

Utilising External Evidence and Organisational Knowledge – A Self-Assessment

Section 1: Leadership

* where want to be

Leadership	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
Use of externally generated evidence	No demonstrable use of external research evidence and best practice.	Makes best use of the knowledge they already have.	Relevant research evidence has been accessed and <u>evaluated.</u>	Decisions are underpinned by robust evidence which has been evaluated.
	1 2 3	4 5 6	7 8 9	10 11 12
Taking a strategic view of using external evidence and organisational knowledge	There is no strategic commitment to using external evidence or organisational knowledge.	There is some strategic commitment to optimising the use of evidence and organisational knowledge.	The expectation to apply evidence and knowledge is explicit and embedded within strategic documents.	There is a nominated <u>strategic lead</u> , committed resource and established effective processes.
	1 2 3	4 5 6	7 8 9	10 11 12
Leadership to support the use of external evidence and organisational knowledge	There is no visible leadership or support.	Some leaders ensure staff are encouraged and supported.	Some leaders set an example in accessing evidence, sharing and learning from each other.	There is strong leadership from the top at Board level, all leaders act as role models.
	1 2 3	4 5 6	7 8 9	10 11 12
Approach to innovation	There is no process in place to scan and consider innovation.	Teams consider innovations they are aware of.	Some teams seek, assess and adopt innovations. <u>Silos</u>	There is an established process to identify, review and adopt innovations.
	1 2 3	4 5 6	7 8 9	10 11 12
Approach to keeping up to date	Staff are focused on the internal agenda.	Staff make best use of news and updating services with which they are familiar.	Staff are proactive in requesting alerts on priority areas. <u>a few</u>	Proactive targeted alerts are routinely distributed to the right people at the right time.
	1 2 3	4 5 6	7 8 9	10 11 12
Demonstrating the impact	People are sceptical as to the benefits of knowledge sharing and reluctant to commit time.	Anecdotal stories demonstrate that sharing knowledge adds value.	Some readily acknowledge ways in which access to the evidence base and sharing knowledge add value. <u>Again silos</u>	Formal processes to gather and opportunities to showcase, the impact of knowledge sharing are in place.
	1 2 3	4 5 6	7 8 9	10 11 12

Fit with Streamlining work.

→ Likes to preserve a leadership programme - 10% at 5.2

Section 2: Culture and Capability

Culture and Capability	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
Building a learning organisation	Executives are sceptical about the benefits of utilising external evidence and sharing lessons learned.	Most colleagues recognise that learning from external evidence and sharing internal knowledge is important.	There are examples of projects to improve the capture and use of knowledge.	Common processes are in place. People are routinely using tools to share their learning.
	1 2 3	4 5 6	7 8 9	10 11 12
Using evidence from research - skills of healthcare workforce	Healthcare staff lack the skills and resources to find, use and evaluate research evidence and best practice.	Some teams access and apply digital and information skills training to equip staff to build the skills they need.	Most healthcare staff have appropriate digital and information skills and use evidence to inform decisions and proposals.	Confident and competent application of digital and health information skills is integral to the daily practice of staff.
	1 2 3	4 5 6	7 8 9	10 11 12
Using evidence from research - capacity	Individuals do not invest their time in utilising research evidence.	Some individuals and teams invest time in finding, using and evaluating research evidence and best practice.	In the majority of cases responsibility to find, use and evaluate research evidence is an explicit component of appropriate roles.	The organisation commits resource, factoring time into projects so that staff can fulfil their responsibility to use evidence to inform decisions.
	1 2 3	4 5 6	7 8 9	10 11 12
Productivity and efficiency	External evidence and organisational knowledge are not used to improve productivity and efficiency.	Individuals and some teams draw on evidence and prior learning to improve productivity and efficiency.	Some teams and decision making groups have established effective approaches to source best evidence.	Information and guidance is routinely made available to improve quality, productivity and realise efficiency savings.
	1 2 3	4 5 6	7 8 9	10 11 12

Medicine
Direct regular
bulletins +
CL service

Section 2: Culture and Capability *continued*

Monthly round up

Culture and Capability	1. Nothing in Place Yet			2. In Early Stages			3. Pockets of Good Practice			4. Business as Usual		
Using organisational knowledge - skills of healthcare workforce	Staff lack skills and resources to use organisational knowledge and the know-how of colleagues.			Some teams actively promote resources and training to equip staff to build the skills they need.			Staff are generally confident to identify and use shared resources (e.g. directories and protocols). Some teams actively articulate and share lessons.			The majority of teams routinely develop, share and use knowledge to meet business priorities, tapping into the body of organisational knowledge including the know-how of colleagues.		
	1	2	3	4	5	6	7	8	9	10	11	12
Using organisational knowledge - capacity	Individuals do not invest their time in reflecting on past experiences.			Some individuals and teams invest time and resource in identifying, sharing and making use of knowledge.			The organisation leads corporate initiatives to avoid re-inventing the wheel and avoid duplication of knowledge between departments.			The organisation is committed to optimising its knowledge assets and commits resource, so that staff can use knowledge effectively.		
	1	2	3	4	5	6	7	8	9	10	11	12
Cross-team working and networking	People work on individual objectives alone.			Individuals benefit from networking and discussion fora.			Communities of practice are organised around areas of common interest.			Communities of practice, supported by tailored web resources are established to help deliver priorities. Networks connect with each other.		
	1	2	3	4	5	6	7	8	9	10	11	12

** - really keen on this for team*

Section 3: Knowledge Resources

Knowledge Resources	1. Nothing in Place Yet			2. In Early Stages			3. Pockets of Good Practice			4. Business as Usual		
Access to guidance	Guidance from NICE, Royal Colleges and other national sources are neither regularly accessed nor reviewed.			Some guidance is generally reviewed and disseminated.			Relevant guidance is routinely reviewed for relevance to local practice.			Relevant guidance is routinely reviewed and implemented and applied in practice.		
	1	2	3	4	5	6	7	8	9	10	11	12
Knowledge services alignment to organisational priorities	Library and knowledge staff are not alert to organisational priorities.			The library and knowledge services team is aware of current priorities.			The knowledge and library services team understands business priorities and is refocusing provision to meet organisational priorities.			Library and knowledge services are fully aligned to organisational priorities.		
	1	2	3	4	5	6	7	8	9	10	11	12
Evidence from research – skills of library and knowledge services staff	Librarians are inexperienced in literature searching.			Librarians take opportunities to enhance their literature searching skills. Most are unfamiliar with synthesising and summarising research.			Librarians have advanced skills in literature searching. They are supported to gain skills and confidence in synthesising and summarising research.			Librarians confidently apply their skills in finding the evidence and synthesising and summarising research. <i>only when requested</i>		
	1	2	3	4	5	6	7	8	9	10	11	12
Evidence from research -capacity of knowledge services	Librarians and knowledge specialists carry out very few literature searches.			Librarians and knowledge specialists routinely conduct literature searches and are able to respond to some requests to collate and present research evidence.			The knowledge service has streamlined functions to free up time for literature searching, synthesising and summarising research. The service has made the case to build additional capacity. <i>* - need to build a case</i>			The organisation is committed to securing appropriate knowledge services, so that staff can use evidence effectively.		
	1	2	3	4	5	6	7	8	9	10	11	12

Section 3: Knowledge Resources *continued*

Knowledge Resources	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
Organisational knowledge - skills of library and knowledge services staff	Library and knowledge staff are unfamiliar with practical approaches to knowledge management in healthcare.	Library and Knowledge staff are supported to gain the confidence and skills they need to enable the organisation to retain and organise internal knowledge and to help colleagues share know-how.	Librarians and knowledge specialists have the confidence to introduce new initiatives to better manage organisational knowledge. <i>* More practice - opportunities to use skills required.</i>	Librarians and knowledge specialists are confident to implement information products and use relevant tools and techniques as part of the service offer in line with changing business priorities.
	1 2 3	4 5 6	7 8 9	10 11 12
Library and Knowledge services aligned to organisational knowledge - capacity	Library and knowledge staff are focused on running traditional library functions. They may lack time for knowledge management initiatives.	Some individuals invest time in centralising organisational knowledge resources and support teams to identify, share and make use of knowledge.	The knowledge service has already streamlined functions and released time for knowledge activities. Where needed, the service is making the case to build additional capacity. <i>Need to build case</i>	The organisation is committed to securing appropriate knowledge services and creating some corporate resources, so staff can use knowledge effectively.
	1 2 3	4 5 6	7 8 9	10 11 12
Technology for collaboration	There is no technological solution in place to support collaborative working.	Some teams are using technology to better coordinate their work. <i>Limited use of Sharepoint but not org wide</i>	The organisation is beginning to put systems in place to use technology for collaboration.	The organisation makes best use of technology to allow teams to share knowledge and work collaboratively.
	1 2 3	4 5 6	7 8 9	10 11 12

Section 4: Priorities and Planning

Consider which initiatives will make the most impact on your bottom line.

In discussion with your library and knowledge service manager identify your top priorities. Rank these 1-3, with 1 being the highest priority.

Opportunity		Priority	Notes
Section One: Leadership			
Literature searching			
Policy briefing			
Alerting services		2	Regular bulletin on transformation / - // org. streamlining for team staff retention.
Horizon scanning			
Local innovations forum			
Section Two: Culture and capability			
Embedding core tools and techniques for sharing knowledge	Before Action Review		
	Peer Assist		(with industry on apprenticeships).
	Building Knowledge Assets		
	After Action Review		
	Action learning sets		
	Knowledge cafes	4	with community re LOS / discharge
	Communities of practice	1	Tailored web resources / set up for trans. team
	Randomised Coffee Trials		
	Knowledge Harvesting		
	Knowledge retention and transfer interviews	5	For PB who leaves (moving to N/H must) Dec.
	Retrospects		

Section Two: Culture and capability <i>continued</i>	Priority	Notes
Research enquiries		
Tailored online resources by special interest	1	With CoP develop intranet page dedicated resources this team
Capturing and sharing lessons learned		Look at how medicine dir. are doing this in wider & whole org
Information and digital skills training to find and evaluate evidence		AB suggests we include this on emails to those going on courses + all apprentices (HcAs).
Research interests database		Spk to clinical quality to see what have in place already.
Section Three: Knowledge Resources		
Knowledge specialists aligned to decision making groups		
Knowledge specialists embedded in multi-disciplinary teams	* 3	Keen to pilot this. Trial monthly basis - shadowing etc. *.
Production of synthesised summaries of evidence	3/4	Exactly what required for this team
Institutional database of publications by employees		**
Directory information		
Policy database		
Signposting nationally agreed guidance including from NICE		
Accessibility of locally agreed guidance and protocols	6	Need to attend review grp to ensure evidence is reviewed.
Space to add additional items		

AB suggests Run on again with Director & OD to support this work going forward.

➤ Next Step. Task your library and knowledge service manager to draw up an action plan.

* Need to prepare bus. case on streamlining to build capacity for embedded role = pilot and assess impact.

+ dedicated Knowledge specialist role to lead on org wide initiatives to encourage use of evidence and knowledge