

## Utilising External Evidence and Organisational Knowledge – A Self-Assessment

### Section 1: Leadership

Leadership	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
1.1. Leaders and their teams use of externally generated evidence	No demonstrable use of external research evidence and best practice. 1 2 3	Makes best use of the knowledge they already have. 4 5 6	Relevant research evidence is accessed and used. 7 8 9	Decisions are underpinned by robust evidence which has been evaluated. 10 11 12
1.2. Leaders taking a strategic view of using external evidence and organisational knowledge	There is no strategic commitment to using external evidence or organisational knowledge. 1 2 3	There is some strategic commitment to optimising the use of evidence and organisational knowledge. 4 5 6	The expectation to apply evidence and knowledge is explicit and embedded within strategic documents. 7 8 9	There is a nominated strategic lead, committed resource and established effective processes. 10 11 12
1.3. Leadership to support the use of external evidence and organisational knowledge	There is no visible leadership or support. 1 2 3	Some leaders ensure staff are encouraged and supported. 4 5 6	Some leaders set an example in accessing evidence, sharing and learning from each other. 7 8 9	There is strong leadership from the top at Board level; all leaders act as role models. 10 11 12
1.4. Leaders building a learning organisation	Executives are sceptical about the benefits of utilising external evidence and sharing lessons learned. 1 2 3	Most colleagues recognise that learning from external evidence and sharing internal knowledge is important. 4 5 6	There are examples of projects to improve the capture and use of knowledge. 7 8 9	Common processes are in place. People are routinely using tools to share their learning. 10 11 12
1.5. Leaders advocate and model the benefits of using evidence and sharing knowledge	People are sceptical as to the benefits of knowledge sharing and reluctant to commit time. 1 2 3	Anecdotal stories demonstrate that sharing knowledge adds value. 4 5 6	Some readily acknowledge ways in which access to the evidence base and sharing knowledge add value. 7 8 9	Formal processes to gather and opportunities to showcase the impact of knowledge sharing are in place. 10 11 12

## Section 2: Behaviours

Behaviours	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
2.1. Capacity to use evidence from research	Individuals do not invest their time in utilising research evidence.  1    2    3	Some individuals and teams invest time in finding, evaluating and using research evidence and best practice.  4    5    6	In the majority of cases responsibility to find, evaluate and use research evidence is an explicit component of appropriate roles.  7    8    9	The organisation commits resource, factoring time and cost of document delivery into projects so that staff can fulfil their responsibility to use evidence to inform decisions.  10    11    12
2.2. Productivity and efficiency	Teams do not use external evidence or organisational knowledge to improve productivity and efficiency.  1    2    3	Individuals and some teams draw on evidence and prior learning to improve productivity and efficiency.  4    5    6	Some teams and decision making groups have established effective approaches to source best evidence.  7    8    9	Information and guidance is routinely made available to improve quality, productivity and realise efficiency savings.  10    11    12
2.3. Approach to innovation	There is no process in place to scan and consider innovation.  1    2    3	Teams consider innovations they are aware of.  4    5    6	Some teams seek, assess and adopt innovations.  7    8    9	There is an established process to identify, review and adopt innovations.  10    11    12
2.4. Approach to keeping up to date	Staff are focused on the internal agenda.  1    2    3	Staff make best use of news and updating services with which they are familiar.  4    5    6	Staff are proactive in requesting alerts on priority areas.  7    8    9	Proactive targeted alerts are routinely distributed to, and used, by the right people at the right time.  10    11    12
2.5. Capacity to use organisational knowledge	Teams and individuals do not invest their time in reflecting on the learning from past experiences.  1    2    3	Some individuals and teams invest time and resource in identifying, sharing and making use of knowledge.  4    5    6	The organisation leads corporate initiatives to avoid re-inventing the wheel and avoid duplication of knowledge between departments.  7    8    9	The organisation is committed to optimising its knowledge assets and commits resource, so that staff can use knowledge effectively.  10    11    12

## Section 2: Behaviours *continued*

2.6. 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
2.7. Technology for collaboration	There is no technological solution in place to support collaborative working.	Some teams are using technology to better coordinate their work.	The organisation is beginning to put systems in place across the board 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
2.8. Access to national guidance and policies	Guidance and policies from NICE, Royal Colleges and other national sources are neither regularly accessed nor reviewed.	Some guidance and policies are disseminated.	Relevant guidance and policies are routinely reviewed for relevance to local practice.	Relevant guidance and policies are routinely reviewed, implemented and applied in practice.
	1 2 3	4 5 6	7 8 9	10 11 12
2.9. Access to Standard Operating Procedures, Policies and Guidance	Held within local departments and not easily accessible.	Stored and accessible via local intranet but limited indexing.	Stored, retrievable and shared from a document management system (such as Sharepoint) but no process in place for systematic updating.	Stored, retrievable, shared and systematically alerted to updates based upon new evidence as it becomes available.
	1 2 3	4 5 6	7 8 9	10 11 12

## Section 3: Capabilities and Working Practices

Capabilities & Working Practices	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
3.1. Using organisational knowledge, developing 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
3.2. Skills to mobilise knowledge throughout the organisation	Staff are unfamiliar with practical approaches to knowledge management in healthcare and knowledge sits in silos.	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.	Staff have the confidence to introduce new initiatives to better manage organisational knowledge.	Staff work with librarians and knowledge specialists to use relevant tools and techniques in line with changing business priorities.
	1 2 3	4 5 6	7 8 9	10 11 12
3.3. Using evidence from research developing skills of healthcare workforce	Staff lack the skills and resources to find, evaluate and use 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
3.4. Skills to access evidence from research	There is no-one in the organisation experienced in literature searching.	Some people can carry out basic searches to find evidence.	Requests for evidence are sent to librarians with advanced skills in literature searching, synthesising and summarising research.	Librarians routinely and proactively find evidence, synthesise and summarise results to help inform decisions.
	1 2 3	4 5 6	7 8 9	10 11 12

## Section 4: Knowledge Services

Review the arrangements you have in place to use the expertise of knowledge specialists, access high quality evidence and the capacity you have available to undertake background research.

Knowledge Services	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
4.1. Access to a library and knowledge service - whether via an SLA or developed as an in-house service	No service in place.	Limited access to the national core collection of electronic resources using NHS OpenATHENS but no support from qualified librarians and knowledge specialists.	Limited support from a qualified librarian to deliver generalised current awareness service and document delivery and/or to help with some searches.	Full access with librarian aligned to teams and providing tailored current awareness, synthesised evidence summaries, training and facilitation to better mobilise knowledge.
	1 2 3	4 5 6	7 8 9	10 11 12
4.2. Use of library and knowledge services	No use made.	Limited use of library and knowledge services by only a few staff.	Wider use of library and knowledge services by more of the team but mainly to support education and continuing professional development.	Full use. Routine requests for evidence summaries, current awareness to support decision making, information skills training and facilitation to better mobilise knowledge.
	1 2 3	4 5 6	7 8 9	10 11 12
4.3. Library and Knowledge Service alignment to organisational priorities	There is no service in place.	The library and knowledge services team is aware of current priorities	The knowledge and library services team understands business priorities and routinely focuses their provision to meet shifting organisational priorities.	Library and knowledge services are fully aligned to organisational priorities.
	1 2 3	4 5 6	7 8 9	10 11 12

## Section 4: Knowledge Services *continued*

Knowledge Services	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
4.4. Capacity to use evidence form research	Staff carry out very few literature searches.	Librarians and knowledge specialists are used to 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.	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
<b>Optional criteria if there is access to a Library and Knowledge Service:</b>				
4.5. Capacity of Library and Knowledge services to mobilise knowledge throughout the organisation	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.	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

## Section 5: Opportunities

- Consider which initiatives will make the most impact on your bottom line.
- In discussion with an NHS library and knowledge service representative identify your top priorities. Rate each initiative 1-3, where 1 is of the highest priority.

Opportunity		Priority	Notes
<b>Section One: Leadership</b>			
Literature searching			
Policy briefing			
Alerting services			
Horizon scanning			
Local innovations forum			
<b>Section Two &amp; Three: Behaviours, Capability and Working Practices</b>			
Embedding core tools and techniques for sharing knowledge	Before Action Review		
	Peer Assist		
	Building Knowledge Assets		
	After Action Review		
	Action learning sets		
	Knowledge cafes		
	Communities of practice		
	Randomised Coffee Trials		
	Knowledge Harvesting		
	Knowledge retention and transfer interviews		
	Retrospect		

<b>Section Two &amp; Three: Behaviours, Capability and Working Practices <i>continued</i></b>	<b>Priority</b>	<b>Notes</b>
Research enquiries		
Tailored online resources by special interest		
Capturing and sharing lessons learned		
Information and digital skills training to find and evaluate evidence		
Research interests database		
<b>Section Four: Knowledge Services</b>		
Knowledge specialists aligned to decision making groups		
Knowledge specialists embedded in multi-disciplinary teams		
Production of synthesised summaries of evidence		
Institutional database of publications by employees		
Directory information		
Policy database		
Signposting nationally agreed guidance including from NICE		
Accessibility of locally agreed guidance and protocols		
<b>Space to add additional items</b>		

➤ Next Step. Draw up an action plan, working with your NHS Library and Knowledge Service representative.



## Associated Documents and training materials:

This self-assessment tool should be used in conjunction with the accompanying [letter](#) and [introduction](#).

These and further associated resources are accessible from: <https://kfh.libraryservices.nhs.uk/knowledge-management/evidence-and-knowledge-self-assessment-tool/>

Utilising External Evidence and Organisational Knowledge Self-Assessment Tool: Development Process

Utilising External Evidence and Organisational Knowledge Self-Assessment Tool: Guidance for LKS Teams

Activity: Section 4 Priorities and Planning business as usual or beyond?

Activity: Personal action card implementation plan for the tool

Section 4 Priorities and Planning links to explanations, impact and implementation tips

## References:

Collison, C. and Parcell, G. (2004) Learning to fly: practical knowledge management from some of the world's leading learning organizations, Wiley.

HEE (2016) The Knowledge Management Toolkit. Self-assessment (river diagrams and maturity models) [online]  
<http://kfh.libraryservices.nhs.uk/knowledge-management/km-goals-tools-and-techniques/self-assessment-river-diagrams-and-maturity-models/>  
[Accessed 29<sup>th</sup> March 2017]