developing a multi-professional working framework, I think I would measure the value of this way of working as…"* and so all statements generated in response to this prompt by participants identifies a way in which they felt that value could be measured, and these statements demonstrate the wide range of ways this can be done.

The statements within each of the clusters could be analysed further to consider the types of actions suggested by their contents. For example statement no. 46 'using shared IT systems' suggests actions for services regarding the provision of the appropriate access to IT for their practitioners. Additionally, the data suggests the importance of considering context when making suggestions as the relative pattern matches in Figures 15 and 16 suggest that there may be some differences in service length and stakeholder group to consider.

WHAT SHOULD HAPPEN NEXT?

Depending on the priority or context of a service, next steps may be different. For example, the top five highly rated statements across ease of collection, importance and impact provide a means to focus on relatively easy to collect data that still has high impact and importance and so may form a hierarchical list on which to focus service development. In this case, these would be:

1. Staff retention
2. Staff satisfaction
3. Using shared IT systems
4. Staff wellbeing
5. Measuring service user perspective

Of course, if a service feels they are already measuring and performing highly in these areas, they may wish instead to prioritise those statements which have the most impact and importance, but are not necessarily the easiest to collect. These would be:

1. Delivery of safe, high quality, effective care
2. Person receiving timely, coordinated, collaborative care
3. Staff wellbeing
4. Maximising peoples independence
5. Positive leadership

6. DISCUSSION AND CONCLUSION

The data gathered, analysed and presented in this report forms an interesting basis for discussion, inclusion within the development matrix, and for priority areas moving forwards when developing a framework for multi-professional working. Key results include the findings that:

- In responding to the prompt: "When developing a multi-professional working framework, I think I would measure the value of this way of working as…" participants provided a wide range of 123 statements demonstrating the many different ways they felt value could be measured.
- 'Patient/person centred' was consistently identified as the cluster of statements with the highest importance and impact. This was true even when data was separated by length of service, and by stakeholder group.
- Consistently the most important and most impactful statement was identified as 'delivery of safe, high quality, effective care' (65).
- There was disparity in the rating of importance of the clusters between those who have been in their role for a longer vs shorter amount of time, and between UHB colleagues and all other stakeholder groups. This is particularly obvious in the case of the 'trust, respect and relationship building' cluster.
- It appears based on the rankings of the top ten statements for importance, impact and ease of collection, that a variation in self-rated knowledge of multi-professional working led to a difference in their rating of each statement.
- 'Workforce and staff wellbeing' was highly prevalent across all rating scales and generally statements within this cluster scored highly in importance, impact and ease of collection.

When considering the results, it is important to hold in mind the context of the data collection, the lasting effects of Covid-19 on staff, the current cost of living crisis, and disputes over pay (e.g. the recently announced nurses strike). 73% of respondents identified that they work within a UHB and therefore the results are likely to be more representative of the opinions and experiences of health colleagues than others. This is reiterated in the differences in ratings demonstrated in Figure 16. As aforementioned, 'workforce and staff wellbeing' was consistently highly rated across all scales, and statements such as "staff wellbeing" and "staff retention" consistently ranked within the top 10 of 123 statements. The current context is likely to influence this as some staff feel the effects of increased workloads, burnout and NHS pressures, and workforce issues are therefore high amongst current opinions of priorities.

One difficulty with the present study was the high response rate to the 'other' category in response to the demographic question: "What sort of multi-professional team do you work

in?". A breakdown of inputted responses to this are provided in Table 1, and these demonstrate the importance of identity to many of the participants in this study as they did not feel that any of the options provided adequately captured their team. In future studies, this should be considered when designing such questions in order to perhaps either provide a more holistic set of options, or plan to allow for a high rate of self-inputted descriptions. Unfortunately, in the present study this has made it difficult to draw comparisons between different types of team as the categorisations are too broad to make meaningful comparisons between them.

Of particular interest is the consistently low ranking of the 'trust, respect and relationship building' cluster across importance, impact and ease of collection. In general, this cluster was ranked amongst the lowest in every rating scale despite the focus on multi-professional working in the study. This was however not the case for colleagues in a non-UHB context, as shown in Figure 16. As above, current context may provide some explanation for this, however it forms an interesting point of discussion for those developing, commissioning and planning services in addition to practitioners as it appears the profile of the topic may need to be raised.

As stated previously, this study is part of a larger piece of work which has included a scoping review, in which the types of statements within the 'trust, respect and relationship building' cluster are discussed frequently and stress is placed on their high importance, making this result a surprising one. For example, the scoping review specifically identifies values such as trust, collaboration, communication and empowerment as crucial to successful multi-professional working. However, given that the statements that were sorted and rated were generated by participants in response to the focus prompt: "*When developing a multi-professional working framework, I think I would measure the value of this way of working as…",* we may be able to assume that despite lower rankings, statements in this cluster were identified as a way to measure the value of a multi-professional way of working in the first stage, and so are valued by participants, even if not the most highly valued in later stages.

The results from this study will be integrated within the development matrix. The top 30 statements across importance and impact will be mapped across the sub-domains of the development matrix. The purpose of which is to provide users of the development matrix the opportunity to underpin their assessment with the most important and most impactful evidence.

In conclusion, this study provides many interesting insights into the consensus of the local professional community in regards to multi-professional working. There are several statements to be taken from this which can form 'jumping off' points for development, and other areas which have highlighted both their importance, and their need for increased focus in the future.

APPENDIX 1: ALL INCLUDED STATEMENTS

No	Statement
1	Breaking down barriers between traditional boundaries
2	Offering a supportive challenge
3	Working across parts of organisations and H&C system
4	Allowing prudency of approach
5	Building relationships which act as support
6	Trust and relationships between organisations
7	Respect for others
8	Working collaboratively with realistic aims and objectives to ensure the desired outcomes are delivered
9	A willingness to help each other out
10	Recognising the aims of the SSWB act across Wales
11	Person receiving timely, coordinated, collaborative care
12	Person receiving care in a location and format that best meets their needs
13	Measuring service user perspective
14	Reducing conflicting advice or information to the person or family
15	One assessment for a person in need
16	One system that supports people by putting them at the centre
17	Enabling people to have choice in their care
18	Better care and clarity for people and their families
19	A way to co-ordinate care for the person which reduces conditions
20	Fewer crisis referrals
21	Data that demonstrates benefits of working together for the individual
22	One key point of contact for a person being seen making engagement easier
23	Avoidance of escalation of need
24	Maximising peoples independence
25	More focus on early intervention
26	Enabling people to have involvement in their care
27	Performance measures relating to outcomes for citizens rather than units of activity
28	Improved PREM scores
29	Stopping people going into hospital
30	Improved PROM scores
31	Improved patient reach
32	Reduction of variation experienced by patients
33	Valuing the peoples voice
34	Allowing people to have what matters to them
35	Wanting to do right by the person
36	Supporting people to live well
37	Impact on population health outcomes
38	Having a comprehensive multi-professional plan to meet population needs
39	Data that demonstrates benefits of working together for the organisation
40	Value for money - preventing delays
41	Reduction of duplication
42	Well aligned human and financial resources to avoid duplication and deliver seamless responses.
43	More efficient use of resources
44	Demonstratable value and impact from the organisational perspective

No	Statement
45	Investment in social care having parity with NHS investment
46	Using shared IT systems
47	Meeting more need
48	Value for money - improving outcomes
49	Easy and direct access to services
50	Accessible support and care
51	Outcomes being listened to and acted upon
52	Co-location of services
53	Improving communication between the person and the MP team
54	Communication strategies and structures to support the transfer of information and partnership working
55	Data that demonstrates benefits of working together for the service
56	Purposeful data used to inform improvement and requirement of needs
57	Clear governance and communication framework
58	Demonstratable value and impact from the service perspective
59	Meaningfully and efficiently delivering wide ranging KPIs that wouldn't be possible with silo'd working
60	A network for safer and improved quality care
61	Increasing options for selecting the right care or information
62	Focussing on outcomes as a measure of evaluation so that we don't focus on one professions input
63	Clear care pathways linked to referral systems
64	A consistent and embedded QI approach
65	Delivery of safe, high quality, effective care
66	Development of a meaningful therapeutic relationship
67	Use of peer review
68	Reduced risk of harm
69	A one door approach that supports the population and team
70	Efficient use of technology (i.e. virtual wards)
71	Value based healthcare approach
72	Having a set of 'ground rules' i.e. confidentiality
73	Reduction of assessed care needs
74	Co-ordinated service provision
75	Individuals and organisations divesting themselves of power and control and genuinely embracing co-production
76	Increased access to specialist services
77	Blurred boundary competencies to reduce the need for multiple visits to one individual
78	Shared decision making with the person
79	Joint decision making which considers views from all professionals involved
80	Evidence based services informed by shared information
81	Utilising shared knowledge of the person to improve the persons outcomes and experience
82	Agreed and shared purpose/goal
83	Idea sharing
84	Shared language
85	Opportunity for shared learning
86	A way of sharing risks
87	Shared skills and approaches
88	Shared vision

No	Statement
89	Commitment from professionals
90	Compromising when needed
91	Supporting each other's CPD
92	Clear definition of professional responsibilities
93	Agreed processes that enable seamless delivery between teams and services
94	Empowering staff to work more effectively
95	The front line being empowered to find collective solutions to meet citizen needs, with freedom to innovate
96	Evidence based practice
97	Positive leadership
98	Strong leadership
99	Regular multi-professional meetings
100	Helping to maintain motivation, especially when things are hard
101	Outcomes for the MP team
102	A happy workforce having a positive impact on patient outcomes
103	Measuring provider and commissioner views
104	Supporting reflective practice
105	Preventing staff from becoming disillusioned
106	Staff retention
107	Staff satisfaction
108	Support and care provided by the appropriate person or skillset
109	Playing to our strengths and scopes of practice
110	Support for you as a professional
111	Supportive team climate
112	A sense of team ownership
113	Having the right people in the team
114	Increased understanding of the value of different roles
115	Understanding each other's statutory responsibilities
116	Valuing everyone's voice and contribution
117	Reduction of variation experienced by staff
118	Offering a voice to members of the team who maybe aren't always recognised
119	Staff wellbeing
120	The right person, providing the right support, at the right time
121	Staff from all parts of the sector working together as one team
122	Team members being able to act for others to a certain level
123	One person enabling/delivering multiple interventions

APPENDIX 2: ALL STATEMENTS GROUPED BY CLUSTER

Trust, respect and relationship building	
No.	**Statement**
1	Breaking down barriers between traditional boundaries
5	Building relationships which act as support
6	Trust and relationships between organisations
7	Respect for others
8	Working collaboratively with realistic aims and objectives to ensure the desired outcomes are delivered
9	A willingness to help each other out
52	Co-location of services
75	Individuals and organisations divesting themselves of power and control and genuinely embracing co-production
77	Blurred boundary competencies to reduce the need for multiple visits to one individual
79	Joint decision making which considers views from all professionals involved
82	Agreed and shared purpose/goal
83	Idea sharing
86	A way of sharing risks
87	Shared skills and approaches
88	Shared vision
89	Commitment from professionals
90	Compromising when needed
91	Supporting each other's CPD
95	The front line being empowered to find collective solutions to meet citizen needs, with freedom to innovate
99	Regular multi-professional meetings
100	Helping to maintain motivation, especially when things are hard
108	Support and care provided by the appropriate person or skillset
109	Playing to our strengths and scopes of practice
111	Supportive team climate
112	A sense of team ownership
113	Having the right people in the team
114	Increased understanding of the value of different roles
115	Understanding each other's statutory responsibilities
116	Valuing everyone's voice and contribution
118	Offering a voice to members of the team who maybe aren't always recognised
121	Staff from all parts of the sector working together as one team
122	Team members being able to act for others to a certain level
123	One person enabling/delivering multiple interventions
Workforce and staff wellbeing	
No.	**Statement**
2	Offering a supportive challenge
67	Use of peer review
72	Having a set of 'ground rules' i.e. confidentiality
84	Shared language
85	Opportunity for shared learning
92	Clear definition of professional responsibilities
94	Empowering staff to work more effectively

97	Positive leadership
98	Strong leadership
102	A happy workforce having a positive impact on patient outcomes
104	Supporting reflective practice
105	Preventing staff from becoming disillusioned
106	Staff retention
107	Staff satisfaction
110	Support for you as a professional
117	Reduction of variation experienced by staff
119	Staff wellbeing
Cross-sector	
No.	**Statement**
3	Working across parts of organisations and H&C systems
4	Allowing prudency of approach
10	Recognising the aims of the SSWB act across Wales
42	Well aligned human and financial resources to avoid duplication and deliver seamless responses
43	More efficient use of resources
45	Investment in social care having parity with NHS investment
46	Using shared IT systems
54	Communication strategies and structures to support the transfer of information and partnership working
57	Clear governance and communication framework
60	A network for safer and improved quality care
63	Clear care pathways linked to referral systems
64	A consistent and embedded QI approach
70	Efficient use of technology (i.e. virtual wards)
80	Evidence based services informed by shared information
93	Agreed processes that enable seamless delivery between teams and services
96	Evidence based practice
101	Outcomes for the MP team
Service and outcome data	
No.	**Statement**
13	Measuring service user perspective
20	Fewer crisis referrals
21	Data that demonstrates the benefits of working together for the individual
27	Performance measures relating to outcomes for citizens rather than units of activity
28	Improved PREM scores
30	Improved PROM scores
37	Impact on population health outcomes
39	Data that demonstrates the benefits of working together for the organisation
40	Value for money - preventing delays
44	Demonstratable value and impact from the organisational perspective
48	Value for money - improving outcomes
51	Outcomes being listened to and acted upon
55	Data that demonstrates the benefits of working together for the service
56	Purposeful data used to inform improvement and requirement of needs
58	Demonstratable value and impact from the service perspective

59	Meaningfully and efficiently delivering wide ranging KPI's that wouldn't be possible with silo'd working
62	Focussing on outcomes as a measure of evaluation so that we don't focus on one professions input
71	Value based healthcare approach
103	Measuring provider and comissioner views
Patient/person centred	
No.	**Statement**
11	Person receiving timely, coordinated, collaborative care
12	Person receiving care in a location and format that best meets their needs
14	Reducing conflicting advice or information to the person or family
15	One assessment for a person in need
16	One systems that supports people by putting them at the centre
17	Enabling people to have choice in their care
18	Better care and clarity for people and their families
19	A way to co-ordinate care for the person which reduces conditions
22	One key point of contact for a person being seen making engagement easier
23	Avoidance of escalation of need
24	Maximising peoples independence
25	More focus on early intervention
26	Enabling people to have involvement in their care
29	Stopping people going into hospital
31	Improved patient reach
32	Reduction of variation experienced by patients
33	Valuing the peoples voice
34	Allowing people to have what matters to them
35	Wanting to do right by the person
36	Supporting people to live well
38	Having a comprehensive multi-professional plan to meet population needs
41	Reduction of duplication
47	Meeting more need
49	Easy and direct access to services
50	Accessible support and care
53	Improving communication between the person and the MP team
61	Increasing options for selecting the right care or information
65	Delivery of safe, high quality, effective care
66	Development of a meaningful therapeutic relationship
68	Reduced risk of harm
69	A one door approach that supports the population and team
73	Reduction of assessed care needs
74	Co-ordinated service provision
76	Increased access to specialist services
78	Shared decision making with the person
81	Utilising shared knowledge of the person to improve the persons outcomes and experience
120	The right person, providing the right support, at the right time

APPENDIX 3: ALL STATEMENTS GROUPED ACCORDING TO IMPACT/IMPORTANCE GO-ZONE

No.	Statement	Avg. Importance	Avg. Impact
	BLUE ZONE (LEAST IMPORTANCE AND LEAST IMPACT)		
2	Offering a supportive challenge	3.875	3.4324
4	Allowing prudency of approach	4.275	3.7568
10	Recognising the aims of the SSWB act across Wales	3.825	3.0811
15	One assessment for a person in need	3.825	3.7297
21	Data that demonstrates benefits of working together for the individual	4.225	3.8919
22	One key point of contact for a person being seen making engagement easier	4.025	3.7838
28	Improved PREM scores	4.3846	3.8286
30	Improved PROM scores	4.2564	3.8
31	Improved patient reach	4.3421	3.9714
38	Having a comprehensive multi-professional plan to meet population needs	4.3171	3.7568
39	Data that demonstrates benefits of working together for the organisation	4.2195	3.5946
44	Demonstratable value and impact from the organisational perspective	4.1795	3.5676
47	Meeting more need	4.075	3.9143
48	Value for money - improving outcomes	4.2927	3.9189
52	Co-location of services	3.6667	3.7297
55	Data that demonstrates benefits of working together for the service	4.3333	3.7838
58	Demonstratable value and impact from the service perspective	4.3171	3.8378
59	Meaningfully and efficiently delivering wide ranging KPIs that wouldn't be possible with silo'd working	3.9231	3.5405
61	Increasing options for selecting the right care or information	4.0256	3.7838
64	A consistent and embedded QI approach	4.2564	3.75
67	Use of peer review	3.8293	3.3514
71	Value based healthcare approach	4.3171	3.973
72	Having a set of 'ground rules' i.e. confidentiality	4.359	3.7778
73	Reduction of assessed care needs	3.7436	3.7027
76	Increased access to specialist services	4.122	3.7027
77	Blurred boundary competencies to reduce the need for multiple visits to one individual	3.9231	3.5278
83	Idea sharing	4.275	3.6216
84	Shared language	4.2927	3.8378
85	Opportunity for shared learning	4.1	3.5405
86	A way of sharing risks	4.1463	3.6667
87	Shared skills and approaches	4.0256	3.7027
90	Compromising when needed	3.8	3.3514
91	Supporting each other's CPD	3.625	3.1622
92	Clear definition of professional responsibilities	4.1053	3.5135
99	Regular multi-professional meetings	4.15	3.8649
101	Outcomes for the MP team	4.1389	3.6571

103	Measuring provider and commissioner views	3.8	3.4722
104	Supporting reflective practice	4.3171	3.4722
114	Increased understanding of the value of different roles	4.3077	3.7297
115	Understanding each other's statutory responsibilities	4.1463	3.6389
117	Reduction of variation experienced by staff	3.8537	3.5135
122	Team members being able to act for others to a certain level	3.625	3.3784
123	One person enabling/delivering multiple interventions	3.5128	3.2973
	YELLOW ZONE (MOST IMPORTANCE AND LEAST IMPACT)		
3	Working across parts of organisations and H&C system	4.439	3.9189
5	Building relationships which act as support	4.5	3.7568
19	A way to co-ordinate care for the person which reduces conditions	4.4634	3.9459
27	Performance measures relating to outcomes for citizens rather than units of activity	4.575	3.9444
32	Reduction of variation experienced by patients	4.475	3.7222
57	Clear governance and communication framework	4.55	3.8611
60	A network for safer and improved quality care	4.439	3.8649
62	Focussing on outcomes as a measure of evaluation so that we don't focus on one professions input	4.4146	3.7297
63	Clear care pathways linked to referral systems	4.4359	3.9459
80	Evidence based services informed by shared information	4.4878	3.8378
109	Playing to our strengths and scopes of practice	4.5	3.8235
110	Support for you as a professional	4.675	3.7297
118	Offering a voice to members of the team who maybe aren't always recognised	4.439	3.7297
	ORANGE ZONE (LEAST IMPORTANCE AND MOST IMPACT)		
1	Breaking down barriers between traditional boundaries	4.2308	4
9	A willingness to help each other out	4.3902	4.0541
20	Fewer crisis referrals	4.1538	4.0811
23	Avoidance of escalation of need	4.2683	4.1389
29	Stopping people going into hospital	4.2308	4.2432
34	Allowing people to have what matters to them	4.3684	4
40	Value for money - preventing delays	4.225	4.0811
45	Investment in social care having parity with NHS investment	4.25	4
53	Improving communication between the person and the MP team	4.35	4.0286
69	A one door approach that supports the population and team	4.1795	4.0541
95	The front line being empowered to find collective solutions to meet citizen needs, with freedom to innovate	4.375	4.027
	GREEN ZONE (MOST IMPORTANCE AND MOST IMPACT)		
6	Trust and relationships between organisations	4.575	4.2973
7	Respect for others	4.8537	4.3333
8	Working collaboratively with realistic aims and objectives to ensure the desired outcomes are delivered	4.7179	4
11	Person receiving timely, coordinated, collaborative care	4.875	4.5676
12	Person receiving care in a location and format that best meets their needs	4.7	4.2973
13	Measuring service user perspective	4.6923	4.2162
14	Reducing conflicting advice or information to the person or family	4.641	4.0556
16	One system that supports people by putting them at the centre	4.6829	4.3784

17	Enabling people to have choice in their care	4.7	4.1389
18	Better care and clarity for people and their families	4.7	4.3514
24	Maximising peoples independence	4.8205	4.5135
25	More focus on early intervention	4.6829	4.2162
26	Enabling people to have involvement in their care	4.85	4.3784
33	Valuing the peoples voice	4.85	4.3056
35	Wanting to do right by the person	4.725	4.1389
36	Supporting people to live well	4.8537	4.3514
37	Impact on population health outcomes	4.6154	4.027
41	Reduction of duplication	4.5897	4.1111
42	Well aligned human and financial resources to avoid duplication and deliver seamless responses.	4.4878	4.0811
43	More efficient use of resources	4.55	4.0278
46	Using shared IT systems	4.4878	4.4595
49	Easy and direct access to services	4.575	4.25
50	Accessible support and care	4.6829	4.2703
51	Outcomes being listened to and acted upon	4.5128	4.1081
54	Communication strategies and structures to support the transfer of information and partnership working	4.5	4.1081
56	Purposeful data used to inform improvement and requirement of needs	4.5128	4.1622
65	Delivery of safe, high quality, effective care	4.95	4.6857
66	Development of a meaningful therapeutic relationship	4.5641	4.1081
68	Reduced risk of harm	4.775	4.4324
70	Efficient use of technology (i.e. virtual wards)	4.4634	4.1389
74	Co-ordinated service provision	4.65	4.3243
75	Individuals and organisations divesting themselves of power and control and genuinely embracing co-production	4.4615	4.1667
78	Shared decision making with the person	4.7949	4.2703
79	Joint decision making which considers views from all professionals involved	4.45	4.1351
81	Utilising shared knowledge of the person to improve the persons outcomes and experience	4.55	4.1892
82	Agreed and shared purpose/goal	4.5385	4.2432
88	Shared vision	4.8293	4.3056
89	Commitment from professionals	4.675	4.1714
93	Agreed processes that enable seamless delivery between teams and services	4.625	4.3611
94	Empowering staff to work more effectively	4.7073	4.1892
96	Evidence based practice	4.625	4
97	Positive leadership	4.7297	4.5
98	Strong leadership	4.675	4.4054
100	Helping to maintain motivation, especially when things are hard	4.439	4.1351
102	A happy workforce having a positive impact on patient outcomes	4.7317	4.3514
105	Preventing staff from becoming disillusioned	4.5897	4.1389
106	Staff retention	4.6341	4.4054
107	Staff satisfaction	4.7179	4.3784
108	Support and care provided by the appropriate person or skillset	4.561	4.1111
111	Supportive team climate	4.775	4.1892
112	A sense of team ownership	4.5854	4.0811

113	Having the right people in the team	4.6341	4.2162
116	Valuing everyone's voice and contribution	4.775	4
119	Staff wellbeing	4.8	4.5405
120	The right person, providing the right support, at the right time	4.775	4.4324
121	Staff from all parts of the sector working together as one team	4.575	4.027

APPENDIX 4: ALL STATEMENTS GROUPED ACCORDING TO IMPORTANCE/EASE OF COLLECTION

No.	Statement	Avg. Ease of collection	Avg. Importance
	BLUE ZONE (LEAST EASY TO COLLECT AND LEAST IMPORTANT)		
1	Breaking down barriers between traditional boundaries	2.2368	4.2308
2	Offering a supportive challenge	2.0278	3.875
4	Allowing prudency of approach	2.2895	4.275
9	A willingness to help each other out	2.5641	4.3902
10	Recognising the aims of the SSWB act across Wales	2.5641	3.825
21	Data that demonstrates benefits of working together for the individual	2.7179	4.225
23	Avoidance of escalation of need	2.4359	4.2683
31	Improved patient reach	2.7368	4.3421
39	Data that demonstrates benefits of working together for the organisation	2.5714	4.2195
40	Value for money - preventing delays	2.5263	4.225
47	Meeting more need	2.7179	4.075
48	Value for money - improving outcomes	2.5641	4.2927
53	Improving communication between the person and the MP team	2.6053	4.35
55	Data that demonstrates benefits of working together for the service	2.6053	4.3333
59	Meaningfully and efficiently delivering wide ranging KPIs that wouldn't be possible with silo'd working	2.55	3.9231
61	Increasing options for selecting the right care or information	2.6757	4.0256
64	A consistent and embedded QI approach	2.7368	4.2564
77	Blurred boundary competencies to reduce the need for multiple visits to one individual	2.5405	3.9231
83	Idea sharing	2.6585	4.275
84	Shared language	2.6757	4.2927
86	A way of sharing risks	2.6579	4.1463
87	Shared skills and approaches	2.6842	4.0256
90	Compromising when needed	1.9231	3.8
91	Supporting each other's CPD	2.7436	3.625
95	The front line being empowered to find collective solutions to meet citizen needs, with freedom to innovate	2.2432	4.375
117	Reduction of variation experienced by staff	2.4054	3.8537
122	Team members being able to act for others to a certain level	2.5526	3.625
123	One person enabling/delivering multiple interventions	2.7368	3.5128
	YELLOW ZONE (MOST EASY TO COLLECT AND LEAST IMPORTANT)		
15	One assessment for a person in need	3.0789	3.825
20	Fewer crisis referrals	3.3684	4.1538
22	One key point of contact for a person being seen making engagement easier	3.1053	4.025
28	Improved PREM scores	3.4737	4.3846
29	Stopping people going into hospital	3.0263	4.2308
30	Improved PROM scores	3.5	4.2564

34	Allowing people to have what matters to them	2.7838	4.3684
38	Having a comprehensive multi-professional plan to meet population needs	2.8421	4.3171
44	Demonstratable value and impact from the organisational perspective	2.7692	4.1795
45	Investment in social care having parity with NHS investment	2.7692	4.25
52	Co-location of services	3.625	3.6667
58	Demonstratable value and impact from the service perspective	2.8205	4.3171
67	Use of peer review	3.2632	3.8293
69	A one door approach that supports the population and team	2.8205	4.1795
71	Value based healthcare approach	2.8462	4.3171
72	Having a set of 'ground rules' i.e. confidentiality	3.4359	4.359
73	Reduction of assessed care needs	2.9189	3.7436
76	Increased access to specialist services	2.75	4.122
85	Opportunity for shared learning	2.9211	4.1
92	Clear definition of professional responsibilities	3.1579	4.1053
99	Regular multi-professional meetings	3.8421	4.15
101	Outcomes for the MP team	2.8889	4.1389
103	Measuring provider and commissioner views	3.0789	3.8
104	Supporting reflective practice	3	4.3171
114	Increased understanding of the value of different roles	2.7895	4.3077
115	Understanding each other's statutory responsibilities	3.0513	4.1463
	ORANGE ZONE (LEAST EASY TO COLLECT AND MOST IMPORTANT)		
3	Working across parts of organisations and H&C system	2.561	4.439
5	Building relationships which act as support	2.1282	4.5
6	Trust and relationships between organisations	2.5	4.575
7	Respect for others	2.425	4.8537
8	Working collaboratively with realistic aims and objectives to ensure the desired outcomes are delivered	2.5789	4.7179
14	Reducing conflicting advice or information to the person or family	2.325	4.641
16	One system that supports people by putting them at the centre	2.3947	4.6829
18	Better care and clarity for people and their families	2.6316	4.7
19	A way to co-ordinate care for the person which reduces conditions	2.2703	4.4634
24	Maximising peoples independence	2.6842	4.8205
27	Performance measures relating to outcomes for citizens rather than units of activity	2.7105	4.575
32	Reduction of variation experienced by patients	2.4211	4.475
35	Wanting to do right by the person	2.1389	4.725
37	Impact on population health outcomes	2.7105	4.6154
41	Reduction of duplication	2.6579	4.5897
42	Well aligned human and financial resources to avoid duplication and deliver seamless responses.	2.4474	4.4878
43	More efficient use of resources	2.4	4.55
50	Accessible support and care	2.7105	4.6829
51	Outcomes being listened to and acted upon	2.5946	4.5128
54	Communication strategies and structures to support the transfer of information and partnership working	2.4359	4.5

56	Purposeful data used to inform improvement and requirement of needs	2.6757	4.5128
66	Development of a meaningful therapeutic relationship	2.3684	4.5641
75	Individuals and organisations divesting themselves of power and control and genuinely embracing co-production	1.9211	4.4615
79	Joint decision making which considers views from all professionals involved	2.5	4.45
80	Evidence based services informed by shared information	2.5526	4.4878
81	Utilising shared knowledge of the person to improve the persons outcomes and experience	2.4595	4.55
89	Commitment from professionals	2.5385	4.675
93	Agreed processes that enable seamless delivery between teams and services	2.7368	4.625
94	Empowering staff to work more effectively	2.4737	4.7073
97	Positive leadership	2.5676	4.7297
98	Strong leadership	2.425	4.675
100	Helping to maintain motivation, especially when things are hard	2.1282	4.439
105	Preventing staff from becoming disillusioned	2.359	4.5897
109	Playing to our strengths and scopes of practice	2.5128	4.5
111	Supportive team climate	2.6842	4.775
112	A sense of team ownership	2.5526	4.5854
116	Valuing everyone's voice and contribution	2.475	4.775
118	Offering a voice to members of the team who maybe aren't always recognised	2.3077	4.439
120	The right person, providing the right support, at the right time	2.5405	4.775
121	Staff from all parts of the sector working together as one team	2.7105	4.575
	GREEN ZONE (MOST EASY TO COLLECT AND MOST IMPORTANT)		
11	Person receiving timely, coordinated, collaborative care	2.7838	4.875
12	Person receiving care in a location and format that best meets their needs	3.0526	4.7
13	Measuring service user perspective	3.4474	4.6923
17	Enabling people to have choice in their care	2.8611	4.7
25	More focus on early intervention	2.8205	4.6829
26	Enabling people to have involvement in their care	2.9189	4.85
33	Valuing the peoples voice	2.8421	4.85
36	Supporting people to live well	2.75	4.8537
46	Using shared IT systems	3.7027	4.4878
49	Easy and direct access to services	2.7949	4.575
57	Clear governance and communication framework	3.2	4.55
60	A network for safer and improved quality care	2.8611	4.439
62	Focussing on outcomes as a measure of evaluation so that we don't focus on one professions input	2.9231	4.4146
63	Clear care pathways linked to referral systems	3.1579	4.4359
65	Delivery of safe, high quality, effective care	2.8108	4.95
68	Reduced risk of harm	2.7895	4.775
70	Efficient use of technology (i.e. virtual wards)	3.1316	4.4634
74	Co-ordinated service provision	2.7895	4.65
78	Shared decision making with the person	2.7949	4.7949
82	Agreed and shared purpose/goal	3.15	4.5385
88	Shared vision	2.9211	4.8293

96	Evidence based practice	3.1579	4.625
102	A happy workforce having a positive impact on patient outcomes	2.8205	4.7317
106	Staff retention	3.875	4.6341
107	Staff satisfaction	3.7179	4.7179
108	Support and care provided by the appropriate person or skillset	2.7632	4.561
110	Support for you as a professional	2.9744	4.675
113	Having the right people in the team	2.9	4.6341
119	Staff wellbeing	3.359	4.8

APPENDIX 5: ALL STATEMENTS GROUPED ACCORDING TO IMPACT/EASE OF COLLECTION

No.	Statement	Avg. Ease of collection	Avg. Impact
	BLUE ZONE (LEAST IMPACT AND LEAST EASY TO COLLECT)		
2	Offering a supportive challenge	2.0278	3.4324
3	Working across parts of organisations and H&C system	2.561	3.9189
4	Allowing prudency of approach	2.2895	3.7568
5	Building relationships which act as support	2.1282	3.7568
10	Recognising the aims of the SSWB act across Wales	2.5641	3.0811
19	A way to co-ordinate care for the person which reduces conditions	2.2703	3.9459
21	Data that demonstrates benefits of working together for the individual	2.7179	3.8919
27	Performance measures relating to outcomes for citizens rather than units of activity	2.7105	3.9444
31	Improved patient reach	2.7368	3.9714
32	Reduction of variation experienced by patients	2.4211	3.7222
39	Data that demonstrates benefits of working together for the organisation	2.5714	3.5946
47	Meeting more need	2.7179	3.9143
48	Value for money - improving outcomes	2.5641	3.9189
55	Data that demonstrates benefits of working together for the service	2.6053	3.7838
59	Meaningfully and efficiently delivering wide ranging KPIs that wouldn't be possible with silo'd working	2.55	3.5405
61	Increasing options for selecting the right care or information	2.6757	3.7838
64	A consistent and embedded QI approach	2.7368	3.75
77	Blurred boundary competencies to reduce the need for multiple visits to one individual	2.5405	3.5278
80	Evidence based services informed by shared information	2.5526	3.8378
83	Idea sharing	2.6585	3.6216
84	Shared language	2.6757	3.8378
86	A way of sharing risks	2.6579	3.6667
87	Shared skills and approaches	2.6842	3.7027
90	Compromising when needed	1.9231	3.3514
91	Supporting each other's CPD	2.7436	3.1622
109	Playing to our strengths and scopes of practice	2.5128	3.8235
117	Reduction of variation experienced by staff	2.4054	3.5135
118	Offering a voice to members of the team who maybe aren't always recognised	2.3077	3.7297
122	Team members being able to act for others to a certain level	2.5526	3.3784
123	One person enabling/delivering multiple interventions	2.7368	3.2973
	YELLOW ZONE (LEAST IMPACT AND MOST EASY TO COLLECT)		
15	One assessment for a person in need	3.0789	3.7297
22	One key point of contact for a person being seen making engagement easier	3.1053	3.7838
28	Improved PREM scores	3.4737	3.8286
30	Improved PROM scores	3.5	3.8

38	Having a comprehensive multi-professional plan to meet population needs	2.8421	3.7568
44	Demonstratable value and impact from the organisational perspective	2.7692	3.5676
52	Co-location of services	3.625	3.7297
57	Clear governance and communication framework	3.2	3.8611
58	Demonstratable value and impact from the service perspective	2.8205	3.8378
60	A network for safer and improved quality care	2.8611	3.8649
62	Focussing on outcomes as a measure of evaluation so that we don't focus on one professions input	2.9231	3.7297
63	Clear care pathways linked to referral systems	3.1579	3.9459
67	Use of peer review	3.2632	3.3514
71	Value based healthcare approach	2.8462	3.973
72	Having a set of 'ground rules' i.e. confidentiality	3.4359	3.7778
73	Reduction of assessed care needs	2.9189	3.7027
76	Increased access to specialist services	2.75	3.7027
85	Opportunity for shared learning	2.9211	3.5405
92	Clear definition of professional responsibilities	3.1579	3.5135
99	Regular multi-professional meetings	3.8421	3.8649
101	Outcomes for the MP team	2.8889	3.6571
103	Measuring provider and commissioner views	3.0789	3.4722
104	Supporting reflective practice	3	3.4722
110	Support for you as a professional	2.9744	3.7297
114	Increased understanding of the value of different roles	2.7895	3.7297
115	Understanding each other's statutory responsibilities	3.0513	3.6389
	ORANGE ZONE (MOST IMPACT AND LEAST EASY TO COLLECT)		
1	Breaking down barriers between traditional boundaries	2.2368	4
6	Trust and relationships between organisations	2.5	4.2973
7	Respect for others	2.425	4.3333
8	Working collaboratively with realistic aims and objectives to ensure the desired outcomes are delivered	2.5789	4
9	A willingness to help each other out	2.5641	4.0541
14	Reducing conflicting advice or information to the person or family	2.325	4.0556
16	One system that supports people by putting them at the centre	2.3947	4.3784
18	Better care and clarity for people and their families	2.6316	4.3514
23	Avoidance of escalation of need	2.4359	4.1389
24	Maximising peoples independence	2.6842	4.5135
35	Wanting to do right by the person	2.1389	4.1389
37	Impact on population health outcomes	2.7105	4.027
40	Value for money - preventing delays	2.5263	4.0811
41	Reduction of duplication	2.6579	4.1111
42	Well aligned human and financial resources to avoid duplication and deliver seamless responses.	2.4474	4.0811
43	More efficient use of resources	2.4	4.0278
50	Accessible support and care	2.7105	4.2703
51	Outcomes being listened to and acted upon	2.5946	4.1081
53	Improving communication between the person and the MP team	2.6053	4.0286
54	Communication strategies and structures to support the transfer of information and partnership working	2.4359	4.1081

56	Purposeful data used to inform improvement and requirement of needs	2.6757	4.1622
66	Development of a meaningful therapeutic relationship	2.3684	4.1081
75	Individuals and organisations divesting themselves of power and control and genuinely embracing co-production	1.9211	4.1667
79	Joint decision making which considers views from all professionals involved	2.5	4.1351
81	Utilising shared knowledge of the person to improve the persons outcomes and experience	2.4595	4.1892
89	Commitment from professionals	2.5385	4.1714
93	Agreed processes that enable seamless delivery between teams and services	2.7368	4.3611
94	Empowering staff to work more effectively	2.4737	4.1892
95	The front line being empowered to find collective solutions to meet citizen needs, with freedom to innovate	2.2432	4.027
97	Positive leadership	2.5676	4.5
98	Strong leadership	2.425	4.4054
100	Helping to maintain motivation, especially when things are hard	2.1282	4.1351
105	Preventing staff from becoming disillusioned	2.359	4.1389
111	Supportive team climate	2.6842	4.1892
112	A sense of team ownership	2.5526	4.0811
116	Valuing everyone's voice and contribution	2.475	4
120	The right person, providing the right support, at the right time	2.5405	4.4324
121	Staff from all parts of the sector working together as one team	2.7105	4.027
	GREEN ZONE (MOST IMPACT AND MOST EASY TO COLLECT)		
11	Person receiving timely, coordinated, collaborative care	2.7838	4.5676
12	Person receiving care in a location and format that best meets their needs	3.0526	4.2973
13	Measuring service user perspective	3.4474	4.2162
17	Enabling people to have choice in their care	2.8611	4.1389
20	Fewer crisis referrals	3.3684	4.0811
25	More focus on early intervention	2.8205	4.2162
26	Enabling people to have involvement in their care	2.9189	4.3784
29	Stopping people going into hospital	3.0263	4.2432
33	Valuing the peoples voice	2.8421	4.3056
34	Allowing people to have what matters to them	2.7838	4
36	Supporting people to live well	2.75	4.3514
45	Investment in social care having parity with NHS investment	2.7692	4
46	Using shared IT systems	3.7027	4.4595
49	Easy and direct access to services	2.7949	4.25
65	Delivery of safe, high quality, effective care	2.8108	4.6857
68	Reduced risk of harm	2.7895	4.4324
69	A one door approach that supports the population and team	2.8205	4.0541
70	Efficient use of technology (i.e. virtual wards)	3.1316	4.1389
74	Co-ordinated service provision	2.7895	4.3243
78	Shared decision making with the person	2.7949	4.2703
82	Agreed and shared purpose/goal	3.15	4.2432
88	Shared vision	2.9211	4.3056
96	Evidence based practice	3.1579	4
102	A happy workforce having a positive impact on patient outcomes	2.8205	4.3514

106	Staff retention	3.875	4.4054
107	Staff satisfaction	3.7179	4.3784
108	Support and care provided by the appropriate person or skillset	2.7632	4.1111
113	Having the right people in the team	2.9	4.2162
119	Staff wellbeing	3.359	4.5405

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