

Knowledge & Organisation Development in the NHS

Name:

Organisation:

	1 Concept	2 Reaction	3 Action	4 Scale	5 Lifestyle
Taking a strategic approach	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 ¹ . 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.
Leadership	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.
Building a learning organisation	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.
Networking	People work on individual objectives alone.	People are networking and collaborating to complete specific tasks. But feel the need to defend the time 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.
Measuring the value	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.
Capturing and reapplying knowledge	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.
Innovation	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.
Implementing efficiencies in our working practices	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.

¹ NHS Knowledge and Skills Framework core dimension 2 Personal and People Development and 4 Service Improvement