

# Knowledge & Organisation Development in the NHS

Name:

Organisation:

|   | 1<br>Concept  | 2<br>Reaction   | 3<br>Action   | 4<br>Scale   | 5<br>Lifestyle  |
|---|---|---|---|--|---|
| <b>Taking a strategic approach</b>                        | Isolated people with a passion for knowledge management begin to talk and share how difficult it is to implement. | Most people say sharing know-how is important. People are using some tools to help with capture and sharing.  | Some job descriptions include knowledge capture, sharing and effective usage, linked to KSF core dimensions 2 & 4 <sup>1</sup> . There are isolated knowledge projects.                 | A strategy for knowledge sharing exists but is not linked to business results. A clear framework and set of tools for work related learning is widely communicated and understood. | The knowledge sharing strategy is embedded in the Trust's/SHAs business strategy. A framework and tools enable learning before, during and after. |
| <b>Leadership</b>   | Leaders are sceptical as to the benefits of knowledge sharing. Knowledge is "power".                              | Some leaders give people the time to share and learn, but there is little visible support.  | The organisation recognises that people should share and learn from each other, and that knowledge is everyone's responsibility. However in reality it is left to a small isolated few. | There is a clear signal from the top and leaders across the organisation set an example in sharing and learning from each other.   | The right attitudes exist to share and use others' know-how. All leaders reinforce the right behaviour and act as role models.                    |
| <b>Building a learning organisation</b>                   | People are conscious of the need to learn from what they do but rarely get the time.                              | People capture what they learn on an ad hoc basis but the learning is rarely accessed by others.  | Common processes are in place for the sharing and reapplying of knowledge.  | People are learning before, during & after activities. Peer to peer learning is common.  | Communities review and validate learning to improve and revise existing processes.  |
| <b>Networking</b>   | People work on individual objectives alone.   | People are networking and collaborating to complete specific tasks. But feel the need to defend the time<br>Ad hoc Networks/Communities of Practice (CoPs) are created. | CoPs are organised around practice areas. They have a clear document which defines purpose, ground rules and membership.  | Individuals regularly benefit by networking. Local available IT tools are utilised to locate and share knowledge. Linkages between networks exist.                                 | Networks and CoPs help deliver organisational goals and have become part of the culture.  |
| <b>Measuring the value</b>                                | People have faith that sharing knowledge is adding value but cannot demonstrate it.                               | Anecdotal stories demonstrate benefits. There are some indicators.  | Qualitative and quantitative indicators are devised, but are only referred to when evaluations are required.  | People design, measure and apply improvements continuously to add value.   | The effective use of knowledge is acknowledged across the organisation as central to service improvement and improving safer care.                |
| <b>Capturing and reapplying knowledge</b>                 | People are moved on to next work before they have time to learn lessons.  | People capture lessons and store them locally. They respond to "customers' " requests for knowledge.  | People capture content designed around the organisation's and "customers' " needs, but it is not always accessed.   | There is a process that "pushes" relevant knowledge and contacts to the right people.  | 'Just in time' knowledge is current and easily accessible throughout the organisation.  |
| <b>Innovation</b>   | Every ones free to do things their own way. People sometimes innovate when a good solution already exists.        | Innovation priorities decided by established company strategy. Good ideas get implemented.  | Experimentation leads to pilot projects. Priorities clearly linked to responsiveness to customer needs.   | Successful experimentation leads to wide rollout. New horizons identified & value quickly created from them.   | The organisation reviews and improves innovation processes. Innovation a core competence of most staff.   |
| <b>Implementing efficiencies in our working practices</b> | We prefer to do things the way we have always done them   | We recognise the need to change our working practices and are independently looking for efficiencies  | We are learning from each other about how to be more efficient.   | We understand the health needs and concerns of the local population/ patients and have processes in place to address them.   | Performance comes from continuous improvement of our working practices.   |

<sup>1</sup> NHS Knowledge and Skills Framework core dimension 2 Personal and People Development and 4 Service Improvement