During this module, we will consider three areas:

First of all, what is Knowledge Management? – we’ll consider its definition, its background, the leading players and their characteristics, and the relevance of knowledge management to the NHS today

Secondly we’ll introduce a Framework for Knowledge Management for the NHS

And then thirdly we’ll consider the practical applications for Knowledge Management in the NHS today at this time of transition.

So let’s consider firstly, what is ‘knowledge’ and then what is ‘knowledge management’. From a theoretical Knowledge Management Point of View, ‘knowledge’ is complex. It combines two types of knowledge. First of all written or ‘explicit’ knowledge and secondly unwritten or ‘tacit’ knowledge.

In an academic sense, explicit knowledge, based on research, is written down in scholarly papers, journal articles, books or encyclopaedias. In a business or organisational context, explicit knowledge is expressed in formal outputs such as guidance, tools, policies and reports of all kinds. These days, written knowledge is captured in online repositories, perhaps on shared drives, databases or SharePoint sites.

Unwritten or tacit knowledge on the other hand, refers to an individual’s experience, skills, insights or memories. Organisationally, tacit knowledge is expressed in the routines, norms and procedures that are unique to that organisation.
Taken together, our access and understanding of, explicit and tacit knowledge provides ‘a framework’ that enables us to assess or translate new experiences and new information.

Knowledge Management – or KM - then, is a strategy to enable people to access both the explicit and tacit knowledge they need – at the time they need it – to enable them, on the one hand, to perform their job roles more efficiently and more effectively, and on the other, to improve organisational performance.

The practice of KM is a relatively new one: it only emerged explicitly in academic articles in the early 1990s, initially by reference to Japanese business practice which placed a high value on subject expertise, valuing long term employees and the importance of an organisation’s future business leaders serving a long apprenticeship to allow them the time to soak up the experience, knowledge and insight of their organisation’s leading people.

So from its outset, KM has placed a high value on subjective insight, intuition, interpretation and thought leadership.

The concept gained traction in the business world in the mid 1990s – at least in some organisations and industries - in response to a number of workplace trends at that time. These included:

For the first time, the large scale deployment of enterprise wide IT systems as IT was positioned as an enabler of workforce efficiency
And an increasing demand for a high level of interpretive skills to analyse the new data that IT systems were now generating
There was also a re-evaluation of the value employees bring to an organisation, in an acknowledgement of, and a backlash against, the corporate memory loss that occurred in the substantial ‘organisational de-layering’ of late 1980s
A thought for us in the NHS is to consider the parallel trends with respect to our own environment today – i.e. the large scale deployment of enterprise wide IT, a requirement to be increasingly sophisticated in data analysis and interpretation, and recognition of the risk of corporate memory loss.

Background and Context

What is Knowledge Management - Origins

- Knowledge Management first defined in early 1990s by reference to Japanese Management practice
- Emphasis on subjective insights, intuitions and hunches over processing objective information
- Since mid 1990s, taken hold in the business world:
  - In response to emerging trends
  - Typically in very large organisations, often associated with consultancy and IT, or large industrials

So, through the mid to late 1990s and into the current decade, a number of organisations and industries picked up and developed the KM concept. Typically, KM is associated today with large scale organisations that, characteristically, are adept at deploying and utilising sophisticated, large scale IT systems.

So the current leading practitioners of KM are captured on the right hand side of this slide. They are regarded as such because they display the characteristics on the left hand side. They have:

- A corporate, knowledge – driven culture backed and sponsored by their senior leaders
- They place a high value on maximizing intellectual capital
- They explicitly create a culture that supports pan organisational collaboration and knowledge sharing
- And, they place a high value on organisational learning and supporting their employees to develop and act innovatively

If you look back at the list of the Most Admired Knowledge Enterprise organisations on the right, you will notice:
They largely consists of US or Japanese multi-nationals, with European organisations lagging somewhat
It consists of mostly large or very large multi-national organisations
There are no public sector, much less healthcare organisations, on this list, and indeed you have to go down into the 30s before you find the first ‘not-for-profit’ organisation

So: the barriers to entry for the effective practice of KM appear to be very high, especially for public sector organisations. So, not withstanding that the trends that saw the emergence of KM mirror the position of the NHS today, how relevant is KM to the NHS?
Firstly, the practice of KM does exist in the NHS. Locally, there are pockets of good practice, and where it does exist, it is typically associated – though not exclusively – with an organisation’s library services. However, the practice of KM is largely uncoordinated, and consequently it is inconsistent in the NHS.

In the last 2 years, the concept of a ‘chief knowledge officer’ has emerged in the NHS, though it has yet to fully bed in, and in the current environment of transition and fiscal restraint, CKOs face significant challenges in raising KM up the corporate agenda.

We can hear now from the current CKO of the NHS, Sir Muir Gray. Follow the instructions on your screen to play a video of Sir Muir Gray:

**PLAY VIDEO**

So, Sir Muir makes clear that the practice of KM is highly relevant to the NHS. He describes the NHS as a knowledge industry. He says there is an obligation on everyone in the NHS to share what they know. And if we can get this right, the practice of sharing knowledge will have a major impact on improving patient care.

So how can you go about practicing Knowledge Management in the NHS?
The Knowledge Management Framework

Here, we will present a framework for Knowledge Management in the NHS, represented by the diagram in this slide. The framework draws together a number of related Knowledge Management themes that provide a consistent and coherent backdrop for us to describe Knowledge Management activities. Let’s look at the framework in more detail.

The framework comprises 2 components. The first is a concept described as, “learning before, learning during and learning after”. It is intended to apply to both small to large activities, from individual work activities through to major projects, programmes and services. The concept describes that:

At the beginning of a work activity, and accepting that individuals and teams bring a body of knowledge to a task, ‘learning before is about considering what you know, what you don’t know and identifying strategies to plug knowledge gaps to get a piece of work off to the best possible start. Bearing in mind our definition of knowledge, plugging knowledge gaps might mean searching for written or explicit knowledge such as tools and guidance; or, it could mean identifying and discussing with experts their insights and experiences or their tacit knowledge.

‘Learning after’ on the other hand is concerned with taking a pause to reflect on a work activity, and to capture, build - and ultimately share – a knowledge base of a work area with those that would have an interest in it. That knowledge might be shared with immediate peers in different departments or organisations, or with successors.

‘Learning during’ balances both Learning Before and Learning After activities: it is concerned with both new knowledge requirements as they emerge and packaging insight/experience to provide the foundation for the work that follows.

The Learning Before, During and After (LBDA) model is circular: each phase feeds the other. ‘Learning before’ supports ‘learning during’, ‘learning during’ supports
‘learning after’, and ‘learning after’ supports subsequent cycles of LBDA as knowledge is packaged and shared for wide access.

The second component of the framework is the 3 groups of Knowledge Management activities. They are: Firstly, facilitated learning: which are a series of structured discussion techniques in which, in a Learning Before phase:

a team can ask itself
what do we know;
what don’t we know;
and how can we plug our knowledge gaps
....through to, in a Learning After phase, as a piece of work completes:
what did we set out to achieve;
what did we actually achieve;
What successes were there, and how did we achieve those?
What challenges or barriers did we face and how did we overcome those or what would we do differently next time?
And – crucially – what recommendations would we make to others who will follow us.
Secondly there is collaboration – which enables knowledge to flow between peers and across organisational and geographic barriers, either virtually through an on-line collaboration platform or through face-to-face encounters.
And finally there are Knowledge Assets which are the mechanisms we use to draw together both the explicit and tacit knowledge around a particular subject or theme.

So when we put the framework back together, the nature and stage of a piece of work will determine the appropriate KM ‘prescription’. For example:
– if you’re in the middle of a project, and you are keen to use a Facilitated Learning technique to pause and reflect on your team’s learning so far, then you would utilise the After Action Review technique.

However, if you are completing a piece of work, then we would advocate, drawing from the activities in the Learning After phase, so you should consider:
Firstly conducting a team ‘retrospect’ to assess achievements, successes, challenges, and recommendations
You could build a knowledge asset, drawing together the
work’s formal outputs and supplementing that with the outcomes of the retrospect discussion and the insights of the team’s key personnel.
And from a collaboration PoV, you could look for opportunities to share that output with others who would have an interest in it.

So this model provides the NHS with a consistent backdrop to plan, co-ordinate and implement KM activities.
You can learn more about the detail of the techniques we have referenced so far in the Framework by accessing the other modules in this KM learning resource.

Let’s move on to consider how KM might be practically applied in the NHS at this time?

We saw earlier that the practice of Knowledge Management emerged, at least in part, as a response to the parallel trends of implementing enterprise wide IT systems and as means to preserve corporate memory and we suggested that the current situation of the NHS today bears resemblance to those trends.
At the current time, the NHS faces a substantial period of transition. From a knowledge point of view, that creates a number of challenges. We have a number of examples here:
We have a senior clinical programme lead who’s concerned about knowledge loss as key people in their programme leave;
We have a Chief Knowledge Officer who’s concerned to enable knowledge transfer workshops to support the development of GP commissioning consortia;
And we have an Innovation Director and a Library Services Manager who are both being asked by their organisations to develop knowledge retention strategies.
Key concerns are...

- How can current NHS organisations mitigate against corporate memory loss as they work towards closure?
- How will successor organisations acquire knowledge from their predecessors?

Aggregating these and other concerns together, there are two key challenges at the current time from a knowledge PoV:

How can the current NHS organisations preserve their corporate memory and create a knowledge legacy for the benefit of their successors
And, how can successor organisations acquire the legacy left to them by their predecessors.

Let’s return to the Knowledge Management Framework and consider how it can be applied to address the first question: how to preserve corporate memory and create a knowledge legacy for successors.

So: in terms of our KM model, organisations – at the macro level – are in a ‘learning after’ phase. Their goal, therefore, is to capture, package and share their knowledge. So – it is the 3rd column of the Knowledge Management Framework that informs how organisations can set about creating a knowledge legacy.

Specifically, the Learning After response means activities targeted around building knowledge assets: the process of capturing the explicit and tacit knowledge of individuals and teams and packaging it together.

Knowledge Assets are the building blocks of a knowledge legacy. The asset can be captured and shared, maybe via a website, a SharePoint site or a shared drive; anywhere where it can be accessed by the maximum amount of people who could benefit from the knowledge.

A typical basic knowledge asset is made up of key lessons learned, case studies, exemplar or example documents and links to relevant sites, guidance and contacts as well as links to any relevant collaboration communities or groups.

A basic knowledge asset largely comprises explicit knowledge. There are two supplementary activities however, that are specifically aimed at capturing the ‘tacit knowledge’ that can add considerable value to the content of a knowledge asset.
Firstly, a technique designed to capture the knowledge of individuals called knowledge harvesting: The first step with knowledge harvesting is to prioritise whose knowledge you should capture. The emphasis should be on knowledge that’s either difficult to replace or critical to the business. So then, there’s different options depending on how much time there is available on the part of the person leaving, and also how much facilitation resource that’s available. A full knowledge harvest interview uses quite a lot of facilitator time to organise and package the knowledge but is just a 4 hour interview commitment for the leaver, so it’s really useful tool when a harvestee’s time is short. If the time needed for a full knowledge harvest interview isn’t available, or isn’t warranted we have at the other end of the scale a self harvest check list. So this is a checklist that prompts the leaver to record particular types of knowledge and prompts them to have the useful conversations where tacit knowledge can be passed on. In between the two extremes, and particularly useful where time really is short, are direct transfers of knowledge via a ‘round table’ or ‘audience with’. These are similar to what you might have seen on the television, where you have the audience in the room, and you have a facilitator who hosts the session ensuring that the required topics are covered, helping to tease out specific recommendations for the future in addition to the stories from the past.

The second technique is targeted at teams and is called Retrospects. Many people who work in projects will be familiar with the concept of a post project review or collation of lessons into a document at the end of a project. It seems though that the vast majority of people’s experience has been that this learning tends to be more a statement of history than a useful set of recommendations for the future and is more often than not, filed away somewhere in a report and almost never seen again... so maybe it ticks a box but little more. Retrospective reviews are different: they are designed to recognise that a lesson isn’t actually learned until it is made available to be shared and is accessed and actually used to influence a different piece of work. Retrospects are facilitated sessions that come at the end of a project or piece of work where a team come together to capture and record their learning from their experiences and to express the learning as recommendations for the future with a view to share
these recommendations with others. The facilitator helps the team to consider first, what’s gone well and then what could have gone better during the piece of work and to analyse each of these lessons to formulate it into a recommendation on the subject. This set of recommendations form a key input to a knowledge asset. So the retrospect output is a series of recommendations that can provide considerable value to the content of a knowledge asset.

So to summarise, these are the tools and techniques that can help an organisation to learn after; to create a knowledge legacy; to collect and analyse their knowledge and experience and to make this available so it can be shared with the people and organisations who will be undertaking this work in the future.

The other modules in this learning set will provide you with more detail of these techniques.

From a knowledge PoV then, the activities relevant to successor organisations are:

Accessing the Knowledge Assets of their predecessors. The assets can help inform their plans and their approach, making sure they know what has and hasn’t worked in the past. They can call up the contacts provided, join and interact with a relevant community of practice, see what recommendations have been made and hear some of these straight from the people who had the experience by watching video podcasts. They can use the links to guidance, links to useful sites and they can use exemplar or example documents to help them get started.
Secondly, they can conduct ‘Before Action Reviews’. These are similar to Retrospective reviews but come at the start of a project. They’re a facilitated session where a team first agrees what they’re setting out to achieve. Then they consider what previous learning is available that could help them achieve their goals in the most efficient and effective way. During the session they access any available knowledge assets, relevant communities of practice and any other sources of lessons learned that might be available. Given these resources and based on the knowledge available, they then consider what actions and approaches they should take to help them to achieve a successful project or piece of work.

The final technique in the learning before set is the Peer Assist. This is where a team who’s new to a piece of work gets together in a facilitated session with a team who has previously or is currently doing some similar work so that they can benefit from the other team’s experience.

The learning team present the questions and issues that they’re facing and outline what they would like to get from the session. Then the experienced team may ask questions, for clarification and discuss different scenarios and then they make suggestions based upon their previous experience.

The facilitator helps the teams to analyse the learning and fit it to the local context, aiming by the end of the session to agree a plan of action that is based around the real experiences and learning of the visiting team, whilst being fitted to the local requirements of the new project or piece of work.

So to summarise, these are the tools and techniques that can help an organisation or team to get started quickly and efficiently on a project or piece of work by giving them access to the learning and experiences of others who’ve undertaken the same work or something similar in the past. So this means they can avoid the pitfalls that have befallen others and they can benefit from the successes of others too.

The approach outlined here is designed to be adopted with regard to the local context and circumstance and can add value if implemented either in its entirety or in part, according to local circumstances. Organisations can thus adopt those areas that are most relevant and accessible to them.

The other modules in this learning set will provide you with more detail of these techniques.
Summary

1. What is Knowledge Management?
2. An NHS Framework for Knowledge Management
3. A practical application of Knowledge Management

Materials

- Knowledge Management Framework Postcard
- Knowledge Management Technique Postcards
- DHID Knowledge Management Framework Toolkit
- eSpace Knowledge Management Community

Any Questions?
Please email us at CFH.dl-knowledgemanagement@nhs.net

So in summary, in this opening module of the Knowledge Management eLearning set, we’ve looked at:

Firstly, what is Knowledge Management?

Secondly we’ve introduced a framework for Knowledge Management that can help underpin a consistent and coherent approach to Knowledge Management

And lastly, we’ve considered two practical application for Knowledge Management in this time of transition.

There are some materials and links which can support your learning in this module and lead to further information. Please click on the links provided to access any of these.

A particularly useful resource is the Knowledge Management Framework postcard. This is a quick reference guide that provides easy to follow guidance of the framework. The full set of postcards provide more detailed instructions of the tools and techniques in the framework to help you to run successful Knowledge Management and learning activities.

Also I would encourage you to join the knowledge management online community using the link provided where you will find other people interested in learning and sharing, using knowledge management techniques.

And that concludes this learning resource. If you have any questions or would like further advice on any aspect of knowledge management, please use the email address provided to contact us.

Thank you.