

## Utilising External Evidence and Organisational Knowledge - A Self-Assessment Tool: Development process November 2016 – February 2017

- Rachel Cooke, in consultation with others at the NHS Institute for Innovation and Improvement, developed an NHS Knowledge Management (KM) maturity model based upon a concept devised by Knowledge Management Consultant, Chris Collinson.
- Based upon that tool and an extensive literature search was carried out by Rachel and a tool tailored to self-assess utilisation of external evidence and organisational knowledge was devised by Louise Goswami and Sue Lacey-Bryant.
- Informed by comments from colleagues in the Knowledge for Healthcare Knowledge Management Task and Finish Group, Strategic Leads and Patrick Mitchell the tool went through several iterations and version 6 had some added colour.
- V6 pilot planned with the HR Senior Management Team at Surrey and Sussex Healthcare Trust
- Time prevented a full PDSA (Plan Do Study Act) cycle to be conducted at the time but comments made by the Senior HR Team fed into a re-design before a second pilot,
- Second pilot with Senior HR Team at Poole Hospital. Full PDSA cycle completed and changes made to the tool
- Simultaneously a further pilot was carried out at Surrey and Sussex Healthcare Trust with the Medical Division. A full PDSA cycle was completed and changes made to the tool.
- A full PDSA cycle of the tool was completed with the Senior HR Team at Surrey and Sussex Healthcare NHS Trust
- The Tool was amended to take account of the PDSA findings and then sent to Nick Smith at Worcestershire Health Libraries (original member of the KM Task and Finish Group) for review.
- Final changes made to the tool in preparation for inclusion in the Train the Trainer pack, including production of separate guidance for facilitators

### Changes made on the basis of feedback and as a result of various pilots and PDSA cycles

- Simplified and consolidated the introductory page and added a graphic and quote
- Added titles to each separate section of the tool
- Added page numbers

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- Re-arranged criteria for easier flow and added numbers to maturity levels
- Re-spaced the content to make it easier to read and complete
- Added a subdivision in each level of maturity and instruction to circle most appropriate level
- Moved KM tool prioritisation grid to end of document
- Incorporated instructions for completion alongside the tool
- Added links to explanations and examples of KM tools
- Discussed need for guidance for LKS facilitators and decided to incorporate into MEOK train the trainer materials

## Responses from Pilot Phase

In all pilots the tool has been well received and those using it have seen the relevance of the tool and welcomed the opportunity to discuss.

Feedback from the pilot Surrey and Sussex Healthcare Trust, including quotes from members of Medical Division, including Chief of Medicine, Divisional Chief Nurse and Associate Director – Medicine.

Basically they found the tool easy to use and were very enthusiastic about what it had made them think about.

*“Completing the Board tool has completely change the way we will work and our use of knowledge”*

Ben Mearns Chief of Medicine, Surrey and Sussex Healthcare NHS Trust at the Medical Division Board

*“This has given us the opportunity to change the way we deliver care and should enable better patient outcomes.”*

Nicola Shopland, Medical Division Chief Nurse, Surrey and Sussex Healthcare NHS Trust at the Medical Division Board

*“The library team should be our knowledge stewards in the same way as microbiology are the antibiotic stewards for the Trust.”*

Ben Mearns Chief of Medicine, Surrey and Sussex Healthcare NHS Trust at the Medical Division Board

From this discussion we are definitely going to be working with them on their divisional policies and guidelines

- Evidence for new policies etc
- Organising them
- Acting as guardian
- Archiving
- Alerting when need to be reviewed, but the alert should come with the latest evidence relevant to the document to be reviewed.

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I was going to suggest to them that a member of my team should attend the Divisional Board on a regular basis, but I didn't need to, they asked if it would be possible for a member of my team to attend once a month (they meet each week and the each week has a different focus), week one will be 'Knowledge Week'! in order that we can be part of the discussion, remind them of the need to use knowledge and evidence and to be able to respond effectively to any knowledge/evidence needs that arise during the discussions.  
Rachel Cooke, Head of Library Services & Knowledge Management Surrey and Sussex Healthcare NHS Trust

Feedback from pilot at Poole Hospital NHS FT including quotes from the Director of Human Resources and Organisational Development:

*"Really useful as an exemplar of best practice and as a way of setting up expectations and methods to support this"*

*"It is helpful as a spring board to lead to wider discussions around team and team effectiveness"*

Comments from Nick Smith, Worcestershire Health Libraries:

- Looks very professional and on message (signed by Patrick).
- Very clear introduction explaining what it is and why it should be used.
- Great opportunity for us to introduce ourselves to the board (if we haven't done so already) and for them to understand what we do.
- Query – If they are completing on their own, would they know what all the criteria mean such as 'use of externally generated evidence' or 'organisational knowledge'? This does become clearer though as you read across the page.

**This document should be used in conjunction with Version 1.0 Health Education England, 2017. Utilising external evidence and organisational knowledge: a self-assessment.**

Accessible from: <http://kfh.libraryservices.nhs.uk/knowledge-management/meok-cascade-resources/>

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