

**Raising Awareness of Knowledge Management
and Knowledge Sharing at
Blackpool Teaching Hospitals
NHS Foundation Trust**

Work Based Assignment

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Glossary

BTHFT	Blackpool Teaching Hospitals NHS Foundation Trust, also the Trust
ILM	Institute of Leadership and Management
NHS	National Health Service
KM	Knowledge Management
CKO	Chief Knowledge Officer
QIPP	Quality, Innovation, Productivity and Prevention
NLH	National Library for Health
TKO	Team Knowledge Officer
NHS IiI	NHS Institute for Innovation and Improvement
NHS CfH	NHS Connecting for Health
OCB	Organisation citizenship behaviour
IHI	Institute for Healthcare improvement
ICT	Information communication technology

1. Terms of Reference

This report has been produced with the agreement of the Library and Knowledge Service Manager, Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT), as part of the "Pathways to Leadership", an Institute of Leadership & Management (ILM) endorsed course.

At the time of writing; the National Health Service (NHS) is facing the biggest challenge in its history with the advent in April 2013 of the new health and care system (Appendix 1). In the current financial climate, despite scientific and technological advances, new drugs and treatments are expensive which means greater pressure on health systems and services. There is a greater need to raise awareness of knowledge management (KM) and knowledge sharing in order to meet the significant challenges over the remainder of this decade.

Given the time scale and resources available it has not been possible to obtain a benchmark of KM and sharing in the organisation. However, this report may provide the opportunity to conduct a review of KM in the organisation as a result of changes to key people and in particular the Chief Knowledge Officer (CKO) of the Trust.

This report will be submitted to the course tutor by 7th January 2013.

2. Executive Summary

The Trust is at an interesting juncture in its evolution. It awaits a new Chief Executive, has a new acting Human Resource & Organisation Development Director (also the new CKO) and is about to begin a set of 'Engagement Events' across the organisation, reviewing its vision, values, culture, attitudes and the 'Blackpool Way'. This presents an opportunity to raise the awareness of KM and knowledge sharing and for them to become aligned with the outcomes of the 'Engagement' and review process.

The original KM workshop of 2009, was greeted with enthusiasm, but it was a system and process that did not fit the local culture, because it was being imposed by an external report, which had a one size fits all approach, which is why it has never truly taken off or been accepted. In the current climate, there is a need to revisit KM and knowledge sharing, just as the Trust is revisiting its vision, values, etc. To look at what has been achieved, but also what are the obstacles and problems preventing it from becoming embedded in the organisation and culture. To this extent there is a requirement to look at key factors that promote, encourage and embed KM in the organisation. The primary areas are:

- Organisational culture - formal and informal
- Empowerment
- Motivation
- Information communication technology (ICT)

The aim of the assignment was to review the above and recommend a complete re-branding of KM replacing the term TKO's with Knowledge and Quality Ambassadors or Citizens and recruiting new members of staff, especially those joining the Trust in the last 3 years, through a small number of Trust wide workshops. An overhaul of the Trust Intranet; with consistency to indexing, promote the use of ICT and training in the use of SharePoint. The creation and use interactive forms to allow the 'Ambassadors' to share knowledge and ideas quicker.

A National Patient Safety Agency study on falls looked at an 800 bed acute hospital trust (BTHFT) and showed the cost of falls to the Trust in a year would be £92,000 pa (2007). Knowledge sharing on falls prevention and management could make significant reductions in that cost. This could then set the template for other areas e.g. medication and prescribing errors, pressure sores as overall patient care and safety, whilst reducing needless costs.

The recommendations would be implemented using an IHI Improvement Map tool over a 12 - 24 month period once the Trust has settled on its revised vision, values and 'Blackpool Way' model, from this year's engagement events (Appendix 11) and is supported by the new CKO who is the key driver of the engagement process.

3. Introduction

3.1 NHS Context

Since the election of the coalition government in May 2010, the NHS has seen a number of significant changes; with the introduction of major reforms to the NHS, as set out in *Liberating the NHS* (2010) and implemented through the *Health and Social Care Act* (2012). These have resulted in far-reaching organisational change; with the proliferation of new bodies and the creation of 200+ clinical commissioning groups. "To create a health system that will be even more complex than the one it is replacing".¹

In addition, the NHS budget has been squeezed in real terms to zero growth with the government's spending review and is in the second year of the Quality, Innovation, Productivity and Prevention (QIPP) programme, which aims to achieve efficiency savings of £15-20 billion over 4 years by 2015. At the end of November 2012, the King's Fund published a mid-term assessment – *Health policy under the coalition government*. In which they stated that in general the NHS is holding up despite financial pressures and disruption from reforms, but cracks are emerging. "With the dismantling of the old system nearly complete and the construction of the new one still underway, it is no exaggeration to say the NHS is heading into treacherous waters and the risks are high".²

Much will depend on the ability of leaders, in particular clinical leaders in frontline teams leading change and at the same time recognising the contribution of experienced managers. The opportunity could motivate clinicians and organisations to focus on improvements and to learn/share with each other. As Einstein said "Knowledge is experience – everything else is just information".³ This environment is what the NHS Leadership Academy and its Leadership Framework was designed for; delivering services to patients, service users and the public is at the heart of the Leadership Framework.

The Leadership Framework is comprised of 5 core domains: demonstrating personal qualities; working with others; managing service; improving services and setting direction (Appendix 2). Within this context there are 4 stages in the progression and development of the leader from own practice/immediate team to the whole organisation. This brings into play leadership development, organisation development and team development; and moves leadership from a transactional style to a transformational style. With reference to the 5 core domains, knowledge management and sharing is related to all of them:-

Working with others - this can be in developing networks, encouraging
Contribution and learn and share.

Managing services - managing resources so they are used efficiently/effectively
and minimise waste.

Improving services - encouraging improvement and innovation which widens the
knowledge.

Setting direction - applying knowledge and evidence to achieve best practice/
process and influence others to use and share knowledge to achieve this.

The Trust at BTHFT has adopted this with its own Leadership and Management Development Programmes (Appendix 3); in partnership with Lancaster University's Centre for Training and Development (CETAD) and MaST International. They offer 3 in-house Leadership and Management Development Programmes – New and Junior Leadership; Middle Managers and Senior Clinical Leadership. The Trust since 2008 has offered these programmes to support the Vision and Values and its 'Blackpool Way' (Appendix 4a, b).

In addition to the above the Organisation Development department through its consultancy service has also designed development programmes for Ward Managers, Clinical matrons and Facilities Supervisors. This has led to an increase in knowledge of NHS strategies and priorities at all levels from national to local and to developing their leadership skills of influencing and motivating others, driving change and developing others. This in turn has led to an appreciation of KM; by learning and sharing collective experiences and embedding learning into the workplace and their teams.

3.2 The Trust: Blackpool Teaching Hospitals NHS Foundation Trust

Blackpool Fylde and Wyre Hospitals NHS Foundation Trust became established in December 2007 under the *National Health Service Act (2006)*. In October 2010, the Trust was awarded 'teaching hospital status' and changed its name to the Blackpool Teaching Hospitals NHS Foundation Trust in recognition of this. It has a budget of nearly £300 million, employs over 5,500 full time equivalents and provides services to a threshold population of 333,000 and the resorts 11 million visitors each year.

The Trust comprises:

- Blackpool Victoria Hospital
- Clifton Hospital
- Fleetwood Hospital
- Rossall Hospital Rehabilitation Unit
- Bispham Hospital Nurse Led Therapy Unit (became Spiral Health Centre of Excellence for Intermediate Care in April 2012)
- Wesham Rehabilitation Unit
- Blenheim House Child Development Centre
- National Artificial Eye Service

The Trust as well as being responsible for the management of the above and providing the full range of district hospital services; also provides tertiary cardiac and haematology services to a 1.6 million catchment area covering Lancashire and South Cumbria. In addition clinicians from Lancashire Teaching Hospitals NHS Foundation Trust provide onsite services for renal, neurology and oncology services, utilising assets to the value of £185 million to support services. This year 2012 has also seen the official opening of a new £40 million Surgical Centre; the completion of the £13 million Women and Children's Unit and the launch of the Telestroke Medicine a clinical service, an innovation that will make a major impact on improving outcomes for people who have suffered a stroke.

The Trust revised its Vision in 2010 after extensive consultation with staff, patients and visitors (Appendices 4a, b), in addition the past 12 months has seen further developments to effective staff engagement upon which the 'Blackpool Way' is built. The Trust introduced a

revised clinical management structure, creating new heads of department roles across the organisation with a special remit for maximising the effective engagement of clinical staff. Since November 2010, the Trust has been an 'Investors in People' Gold Standard holder and from the last assessment; plans to further embed the leadership and management training and refresh the 'Blackpool Way', through recognition processes, talent management and communication.

3.3 Knowledge Management at BTHFT

Knowledge management (KM) enables access to knowledge, information, experience and best practice in health and social care. In 2000, the Department of Health looked at how the NHS could learn from adverse events. The findings were published in '*An organisation with a memory*'. It suggested that to improve patient safety, better reporting systems be introduced and a more open culture. It also identified a need for the creation and support of specialist networks within the NHS so people could learn and share experiences. Knowledge sharing at its best takes advantage of an organisations most valuable asset – the collective expertise of its employees and partners.

A National Knowledge Service was set up to collect, organise and deliver knowledge where and when it was needed throughout the NHS. This was achieved through three work streams: Best Current Knowledge Service, responsible for the production and procurement of the evidence that clinicians and patients need; the National Library for Health (NLH), responsible for the organisation and mobilisation of knowledge to meet user needs and the National Decision Support Service. The NLH was the catalyst for NHS libraries to become involved with their Trusts with knowledge management and knowledge sharing. Impetus was also driven by Sir Muir Gray, Director of the National Knowledge Service and Programme Director for NLH, who advocated KN in the NHS. "Knowledge is the enemy of disease: the mobilisation of knowledge will have a greater impact on the health of individuals and population than any drug or technology likely to be developed in the next decade".⁴

Steady progress was made with Lessons Learned pilot, a KM group set up and a broad based initiative in the Trust with the then Library and knowledge Services Manager taking a lead. However, in March 2008, the 'Hill Review' was published; *Report of a National Review of NHS Library Services in England: From Knowledge to health in the 21st Century*, by Professor Peter Hill. It advocated "a new type of authority will be highly influential in 21st Century healthcare – Sapiential authority, that is authority derived from knowledge".⁵ The report recognised the emergence of the centrality of library, knowledge and information services within the NHS as a key concept. A number of recommendations were made one of which has given us the KM structure and system we have currently. That 'every clinical or management team in the NHS, should identify someone in the team as a Team Knowledge Officer (TKO). The TKO will have responsibility for ensuring the effective input of evidence to enable the team to function properly'.

From the above a workshop was created for those interested in becoming a TKO in February 2009, with the support of the newly appointed CKO (Director of HR & OD) (Appendix 5a, b). This is the current KM structure we have; with a network of TKO's supported by the Library

and Knowledge Service. This was embedded in the Trust's organisation and culture by becoming an objective of the CKO for 2010/11, to further develop KM in the Trust through a systematic approach and promote links in every department. Also a KM strategy document 2011-13 was produced aimed at engaging staff in the concept of KM and the benefits it can bring to NHS staff and the wider community by promoting KM in everyday working.

The Library and Knowledge Manager has driven the effort to make KM part of the culture and the first 2 years were fruitful, however there has not been a KM meeting of TKO's since June 2011 and only 4 quality improvement stories for 2012. The imminent departure of the current CKO (31st Dec 2012) and the above strategy document due for review in 2013, provides an excellent opportunity to revisit the earlier work, recruit new blood (nobody since February 2009) and re-stress the value to the organisation of knowledge management and knowledge sharing.

4. Present Situation

4.1 Organisation and Culture

“Organisational culture is the collective behaviour of humans who are part of an organisation and the meanings that the people attach to their actions. Culture includes the organisations values, vision, norms, working language systems, symbols, beliefs and habits”.⁶ (Appendix 4a). It is also the pattern of collective behaviours and assumptions that are taught to new organisational members as a way perceiving and even thinking and feeling as portrayed in the ‘Blackpool Way’ (Appendix 4b) via Trust induction. Although the organisation and culture are unique, the strategic leaders need to develop new visions, values and move the organisation in new directions as they face the turbulence and uncertainty of this decade. “Developing the organisations capacity to learn from the past, adapt to the present and envision and create the future will become increasingly important”.⁷

This will require an ability to create re/define and transfer knowledge within the context of the organisational culture. Collective knowledge offers a competitive advantage, but this will only come about if the culture is right, in terms of building a culture that supports KM and sharing knowledge, which leads to organisational success.

In 2009, Randy Pennington, identified “nine tips for building a culture focused on results, relationships and accountability”.⁸ The key ingredient in building a great culture is being intentional in your actions. The role of organisational culture is crucial to the success of KM. The management and business literature are littered with failed attempts to implement a KM strategy by public and private sector organisations who sought simply to impose it onto the organisation with little regard for existing networks, beliefs or working systems. The key notion to knowledge sharing is that however strong your commitment to KM, your culture is always stronger. This is why 2013-14 represents an opportunity to redefine KM and knowledge sharing with the review of the Trusts vision and values; so that a visible connection will be viewed between knowledge sharing and the Trust's culture.

4.2 Handy's Model of Organisational Culture

Several methods have been used to classify organisational culture and while there is no single type of organisational culture, they vary widely from organisation to organisation. However, common features do exist between organisational cultures and models have been developed to describe the differences in organisational cultures. For the purposes of this project Charles Handy's model of organisational culture has been used; taken from 'Understanding Organisation' (1993) 4th ed, which identifies four types of culture. Handy took the work of Roger Harrison and linked organisational structure to organisational culture. The four types of culture are:-

Power Culture - concentrates power among a small group and its control radiates from its centre like a web.

Role Culture - authorities are delegated within a highly defined structure. Power derives from the personal position and rarely from expert power. Control is made highly valued procedure, strict role descriptions and authority definitions.

Task Culture - teams are formed to solve particular problems. Power is derived from the team with the expertise to execute against a task.

Person Culture - all individuals believe themselves superior to the organisation. Difficult for organisations to operate like this, but has proved to operate well in partnerships.

NHS organisations have generally been a 'Role Culture', but it is the writer's opinion that this is moving towards a hybrid culture of 'Role and Task'. As a result of current pressures on NHS organisations - economic, political, social and environmental; there is a move away from historical structures, in order to become more functional to service and patient needs, more process driven and resulting in a more task oriented culture. This has become evident by a 2010 HSJ article by R Mannion, "were in a different model of organisational culture there has been a move in the last decade from a 'Clan culture' to a 'Rational one'".⁹ This may improve knowledge sharing in the competitive market that NHS organisations find themselves entering.

4.3 Knowledge Management in the NHS

What is knowledge management? Unfortunately, there is no universal definition of KM, just as there is no agreement as to what constitutes knowledge in the first place. Therefore it is best to think of KM in the broadest context. "Succinctly, KM is the process through which organisations generate value from their intellectual and knowledge based assets. This involves codifying what employees, partners and customers know and sharing that knowledge among employees departments and even with other organisations in an effort to devise best practice".¹⁰

However, Dr Karl-Erik Sveiby, one of the founding fathers of KM (who wrote the world's first book with KM in the title) in 1990, says: "the problem with the term is that it suggests that knowledge is an object that can be managed. This is fundamentally wrong and has led to

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organisations sinking millions of pounds into more or less useless IT systems”.¹¹ This view was reinforced by an Institute of Employment Studies report commissioned by the NHS Institute for Innovation and Improvement (NHS III), 2010.

As mentioned in Section 3.3, KM began its life in 2002 with the establishment of a National Knowledge Service, to deliver knowledge where and when it was needed throughout the NHS. This was in part, to the Government's response to the Bristol Inquiry (*Learning from Bristol*, 2002). Since then a number of policy initiatives have driven KM in the NHS:-

World Class Commissioning Competencies 2007 - which spoke of managing knowledge, assess needs and promote innovation and improvement.

The Hill Report 2008 - a National Review of NHS Library Services in England, that recommended a CKO at board level for every organisation and every clinical or management team in the NHS should identify a TKO, responsible for effective input of evidence to enable the team to function properly. (Current model at BTHFT)

High Quality Care for All: The NHS Next Stage 2008 – The Darzi Review sought ‘Quality Observatory’, through building on existing analytical arrangements to enable local benchmarking and the development of metrics and identification of opportunities to help ‘frontline staff’ innovate and improve. Lord Darzi also advocated that NHS Evidence would spread knowledge through a single portal and provide access to evidence and best practice.

For the NHS in England this has created the KM we have now with the NHS Connecting for Health (NHS CfH) national website, that provides information on KM - KM Lifecycle, KM Toolkit, Knowledge Assets, Events, Useful Links and Presentations. For the NHS it sees KM's importance in terms of:-

Improved performance - Good KM practitioners allow rapid systems development, reduction in duplication of effort and reinventing solution, reduce repetitive mistakes and help to avoid common errors and resolve problems faster.

Improved Culture - Good KM facilitates leaders aligning KM with organisational goals; enables connections between the right people and promote networking with like-minded people.

Increased learning - Use the experience of others to develop good practice, practitioners facilitate access to the people with the skills, experience and know how that is lacking.

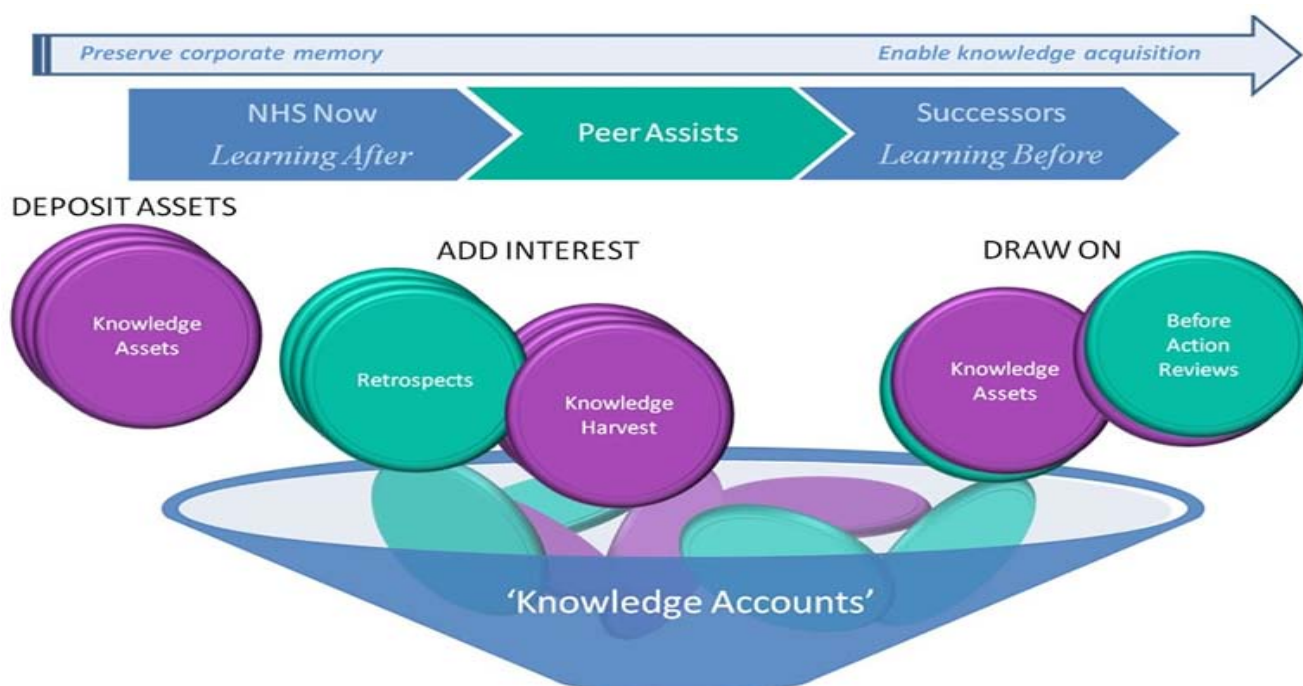
Increased Innovation - Practitioners operating good KM enable disparate ideas and approaches to come together and be organised coherently for the benefit of the organisation.

Knowledge Management Lifecycle/Framework



The NHS CfH website also provides guidance on Sharing and managing knowledge; Health and Social Care Information exchange and KM in transition (Appendices 6 a, b, c). From these the most important at present is the KM in transition; which provides a broader approach to the KM Framework above, to support organisations through the current major reform and austerity era. The aim is to achieve the purposeful and effective transfer of corporate memory and acquire and retain relevant knowledge (Appendices 7a, b).

KM in Transition - Approach



To this end the Informatics Capability Development team at NHS CfH have provided an Approach and Process to achieve these aims and also provide ; How to guides, Learning resources, Summary postcards and Activity Checklists. (See Website)

<http://www.connectingforhealth.nhs.uk/systemsandservices/icd/knowledge/transition/preserving>

4.4 Knowledge Officers

As outlined earlier in this report the current KM model that BTHFT operates, is based on the recommendations 11 and 14 from the *Hill Report 2008*. This stated that “In every organisation someone at board level should be entrusted with the role of CKO for that organisation”. At present the Director of HR & OD is the CKO of the organisation, however his resignation to take a career break means the acting Director assumes the role.

The CKO’s role had 5 specific duties and responsibilities attached to it:

- To ensure relevant experience, evidence, research, information and data are available to all staff. This will enable knowledge-based strategic operational and clinical planning and activity.
- To lead the horizon scanning to ensure their organisation is prepared for future service needs.
- To participate in national and regional networks of CKO’s to steer KM in the NHS
- To develop specific strategies to protect organisational knowledge.
- To work with people responsible for Human Resources, Continuing Professional Development, Information innovation, Library and related strategies to develop a knowledge-based culture.

The CKO by taking a coordinated approach to acquiring relevant knowledge will enable an organisation to work towards becoming a true ‘learning organisation’, where learning and sharing becomes a normal part of how everybody works.

The second recommendation, mentioned above from the *Hill Report 2008* recommendation 14 stated “Every clinical or management team in the NHS should identify someone in the team as a TKO. The TKO will have responsibility for ensuring the effective input of evidence to enable the team to function properly”. The TKO’s role was seen as them supporting through:

- Ensuring the dissemination of externally and internally generated evidence, research, information and data.
- Facilitate knowledge sharing
- Participate in horizon scanning by anticipating future service needs.
- To work in partnership with the CKO by informing them about the team’s issues in managing knowledge.

“The TKO identifies relevant colleagues for liaison within and outside the organisation in order to ensure the best use of knowledge and experience including: education and training, library and knowledge services, information departments and other providers of knowledge”.¹² The TKO acts as a facilitator to help individual teams understand their

knowledge needs and to locate it. They may also organise learning events and workshops. The original TKO's have not been added to at BTHFT since February 2009 and a number of them have left the Trust, thus reducing the effective numbers and leading to the current situation that KM has at Blackpool; one of inertia and apathy (Appendix 8).

4.5 Trust's web pages (Intranet)

The Trust intranet is the arena to the information and knowledge most valuable to the Trust and a mechanism for knowledge sharing. KM is about enabling connectivity to achieve organisation benefit:

- Connecting staff together to create, share and exploit knowledge effectively
- Connect staff to the information they need to develop and apply their knowledge in new ways

The trust intranet should provide the platform for effective knowledge sharing and collaboration within the organisation. However, due to poor links, outdated web pages and information in several sites within the intranet, coupled with a lack of consistency in headings; staff find it difficult to document, distribute and retrieve knowledge.

An example is the Trust's 'Leadership and Management Development'. It has its own web pages within the intranet, which is fine if you are looking for the 'Senior Clinical Leadership' and 'Action Learning' sets, but if you want to find 'Middle Management' or 'New and Junior Leadership' programmes, it is not there and you have to go through the Organisation Development web page. This is a fundamental flaw in the building and linkage of these web pages (Appendices 9, 10). Another example is the 'Document Library', which has all the Trust's guidelines, policies, procedures and protocols. On the 'Home' front page it is the Document Library, but in other areas of the intranet within the SharePoint section, it is named BTH Trust document library. This lack of consistency creates misunderstandings and confusion to new users. Also the trust's increasing use of SharePoint is another obstacle, as very few staff outside of IT and Communications has had any training on using it. This is a problem as the KM web pages, allow TKO's to publish and share new knowledge via SharePoint.

The Trust intranet is likely to continue to have an ever increasing role to play in KM initiatives and provide a way to record, store and access accounts of people's activities. There needs to be a more relational view of knowledge rather than a merely content view, which will engage people in sharing knowledge through technology, but only if/after a roll-out of training in SharePoint. The Trust should make this a priority, as McAfee (2006) described "KM supporting IT at the time as being comprised of platforms - Intranets and Enterprise Portals - and while the knowledge was visible and shared it was generally created by a small group of gatekeepers".¹³

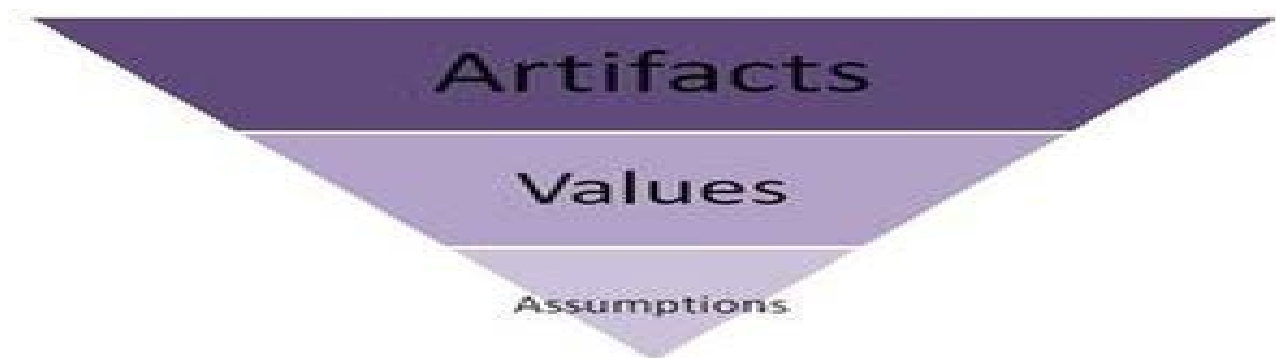
5. Evaluation

The year 2011/12 has been a challenging year for the Trust, in April 2012 was the merger of Acute Hospital and Community Health Services of NHS Blackpool and NHS North Lancashire to BTHFT, along with almost 1,800 staff employed in these services. The merger of Community Health Services and the Trust presents an opportunity to develop better integrated services and knowledge sharing. There is an untapped well of experience and expertise, which the current KM framework has failed to seize. In the recommendations section the writer will put forward an initiative to address this.

5.1 Organisation Culture – Schein

According to Schein (2004) culture is the most difficult attribute to change, outlasting services, leadership and other physical attributes of the organisation. His organisational model illuminates culture from the standpoint of the observer, described by three cognitive levels of organisation culture.

Schein's 3 Levels of Culture



At the first and most cursory level of Schein's model is organisational attributes that can be seen, felt and heard by the new person known as Artifacts. Artifacts comprise physical components of the organisation that relay cultural meaning:

- Rituals that guide behaviour in daily organisational life.
- Stories reveal the history and culture of the organisation and reflect basic themes, values and beliefs.
- Heroes, Trust role models through their performance and highlight the values of the organisation that they want to reinforce.

The next level deals with the professed culture of an organisation, the Values. These are the things the organisation says about itself. For Values to make an impact they must form the bedrock of the organisations culture. Organisational behaviour at this level can be studied by interviewing the organisation's members and using questionnaires to gather attitudes about it, which the Trust currently does. The third and deepest level is the organisations underlying Assumptions. Assumptions taken as granted beliefs, perceptions and feelings which have developed over time. These are the root of the organisations culture and are what drives the performance of the organisation.

The Trust has seen significant benefits to developing a strong culture via 'The Blackpool Way' (Appendix 4b), which set a clear set of values and beliefs that were widely shared within the organisation. This puts BTHFT firmly in Schein's second level and simultaneously displaying the beginnings of behaviour at the third and deepest level. It is curious at the point of writing, that the Trust is organising a series of 'Engagement Events' (Appendix 11), 'Facing the Future Together as One' for 2013. This aims to celebrate the behaviour and culture in each of the pre-merger organisations (mentioned above in the introduction to this section), clarify and agree the new organisations vision and values to meet future challenges (build on and improve the Blackpool Way), identify how we want to behave at work to make the vision and values a reality.

This revision places the Trust within level two, but also with 1800 new members in level one, who are coming to terms with a different culture. In addition, this is the second time in 3 years that the original vision and values have been amended. Once the above has been agreed the Trust should leave the rest of the decade for the new vision and values to become embedded, for at present they have a workforce at two levels in the organisational culture.

5.2 Organisational Iceberg

The Trusts formal organisation structure is very structured and an almost perfect example of the 'Vertical Hierarchy' with many levels, probably about 6-7, from the Executive right the way down to 'Front line staff' – the typical organisational pyramid. However, within these many levels, divisions, directorates, departments and units; lies the informal organisation. The way they work is completely different to one another, creating their own informal culture and having an enormous impact on the way people behave. The most glaring example of this is the Medicine Division, which appears to have a very fractious relationship with other divisions and services in the Trust. This has been experienced by the writer first hand; with it being the only division that has not engaged their services or been invited to a meeting in nearly five and a half years. This is what Plant (1987) termed the 'Organisational Iceberg'.

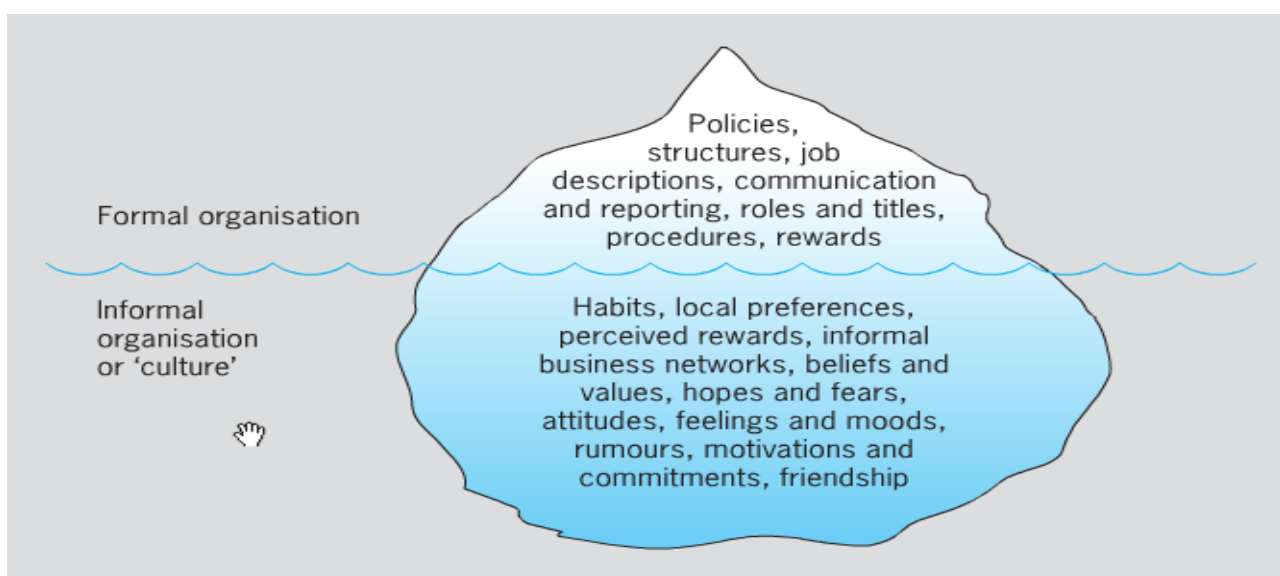


Figure 2.3 *The organisational iceberg*

Source: (adapted from Plant (1987))

The habits, local preferences, beliefs, values, attitudes and cooperation seem at odds with the Trusts formal culture. This has a bearing on knowledge sharing, because at BTHFT it is the tip of the 'Iceberg'. Many people know that opportunities have been lost since KM came to the Trust due to poor process, mismanagement or even crude disruption because they simply did not want it. The informal organisation/culture is still strong and why there is a theme with the serious untoward incidents or adverse events. This is evident in the Trusts monthly 'Lessons Learned'.

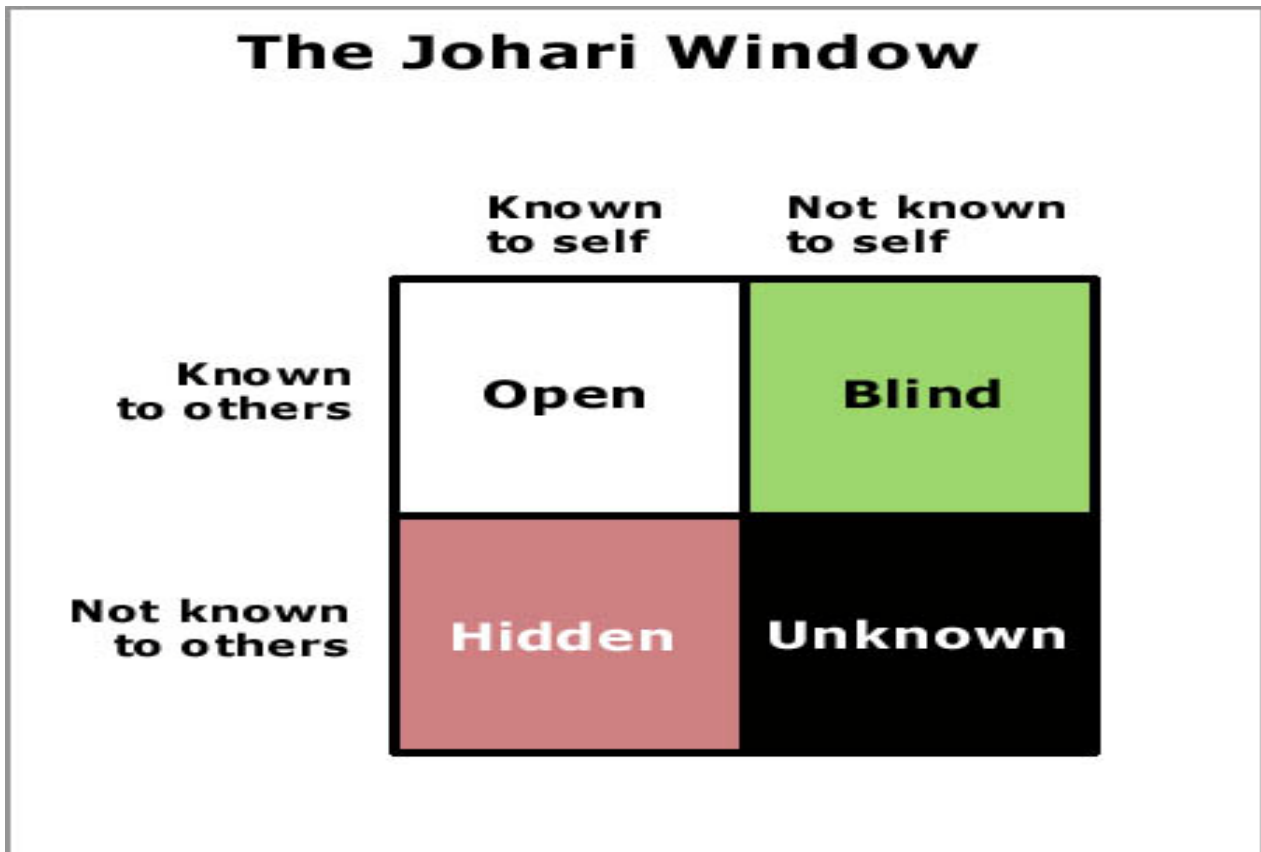
<http://fcsharepoint/divisions/corporateservices/KM/Pages/LessonsLearnedNewsletters.aspx>

Where the same old things keep recurring due to the informal culture, though 'Lessons Learned' is one of the KM successes since 2009.

In Teh and Sun's 2012 paper 'Knowledge Sharing, job attitudes ...'; the key finding was that 'Organisation citizenship behaviour (OCB) is key to positive knowledge sharing behaviour'. At present we could not say this is a value and attitude in the Trust's knowledge sharing, exemplified by only 4 improvement studies/stories for 2012.

5.3 Johari Window

The Johari Window model is a simple and useful tool for illustrating and improving self-awareness, group development and understanding/improving a group's relationship with other groups. The Johari Windows four regions (areas or quadrants) are illustrated in the diagram below.



With the KM group and TKO's, the Johari Window model has a large Open area and reduced Blind area initially, but as time has gone on they have equalled. Also the Hidden area is still large as many groups and departments have no knowledge of what the other is doing. At the Macro level i.e. the organisation, this was true at the beginning of launching KM, but due the endeavours of the recently nationally awarded Communications team, a number of weekly Newsletters and monthly Bulletins – Team Brief, Public Health Awareness and Transforming Community health, have all helped to diminish the Hidden window, but it is still a large pane.

The Trust's new 2013 'Engagement Events' (Appendix 11), should also been an opportunity to knowledge share to reduce the Blind and Hidden areas at the macro level, but also at the micro level between departments, units and wards. An example is how to setup a dining tray for elderly patients so everything is accessible and they will not drop or knock anything over. Very simple knowledge, but held in only a micro pocket in the organisation. It should be held up as a micro innovation/lesson, which is cascaded to other areas where elderly inpatients are, then the knowledge is not just held in the micro pocket.

Shenton (2007) Viewed information needs through a Johari Window. "In the Johari Window knowledge and information within it should be understood as a dynamic entity; it moves from one pane to another as the level of trust, feedback and collaboration increases, this can be at the team to division level".¹⁴

5.4 Empowered Mindset

Empowerment can be a huge cultural and performance benefit to the Trust and according to some management gurus; it not only boosts employee productivity, but creativity and innovation, particularly relevant in the era of QIPP. Empowerment may sound easy, but it is not and often there is a lack of understanding of the empowerment concept. Managers and leaders feel like it is an abdication of their responsibilities and authority. In reality what they are doing is moving away from position power to a sharing of power and responsibility within their own team.

The Trust as mentioned earlier has a number of Engagement Events (Appendix 11), running in the early months of 2013; if they really want this to be a success then empowerment not just engagement will be critical for the remainder of the decade. Max Hand in the 'Guru Interview series' from Emerald Publishing (2008); cites "empowerment has three broad tangible benefits for the organisation:

- Better customer service.
- Continuous improvement in every aspect of the organisations operations.
- More effective business processes".¹⁵

This will be more and more important as the new NHS bill begins to take effect and the steady move to NHS Plc. This is why empowerment of Blackpool's employees can be a great source of knowledge, ideas, sharing and greater customer interaction.

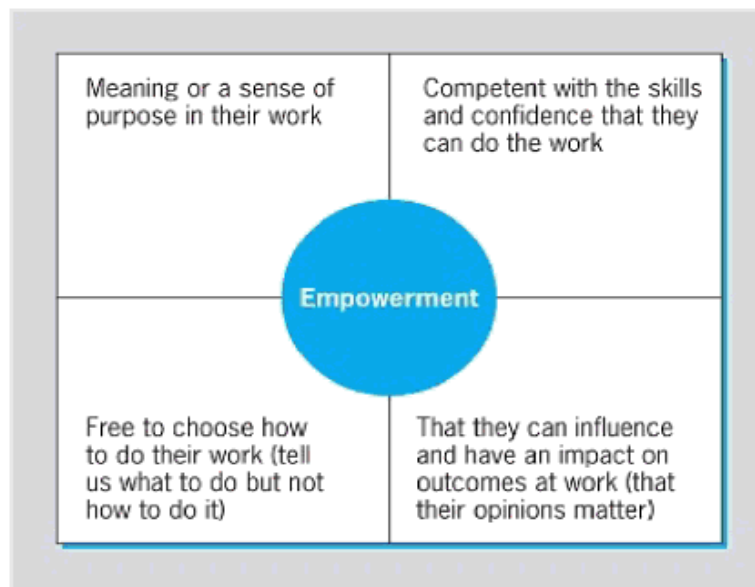
Research (Thomas and Velthouse 1990) showed that the key point for empowerment is that it takes place in the mind of the individual and how they feel.

Empowered Mindset

The empowered mindset

Research (Thomas and Velthouse, 1990) shows that for empowerment to take place, people need to feel:

Figure 4.1 The empowered mindset



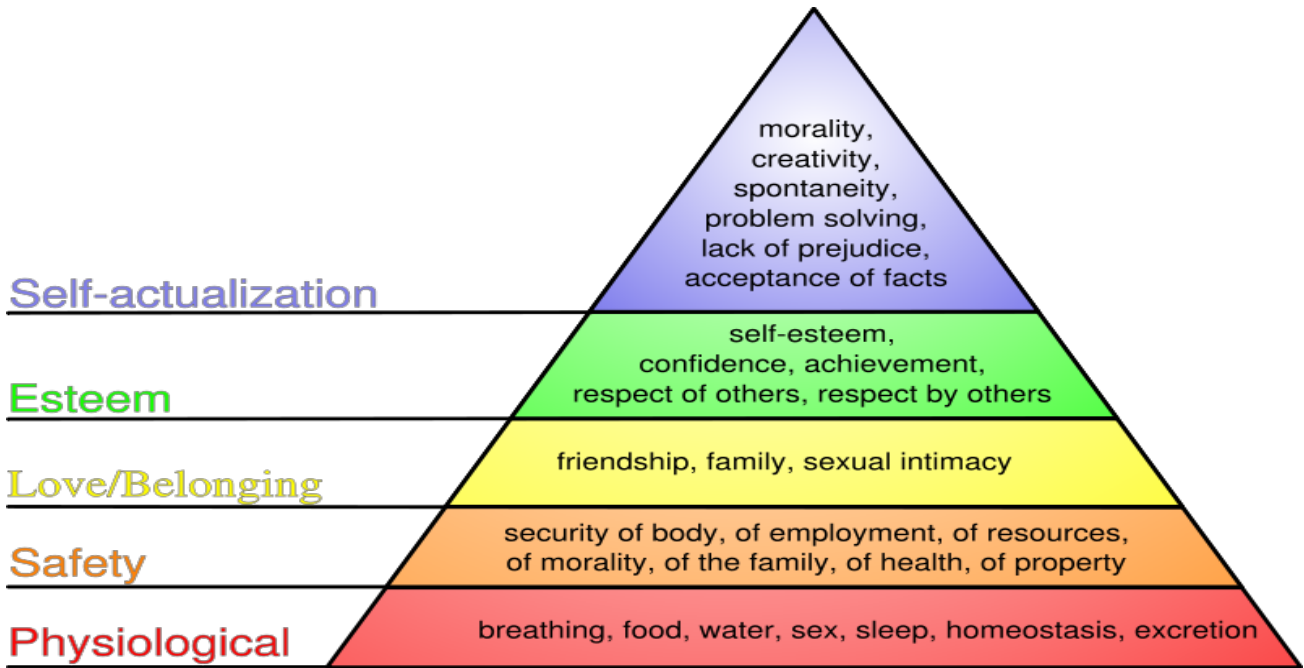
This is something the Trust with its number of initiatives and events for 2013 will need to progress; by creating the conditions for empowerment of the whole organisation, at present there are just pockets in Cardiac, Women's Unit and Day Surgery. Thomas and Velthouse is one model the Trust could use, but also David Gershon's 'Practice of Empowerment Model', which has been a behaviour change model for 30 years. One of its key features is that it focuses on both the individual and the collective enterprise and as the individual grows and achieves this also benefits the whole. It also has a vision-based approach to growth.

Finally, to empower, managers have to trust that their people's motivation is no different from their own. "For people to commit themselves to greater ownership of the work they do, they must be able to trust their managers and feel able to exercise initiative without fear of recrimination".¹⁶

5.5 Motivation

"Motivate is one of those ambiguous words. If we could understand and could then predict the ways people were motivated we could influence them by changing components of that motivation process".¹⁷ Maslow's Hierarchy of Needs postulates that needs are only motivators when they are unsatisfied.

Maslow's Hierarchy of Needs Model



Maslow's higher order needs were taken by McGregor and Likert and seen to be more prevalent in the modern day. In particular, that we gain satisfaction from the job itself provided that it is *our* job. This approach would say that participation will in general tend to increase motivation, provided that it is genuine participation.

Herzberg's two factor theory, maintains that in any work situation you can distinguish between the factors that dissatisfy and those that satisfy.

Herzberg's Hygiene and Motivational Factors



The satisfiers are achievement, recognition, work itself, responsibility and advancement. These he called the motivators. When KM was launched in 2009, the TKO's looked to these

satisfiers initially, but over the last couple of years this has faded by the examples in Section 4.4. Interestingly in the 'Board Strategy Away Day', 29 June 2012, not one mention in the 'Current Challenges' mentioned either knowledge sharing or motivating the workforce except for improving engagement in the 'Blackpool Way).

For KM to operate effectively, it must have a purpose with which employees can directly connect. It is a team pursuit, so the team has to be unified around a purpose. The organisation communicates KM as a general aspiration to share best practice, but this makes it effectively meaningless as a motivator. As mentioned in Section 4.4; the CKO's role is to provide leadership, motivation and advocacy for acquiring relevant knowledge and prevent knowledge loss. Unfortunately for the organisation this has not been the case in the last 2 years. That is why 2013, with the new CKO, Engagement Events (Appendix 11) and a new strategy, represents an excellent opportunity to provide purpose and motivation to KM and knowledge sharing across the organisation. The Chartered Institute for Personal Development (CIPD) - *Sustainable Organisation Performance: What Really Makes the Difference?* (2011) report found that many organisations are poor at tapping into the knowledge and insight generated by employees operating at lower levels in the organisation.

6. Recommendations

Organisational success depends on the knowledge skills and abilities of the workforce. In a learning organisation, retention of talent, intellectual capital and KM are vital to supporting the Trust in its vision, values, strategic goals and the drive for quality. Interestingly, in the Trust Board's Strategy away day (29 June 2012) only at the end was there a nominal 'nod' to KM, yet claims that KM is fundamental to the effective performance of organisations is widespread in the KM literature (Binney; Senge; Hall). The organisations that have made KM work for them (Accenture, 3M, Shell, Siemens, and Xerox) all share a number of common characteristics:

- Predominance of professional staff who understand the benefits of knowledge sharing and practices at operational and managerial levels.
- Transformational Leadership
- High degree of IT sophistication and usage
- Investing in economies of scale

The Trust has embarked on a series of Leadership and Management Development programmes which if aligned with the NHS Leadership Academy/Framework would recognise the need for applying knowledge and evidence as part of 'Setting Direction'; one of the 5 core domains. This brings the writer to their first recommendation.

As the NHS embarks on the biggest reform in its history, KM is in transition and needs strong leadership. The current CKO has just left the Trust and the person acting as HR & OD Director assumes the role of CKO for the Trust. The CKO is meant to provide leadership, motivation and advocacy for acquiring relevant knowledge; to enable the organisation to work towards becoming a true learning organisation, where learning and sharing becomes part of the norm and see Blackpool move from transactional leadership to transformational. The evidence to support this recommendation for a more active CKO to lead knowledge

sharing and KM comes from (Gray 1998, Ref Note⁴), but also from Herschel and Nemati who recognised the CKO must address 5 critical KM activities:- “

- Development of the KM big picture including a vision for the KM program
- Active promotion of a knowledge agenda including the development and diffusion of KM frameworks and language
- Creation and development of the organisations knowledge architecture and infrastructure, including its library, knowledge base, computer networks, research, HR and academic relationships
- Establishment of a knowledge culture by creating mechanisms for the development and maintenance of knowledge in different functions and departments
- The facilitation of knowledge sharing connections, coordinating and communicating activities, both internally and externally”.¹⁸

With the advent of a new CKO, a new Chief Executive, the Trust engagement events - ‘Facing the Future Together as One’ (Appendix 11) and a new quality initiative being driven by the Medical Director; the time is right to change the existing KM network by scrapping the TKO’s (Appendix 8) and replacing them with a new knowledge sharing network.

This leads to the second recommendation; the phasing out of the TKO’s and replacing them with a new network of Knowledge and Quality Ambassadors or as Teh and Sun (2012) advocated OCB; creating a new initiative in partnership with the Trust’s Engagement Events (Appendix 11) ‘One Trust 100 Voices’, Knowledge and Quality Citizens. The Trusts new events are aimed at clarifying and agreeing the new organisations Vision and Values. For the new knowledge initiatives to be part of this would be an excellent move. If we are to celebrate the best of work attitude, behaviour and culture in the pre-merger organisations, then these events provide the opportunity to re-invigorate awareness of KM and knowledge sharing by building them into the new values and priorities.

The current system of TKO’s advocated by Hill (Ref Note⁵) was imposing a KM structure on an already established organisational culture, which as Sections 4 and 5 prove is not workable. KM has to fit the culture and not the other way round. The writer had already thought about incorporating quality into the new network before the current initiative of the Medical Director. If staff are to be empowered to knowledge share, then it follows that quality must be also present, as empowerment is the key to a quality service. The TKO’s began enthusiastically, but with time this has faded; by renaming/rebranding them as Knowledge and Quality Ambassadors/Citizens, it gives a more empowering sense of purpose.

Ambassadors by definition represent the interests of the home country and the one they are posted in, fostering a union; this could be replicated at a department level and the whole organisation. This recommendation if aligned with the changes the Trust has planned with its Vision and Values events would raise the profile of newly acquired Ambassadors or Citizens and add to the existing list (Appendix 8). Since the 2009 TKO workshop, not one new employee had been recruited and represents missed

opportunities for nearly 4 years. Teh and Sun recognised that OCB is likely to have a positive effect on knowledge sharing and may act as a mediator to job satisfaction and organisational commitment.

The next recommendation is the Trust intranet, as mentioned in Section 4.5, the intranet has no consistency, contains outdated material and you have to look in several areas to find what you are looking for. At present, a staff member could go to the KM web pages, Management Librarian, Library, Learning & Development and Organisation Development web pages and that does not include the Document Library, which is also called Trust Document Library and BTH Trust Document Library; surely it only needs one name (Appendix 12a, b).

Despite the various definitions of KM, almost everybody agrees on the significant role technology has in KM. The Trust currently uses software called SharePoint on the intranet and this if used correctly and effectively could become a valuable tool to knowledge sharing and enabling in the Trust. Although the IT department is under enormous pressure, the leaders of the Trust are missing the true potential of the intranet. "Intranets when used to their full potential, can enhance group collaboration, focus efforts on critical issues, manage change, reduce information overload and knowledge share".¹⁹

It can show your organisation where it is at and where things are heading, it can be used to add meaning and purpose to the workforce. An example of how with a little forethought the power of knowledge sharing could be meaningful is the falls agenda. In an average 800 bed acute hospital (BTHFT) there will be around 24 falls every week and over 1,200 every year. Associated healthcare costs are estimated at a minimum of £92,000 per year for the average acute trust (NPSA figures 2007). KM, knowledge sharing and enabling across the organisation with reference to falls could significantly reduce this and the cost savings would far outweigh the nominal input to the intranet to facilitate this.

The writer recommends that the key intranet web pages, mentioned above are interlinked seamlessly, to raise awareness of the KM, Management Librarian and Evidence repository web pages. This will require input from IT developments. For key web pages like the Trust Document Library to have one name and one link with links to the web pages mentioned above. For Knowledge and Quality Ambassadors/Citizens to be trained in the use of SharePoint, so they are empowered to make a more positive and transforming contribution to knowledge sharing. At present hardly anybody outside IT or Communications has had any formal training on it. Eventually it should be rolled out as an e-learning course to all staff who wants to learn how to use it and contribute. If the Trust can make it mandatory to do a 1 hour information governance e-learning course annually, it should be able to produce a SharePoint course.

Finally, the writer's fourth recommendation is an improvement in communications. The Trust has a national award winning Communications team and this could be utilised to raise awareness and provide a 'transmitter' to knowledge sharing. Once the other 3 recommendations are in place, it is envisaged that a quarterly or tri-annual

newsletter/bulletin is produced highlighting knowledge and quality issues with case studies, stories and improvements that have made a difference to patients and staff no matter how small they may appear. An example would be how to arrange a dining tray for an elderly patient with cognitive difficulties. This knowledge would be kept just in that unit or ward as a pocket, when it should be shared in the organisation and community.

The second aspect of this final recommendation brings in recommendation 3 or IT with Communications. The writer would like to see an interactive web page or online form, that would make life easier for the Ambassadors/Citizens and wider staff to contribute to KM and knowledge sharing by posting quality improvement and little 'nuggets' that can be added to a KM repository housed on the KM web pages, but cross-linked to the web pages mentioned in this section. This would enable staff on the in-house Leadership and Management Development programmes to see what is taking place in the Trust and perhaps utilise the pages for their own development learning.

It would be useful if the communication team could alert specific trust programmes to the value the Library can provide in terms of support for programmes with knowledge and information e.g. Patient Safety. Here the new 'Ambassadors or Citizens' would be invaluable in informing of new projects that they and their departments, wards and units are working on. From all the above this final recommendation would be celebrated in an annual recognition day as part of the Trust's Clinical Audit, Research and Quality Recognition Day which celebrated its inauguration October 2012 (Appendix 13).

7. Implementation

To implement the recommendations and so that there is a structure to all aspects; the writer proposes the use of the Institute for Healthcare Improvement (IHI) Improvement Map. This is an open source, freely available tool to anybody anywhere who shares the IHI's mission of improving healthcare (Appendix 14). The first part of the tool template is Details, Reasons & Implications and Resources.

Details - The CKO and the Library and Knowledge Service manager establish a new network and system for harvesting new ideas and knowledge. They establish the infrastructure for the harvesting of these ideas and successful improvements in the organisation from diverse sources and regular reporting. Create a communication and user-friendly dissemination method to ensure that ALL staff have an opportunity to absorb new ideas, innovations and knowledge in the organisation in a timely way. Use storytelling, to move improvement through the organisation.

Key measures – Cost reduction from ideas, knowledge share and innovation
Overall customer satisfaction
Overall Trust budget savings

Reasons & Implications - Importance for patients and families. Examples of knowledge and ideas to improve patient care exist within the Trust and its partners, as well from outside (academic institutions). When these are identified and shared with the whole organisation, they can inspire and motivate the changes that make a better patient

experience. The financial implications are cost reduction can occur due to implementing knowledge ideas an example would be patient falls (p.20), pressure ulcer prevention and unnecessary alarm calls. The prerequisite for this would be the CKO and other management leaders seeing the value of learning and sharing knowledge in the organisation and creating an infrastructure to communicate new knowledge and ideas in the organisation.

Resources - Additional resources available:-

NHS CfH KM

NHS CfH Informatics Capability Developments

Department of Health

NHS Local and Regional Library and Knowledge Networks

NHS III

NHS Scotland National Knowledge Services

NHS eWIN Portal and Advancing Quality Alliance

The second aspect of the IHI Improvement Map Tool is the Process Attributes. These are broken down into four key areas:-

- Cost to Implement - Monetary resources required to implement the process.
- Time to Implement - Amount of time, from months to years it will take on average to establish the process.
- Difficulty to Implement - The challenges of implementing the process.
- Levels of Evidence - The degree to which the actions in the process are supported by research and evidence.

Cost to Implement - The recommendations would come out moderate on the scale, in other words in addition to the improvement effort in setting up a recruitment workshop day and aligning it with the Trust's new organisational Vision and Values, that will become evident after the Engagement Events (Appendix 11). An additional cost would be incurred for IT personnel and technology. To provide indexing and metadata to the Trust intranet and some key web pages i.e. KM, Management Librarian, Evidence Repository and Trust Document Library and also the creation of an interactive form and online form for the Knowledge and Quality Ambassadors/Citizens to use under recommendation four. It is estimated to cost initially £5000, based on similar work in academic organisations and 2 IT technicians/indexers at Bands 5/6 spending 300 hours on indexing, form building and creating metadata indexes and sets. When you compare this outlay to the potential savings that could be made by knowledge sharing e.g. the falls example in an acute hospital trust of 800 beds (BTHFT) at a cost of £92,000 pa (See p20, NPSA figs, 2007). Another example is the Health Foundation - Safer Mental Health Services programme. The programme began in May 2009 and ran for 5 months. It encouraged collaboration and knowledge sharing across four participating Mental Health Service sites (3 primary care trusts and an acute foundation hospital trust). The result was better medications safety with medication reconciliation improving by 25% in all 4 trusts and at the acute foundation hospital trust the number of doses missed without

explanation reduced from 3.9% to 0.2%. This would make considerable savings in the medication budget, but unfortunately no figures were available.

Time to Implement - Given that the Trust is about to begin its staff engagement events in January-March 2013 under the banner 'Facing the future Together as One' – One Trust 100 Voices (Appendix 11). It would be wise to allow this process to take place until everything is agreed and finalised, then the KM recommendations and new strategy document for 2014-16 can be based on the agreed values and vision. It would also allow time to let things settle after such a large staff engagement exercise. Also with the support and participating interest of the new CKO a new recruiting workshop for the existing TKO's and new ambassadors who are recruited to the KM cause and knowledge sharing, perhaps some can be the 100 voices. It would probably take 1 to 2 years to completely set all the recommendations running and for them to become established. Then a year after the new Knowledge and Quality Ambassadors/Citizens have been in the role, the communications department could run a survey of the organisation using SurveyMonkey to assess KM awareness and knowledge sharing in the Trust for 2015.

Difficulty to Implement - The recommendations and the processes, actions and events required will be moderately challenging, this is in part because it will involve several departments and to have knowledge sharing following the new culture as set out by the new vision and values, and attitudes to working at BTHFT. But if the Trust believes in its 'mantra' from the engagement events, then knowledge sharing and a greater awareness of KM or knowledge enabling will become a reality.

Levels of Evidence – The level of evidence to support this process and recommendations would be classed as 2 (some evidence) There is no doubting from the growing literature that successfully implemented KM and knowledge sharing/enabling when aligned with the organisations culture, values, vision and objectives is a force for good. Numerous companies have benefitted from it as it promotes teamwork, collaboration, competitive advantage and learning together.

8. Conclusion

A knowledge rich or knowledge enabled organisation is one in which knowledge flows; through creation, sharing and retention, from the parts that have it to the parts that need it. Knowledge is the lifeblood of an organisation and the CKO, Library and Knowledge manager and the network of proposed ambassadors or citizens have a key role to play in keeping knowledge flowing, used and retained in the Trust. This role is particularly important given the economic climate. The impact of budget cuts, ward closures, voluntary redundancies and rising demand for the services of the Trust, each have intended and unintended consequences for the flow of knowledge.

Knowledge sharing is transient and difficult to manage and as Dr Sveiby in Section 4.3 (Ref Note¹¹), you cannot really manage knowledge, but what you can do is manage the environment - the organisational culture, processes and the technologies - that optimises knowledge sharing. This is challenging at the best of times, but given the current economic climate makes it very challenging. The Trust has had to deal with many

external and internal factors in recent years and this has had an effect on knowledge sharing and the use of KM.

The next coming years represent a golden opportunity to truly embed KM, knowledge flow and knowledge sharing into the organisation and its culture. The appointment of a new Chief Executive and a new CKO, coupled with the review of the new organisations values, vision, beliefs and attitudes, would allow knowledge to stake a claim in the Trusts 'new world'.

The organisation needs a leadership that promotes knowledge sharing internally and externally and a curiosity to learn (if we are a learning organisation/culture). As a result we will demonstrate adaptability and preparedness for the challenges of tomorrow in an era of constant reform. It is to be hoped that the new initiatives and the events the trust is embarking on will encourage learning, sharing and generating knowledge. We need to grow the evidence base on what works and mobilise that knowledge to improve patient care. The recommendations the writer has put forward linked with the implementation based on IHI's Improvement Map L4 and applying the process attributes to the local situation, provide a great opportunity to raise awareness of KM and for knowledge - flow, sharing and enabling - to become part of the fabric of being an employee of BTHFT.

I leave the last word to Dr Karl-Erik Sveiby (founding father of KM), who when asked in his interview (Ref Note 11), what words of wisdom he had for knowledge managers, he replied "there is little to beat ancient wisdom and quoted Lao Tzu ~ 600 BC: We make doors and windows for a room but it is the spaces that makes the room liveable. While the tangible has advantages, it is the intangible that makes it useful".²⁰

7253 Words

9. Reference Notes

The citing and referencing in this section and in the Bibliography follow BMJ Vancouver Style, May 2009.

Section 3 - Introduction

¹ Ramesh R. Commentary: The cracks are starting to appear. *The Guardian*. Wednesday Nov 28 2012: 38

² Gregory S, Dixon A, Ham C. (eds.) *Health policy under the coalition government: A mid-term assessment*. Kings Fund. 2012. 64-5.

³ Royal College of Physicians. Acute care toolkit 5. *Teaching on the acute medical unit*. London: RCP; 2012, 3.

⁴ Gray M. Where's the Chief Knowledge Officer? To manage the most precious resource of all. *British Medical Journal* 1998;317: 832

⁵ Hill P. *Report of a national review of NHS health library services in England: From knowledge to health in the 21st Century*. NHS Institute for Innovation and Improvement. 2008 9.

Section 4 - Present Situation

⁶ Wisegeek. *What is the corporate culture?*: <http://www.wisegeek.com/what-is-corporate-culture.htm> (accessed 4 Dec 2012)

⁷ Boal KB. Chapter 5 Strategic leadership, organisational learning and network ties. In: Hooijberg R et al (eds.) *Being there even when you are not*. Monographs in Leadership and Management, Volume 4. Amsterdam: Elsevier Ltd; 2007. p69-86.

⁸ Pennington RG. Yes but how? Nine tips for building a culture focused on results, relationships and accountability. *Industrial and Commercial Training* 2009;41(3): 146-150.

⁹ Mannion R. How New Labour changed NHS management culture. *Health Service Journal* 2010; 20-21 (19 July)

¹⁰ Levinson M. *Knowledge Management Definitions and Solutions*: <http://www.cio.com/article/print/40343> (accessed 29 Nov 2012)

¹¹ Sveiby K-E. Interviewed by: Craven A. <http://first.emeraldinsight.com/interviews/sveiby.htm> (accessed 6 Dec 2012)

¹² NHS Institute for Innovation and Improvement. *The role of the Team Knowledge Officers in NHS organisations v.6*. London: NHS Institute for Innovation and Improvement; 2008, 1.

¹³ Alavi M, Denford JS. Knowledge Management: Process, Practice and Web 2.0 In: Easterby-Smith M, Lyles MA. (eds.) *Handbook of Organisational Learning & Knowledge Management*. 2nd ed. Chichester: Wiley; 2011. 983-104.

Section 5 - Evaluation

¹⁴ Shenton AK. Viewing information needs through a Johari Window. *Reference Services Review* 2007; 35(3): 487-486

¹⁵ Hand M. Interviewed by: Craven A. Guru Interview. Emerald Publishing Ltd. Apr 2008. 2

¹⁶ Ibid.

¹⁷ Handy C. *Understanding Organizations*. 4th ed. London: Penguin; 1993. p29.

Section 6 - Recommendations

¹⁸ Herschel RT, Nemati HR. Chief Knowledge Officer: Critical success factors for knowledge management. *Information strategy: The Executive Journal* 2000; Summer: 37-45.

¹⁹ Denton K. Strategic intranets: the next big thing? *Corporate Communications: An International Journal* 2006; 11(1): 1-3.

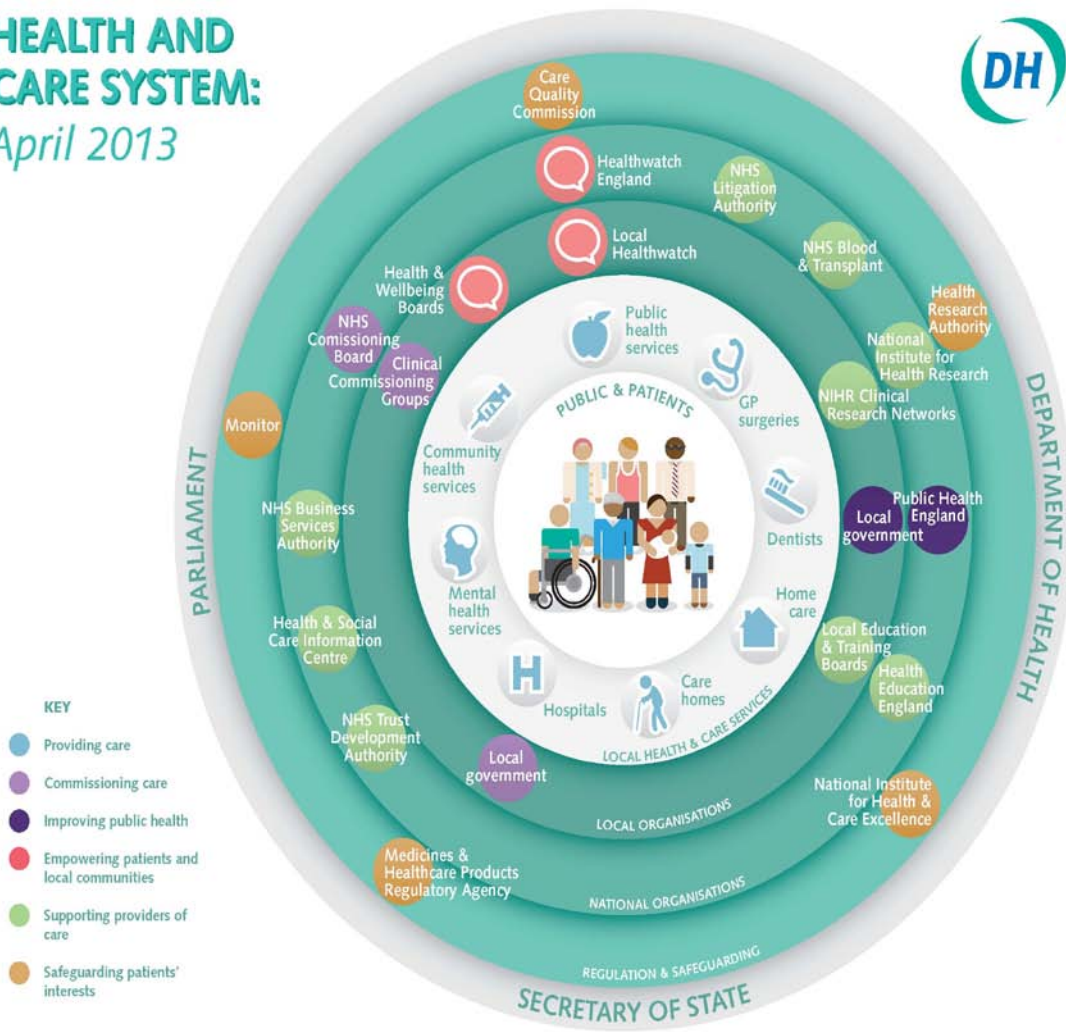
Section 8 - Conclusion

²⁰ Sveiby K-E. Interviewed by: Craven A. <http://first.emeraldinsight.com/interviews/sveiby.htm> (accessed 6 Dec 2012)

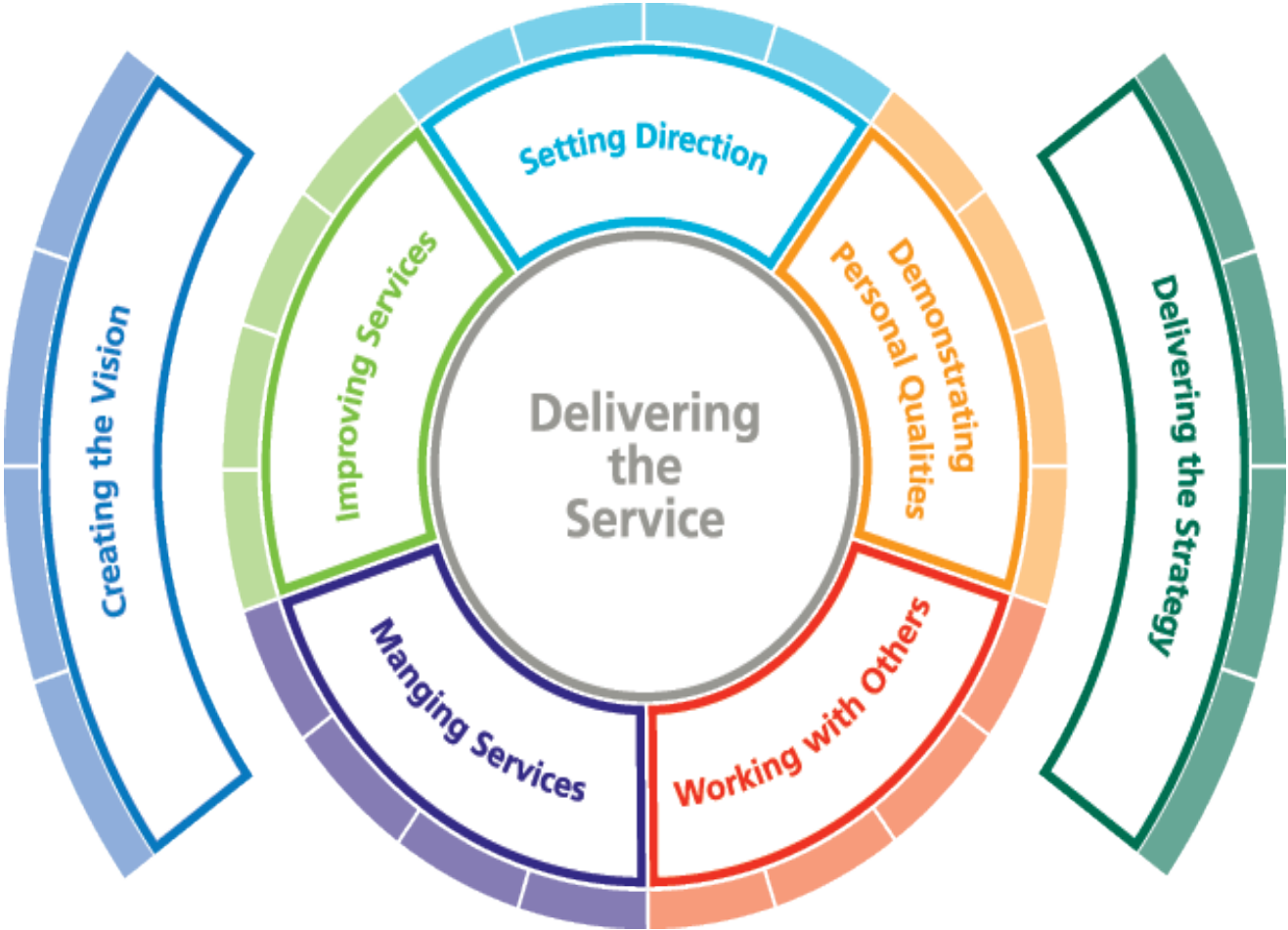
10. Appendices (See below)

Appendix 1


HEALTH AND CARE SYSTEM: April 2013





Appendix 2



Appendix 3

Home | Welcome Reid Michael (BFWH) | My Site | My Links | 

Blackpool Teaching Hospitals  NHS Organisational Development Webpage | All Sites | |  Advanced Search

Home | Divisions | Search | Trust Document Library | eReferrals

Home > Divisions > Corporate Services > Organisational Development Webpage > Leadership and Management

View All Site Content

- OD Consultancy
- Leadership & Management Development**
 - Senior Clinical Leadership
 - Middle Managers
 - New & Junior
 - Other Programmes
 - External Programmes
 - Programme Resources
- Team Development
 - MBTI & Teams
 - ATPI (Aston Team Performance Inventory)
 - Belbin
- Talent Management
 - Development Centres
- Personal Development
 - Action Learning (ALS)
- Coaching and Mentoring
 - Access a Coach
 - Coaching Skills Training
 - Access a Mentor
- OD Library
- Contact Us

Leadership and Management Development

High-quality leadership and management at all levels are imperative if the Trust is to succeed in the challenging times we are currently facing. Evidence suggests that organisations that invest in leadership and management development tend to do appreciably better than those that do not. Ross Baker's research into high-performing health care organisations reaches the same conclusion (Baker 2011).


We offer a range of leadership and management development activities for the various levels across the organisations. In addition to the formal programmes of study described below, leaders and managers have access to [coaching](#), [mentoring](#), [networking](#), [shadowing](#) and [independent learning](#).

We offer three in-house leadership and management development programmes:

- [New and Junior Leadership Programme](#) – for first line managers or those who are new to a leadership/management role
- [Middle Manager Programme](#) – for more experienced managers
- [Senior Clinical Leadership Programme](#) – for experienced leaders working in a clinical role

Further information on these programmes can be found by clicking on the headings above.

We have developed excellent partnerships with Lancaster University's Centre for training and Development ([CETAD](#)), who have accredited our New/Junior and Middle Manager programmes and [MaST International](#), who facilitate the Senior Clinical Leadership Programme.



Appendix 4a

Home

Welcome Reid Michael (BFWH) | My Site | My Links |

Blackpool Teaching Hospitals **NHS** Vision and Values
NHS Foundation Trust

All Sites

Home **Divisions** Search Trust Document Library eReferrals


Home > Divisions > Trustwide > Vision and Values > Our Vision


[View All Site Content](#)
[Our Vision](#)
[Our Values](#)
[Blackpool Way](#)
[Graffiti Walls Video](#)
[Roadshows](#)
[Staff Suggestions](#)


Vision


The Trust has recently updated its Vision following extensive consultation with staff.
[Click here to find out about the Vision Roadshows.](#)


The Vision and Values are as follows:

**Quality: Marie Thompson - Director of Nursing and Quality**
Vision: To provide Best in NHS Care for our patients.
Breakthrough Objective: to be in the top 10% of Acute Trusts for patients rating their care as excellent on key measures in the NHS National Patient Survey.

**Safety: Dr Paul Kelsey - Medical Director**
Vision: To reduce avoidable harms to our patients.
Breakthrough Objective: To achieve a culture of zero tolerance towards avoidable patient harms.

**People: Nick Grimshaw - Director of HR and OD**
Vision: To realise the potential of our staff and be a great place to work.
Breakthrough Objective: To be the highest achieving Acute Trust on the key measures in the NHS National Staff Opinion Survey.

**Delivery: Harry Clarke - Director of Operations**
Vision: To exceed all national and local standards of service delivery.
Breakthrough Objective: To redesign all clinical pathways across all traditional healthcare boundaries to reflect optimum patient care.

**Environment: Robert Bell - Director of Facilities**

Local intranet 100%

Appendix 4a (Continued)

Home Welcome Reid Michael (BFWH) | My Site | My Links |

Blackpool Teaching Hospitals **NHS** Vision and Values All Sites

NHS Foundation Trust

Home **Divisions** Search Trust Document Library eReferrals

Home > Divisions > Trustwide > Vision and Values > Our Values

View All Site Content

Our Vision

Our Values

Blackpool Way

Graffiti Walls Video

Roadshows

Staff Suggestions

Values

Our Values

Blackpool, Fylde and Wyre Hospitals **NHS**
NHS Foundation Trust

- We put patients at the heart of what we do
- We respect each other and prize teamwork
- We put our customers' needs first
- We praise more than blame
- We have a 'can do' attitude
- We embrace change for the better
- We communicate, communicate, communicate

Local intranet 100%

Appendix 4b

The Blackpool Way.

- VIEW ALL SITE CONTENT
- Our Vision
- Our Values
- Blackpool Way
- Graffiti Walls Video
- Roadshows
- Staff Suggestions

The Blackpool Way describes our approach to continuously improving the performance of the organisation through:

- Developing a fully engaged workforce, where individuals and teams have greater influence and autonomy in driving the Trust towards best in class performance.
- Charging managers and leaders with achieving the Trust's objectives through an inspired and motivated workforce.
- Measuring success not only by results but how those results are achieved.
- Inspiring all staff to work together to continuously improve the service to patients and customers.

- Quality
- Safety
- People
- Delivery
- Environment
- Cost

Our Values Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust

- We put patients at the heart of what we do
- We respect each other and prize teamwork
- We put our customers' needs first
- We praise more than blame
- We have a 'can do' attitude
- We embrace change for the better
- We communicate, communicate, communicate

Under the Blackpool way senior managers and leaders will be visible and accessible and have an engaging style of management. Throughout the Trust a management style is being developed that is less authoritarian and more facilitative within a culture that involves and values staff. This is not a soft option, and as well as recognising and celebrating good performance, managers will need to have the integrity and courage to manage poor performance.

The Trust expects all staff to display common courtesy, communicate effectively and recognise the contributions made by others. All managers and leaders are required to display a positive demeanour, listen, and share and consult more widely on issues, which affect their staff.

The Blackpool Way is not a complex theoretical model, but is a way of managing that is rooted in working hard with all managers and leaders on those attributes exhibited by the best. In essence it involves ensuring that all managers embrace the 4 Key Elements:

- **Communication • Management Style • Recognition • Continuous Improvement**

All staff are expected to display the attributes

of 'The Blackpool Person' and will be:

- Considerate
- Conscientious
- Respectful
- Reliable
- Honest
- Friendly
- Positive
- Patient focussed
- Customer focussed
- Open to change

All managers and leaders will also be expected to:

- Be visible & approachable
- Be accountable & decisive
- Listen & communicate
- Be supportive
- Be a facilitator
- Create team spirit
- Be fair
- Be professionally competent
- Be pro-active and motivational
- Demonstrate people skills

Appendix 5a

From: Thornton Debra (BFWH)
Sent: 12 January 2009 17:05
To: Aubrey Mary (BFWH); Dugdale Deborah (NAES); Fearnley Paul (BFWH); Hudson Peter (BFWH); Lee Joanne (BFWH); Sampson Helen (BFWH); Thomas Gillian (BFWH); Way Rosalind (NLPCT); Halliwell Jo-Anne (BFWH); Parker Linda (BFWH); Woodhouse Samantha (BFWH); Dowell Louise (BFWH); Butcher Patricia (BFWH); Smith Kevin (BFWH); Leyland Alison (BFWH); Stephens Michelle (BFWH); BFWH - Directorate Managers; BFWH - Head Nurses; BFWH - Matrons; BFWH - Practice Development Nurses; BFWH - Research Nurses; BFWH - Ward Managers; BFWH - Departmental Managers; BFWH - Clinical Directors; BFWH - Associate Directors of Operations
Cc: Grimshaw Nick (BFWH); Benning Peter (BFWH)
Subject: Workshop for Team Knowledge Officers 6th February

Attachments: Programme 6th feb 2009.doc

Dear Colleagues,

In April this year the 'Report of the National Review of NHS Library Services in England' was submitted to the Department of Health by the NHS Institute for Innovation and Improvement. Following on from this each NHS Trust was requested to implement several recommendations to guide the future of library and knowledge services. One of these is that:

'Every clinical or management team in the NHS should identify someone in the team as "Team Knowledge Officer" (or equivalent). The Team Knowledge Officer will have responsibility for ensuring the effective input of evidence to enable the team to function properly.'

These people will be helped in their role by the library team, who will offer support in keeping staff up to date with information services and evidence based health resources such as the National Library for Health; NHS Evidence (to be launched in April 2009); plus access to electronic journals and healthcare databases.

A workshop for anyone interested in becoming a Team Knowledge Officer has been arranged for **Friday 6th February 2009** in HPEC. Could you please circulate the attached leaflet to your teams. If you would like any further information please contact me.



Programme 6th feb
2009.doc (66...

Debra Thornton,
Knowledge and Library Service Manager,
Education Centre Library,
Blackpool Fylde and Wyre Hospitals NHS Foundation Trust,
Whinney Heys Rd,
Blackpool,
FY3 8NR

Tel: 01253 655596
Fax: 01253 303818
website: www.bfwhospitals.nhs.uk/departments/library

Before acting on this email or opening any attachments you should read the Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust's email disclaimer available on its website
<http://www.bfwh.nhs.uk/disclaimer/2008-01.asp>

Appendix 5b



Blackpool, Fylde and **NHS**
Wyre Hospitals
NHS Foundation Trust

Learning and Sharing Workshop for Team Knowledge Officers
"Working smarter not harder"
Friday 6th February 2009
12.30 - 3.30pm Education Centre, BVH

Programme (a sandwich lunch will be available)

12.30 Welcome and introduction - Nick Grimshaw (Chief Knowledge Officer for BFW Hospitals)

1.15 Presentations:

What is a Team Knowledge Officer - David Stewart (Director - Health Care Libraries North West)
Sharing Knowledge - Rosalind Way (Deputy CKO & R&D Manager NHS North Lancashire)

1.45 Service Improvement Stories - group discussions

2.00 Using knowledge

Web-based Tools - MS Sharepoint - Paul Fearnley (Web Services Manager)
Knowledge for Career Progression - Peter Benning (Assistant Director of Medical Education)

2:15 Workshop:

Online tools and resources - quick survey
Assessing the value of information - exercise

3.15 Questions and summary

Booking form

Please complete the details below and e-mail to debra.thornton@bfwh.nhs.uk

Name.....

Department.....Tel:.....

I will / will not be able to attend the workshop on 6th February (Please delete as necessary)

KM/TKO/DT

Appendix 6a

The screenshot shows the NHS website's navigation bar with links for Accessibility, Cookie Policy, Sitemap, A-Z, QuickLinks, Connect with NHS CFH, and Contact Us. The main navigation menu includes Home, Services & Applications (highlighted), Engagement, Newsroom, Resources, Industry, About Us, and Patients. The breadcrumb trail reads: Home → Services & Applications → Informatics Capability Development (ICD) → Sharing and managing knowledge.

Sharing and managing knowledge

"Knowledge is a fluid mix of framed experience, values, contextual information, and expert insight that provides a basis for evaluating and incorporating new experiences and information. It originates and is applied in the mind of individuals. In organisations, it often becomes embedded not only in documents or repositories but also in organisational routines, processes, and practices."
Davenport, T. H., Prusak, L. Working Knowledge. Boston: Harvard Business School Press, 1998.

Gaps in knowledge hinder delivery, services, decisions, progress and innovation. Through transferring best practices, capturing lessons learned, reusing designs, enabling collaboration and access to expertise, sharing and managing knowledge has become a key competency in modern organisations.

The aim in managing knowledge is to enable connectivity to achieve business benefits. These include:

- connecting people together to create, share and exploit knowledge more effectively
- connecting people to the information they need to develop and apply their knowledge in new ways
- connecting people to the tools they need to process knowledge

To support the NHS vision for an information revolution, it is crucial that everyone has access to knowledge, other people's experience and good practice.

Across the country, NHS organisations are working to deliver informatics enabled change and are amassing a wealth of knowledge and experience of implementing information solutions in support of local healthcare services.

Our vision is for everyone across the NHS to easily find, use, create, manage and share the collective pool of NHS knowledge to the benefit of current and future projects and everyone involved.

What is available?

[Knowledge Management Tools](#)

The Knowledge Management team within ICD have developed a Knowledge Management Framework which describes how the organisation as well as teams and individuals can learn before, during and after everything we do.

[Social Care Informatics and Innovation Exchange](#)

The Social Care Informatics and Innovation Exchange is an on-line forum for the national sharing of what works in local caring.

[UK Faculty of Health Informatics](#)

The UK Faculty of Health Informatics is a Community of Practice, established in 2005 made up of over 600 members from Informatics and Clinical roles within the NHS, from Academia, Social Care, Suppliers and Patient groups.

[Knowledge Management in transition](#)

An approach to help support NHS organisations - current, continuing and successors - to preserve, transfer and acquire corporate memory during organisational reform programmes.

Appendix 6b

The screenshot shows the NHS website's navigation bar with links for Accessibility, Cookie Policy, Sitemap, A-Z, QuickLinks, Connect with NHS CFH, and Contact Us. A search box is on the right. Below the navigation bar is a breadcrumb trail: Home → Services & Applications → Informatics Capability Development (ICD) → Sharing and managing knowledge → Health and Social Care Information Exchange. The main content area features a sidebar with a menu for Services & Applications, including Informatics Capability Development (ICD), Sharing and managing knowledge, and Health and Social Care Information Exchange (highlighted). The main heading is "The Social Care Informatics and Innovation Exchange". The text describes it as an on-line forum for national sharing of what works in local caring. It was created in December 2010 to provide a stimulating forum for Social Work and Social Care Practitioners, Managers, Academics, Policy Developers, Carers and Service Users to:

- Exchange, identify, analyse, and review how informatics may inform the development and support the implementation of future policy in Social Work Practice across Adult and Children's Services
- Provide an effective way for local experiences in using informatics applications to support Social Work practice to be shared and acted on speedily and effectively
- Ensure that the lessons learned are applied so that the mistakes resulting from nationally prescribed information systems in social care are never repeated again
- Provide practical and professional guidance on the informatics elements of the work of key partners and projects such as the Social Work Reform Board, Improving child protection at the front line, and the Strategic Information Improvement Programme.
- Provide ideas and resources that can support Social Work educators to embed the potential benefits that informatics can bring to care into teaching and education.

Apply for membership
[Apply for membership of the Exchange](#), which is free of charge. You will be prompted to enter your login details, or to apply for membership.
For further information on the work of the Exchange email bruceelliott@nhs.net or leon.rushworth@nhs.net.

The footer contains the NHS Direct 0845 4647 logo, NHS choices logo, DH Department of Health logo, and a copyright notice: Privacy Copyright © Crown Copyright. 2013. There are also social media share icons for Twitter, Facebook, LinkedIn, RSS, and Email.

At the bottom of the browser window, the address bar shows "Done" and the status bar shows "Trusted sites" and "100%".

Appendix 6c

The screenshot shows the NHS website's navigation bar with links for Accessibility, Cookie Policy, Sitemap, A-Z, QuickLinks, Connect with NHS CFH, and Contact Us. The main navigation menu includes Home, Services & Applications (highlighted), Engagement, Newsroom, Resources, Industry, About Us, and Patients. A breadcrumb trail reads: You are here: Home → Services & Applications → Informatics Capability/Development (ICD) → Sharing and managing knowledge → Knowledge Management in transition.

Knowledge Management in transition

Introduction

The NHS has embarked on the biggest reform programme in its history. In parallel, it must adjust to a new era of austerity at this time of broader economic constraint and recovery. The primary concern for the NHS remains delivery of excellent patient care.

A key challenge at this time of transition, therefore, is enabling business continuity. A key enabler will be the purposeful and effective transfer of the corporate memory of the SHAs and PCTs to their successors, a process that the DH Planning Framework references as it changes and adapts.

For the NHS, it will be vital that the new and continuing organisations, known as receiver organisations benefit from the extensive knowledge and experience accumulated within the closing (sender) organisations.

Underpinned by a broader [Knowledge Management Framework \(NHS staff only\) \(N3 connection required\)](#), these pages outline an approach to help support NHS organisations - current, continuing and successors - to preserve, transfer and acquire corporate memory.

How to achieve the purposeful and effective transfer of corporate memory

Addressing the challenge of corporate memory loss is a two stage responsibility:

- **Preserving Corporate Memory:** Sender organisations such as SHAs and PCTs need to take a 'snapshot' of their work, taking the opportunity to capture their staff's achievements, progress, insights and experiences and their recommendations for good future practice, providing a knowledge legacy that can be drawn upon. You can also learn more about the [value of preserving corporate memory](#)
- **Acquiring Relevant Knowledge:** Receiver organisations who are assuming work relating to previous activity, for example by SHAs or PCTs, need to explore and draw upon the knowledge legacy left by their predecessors. In this way the new organisations can build upon previous progress, insights and experience, making use of recommendations for good practice derived from past successes and disappointments. You can also learn more about the [value of acquiring relevant knowledge](#)

The approach is designed to be adopted with regard to the local context and circumstance and can add value if implemented either in its entirety or in part, according to local circumstances. It is not intended, however, to replace other effective, locally proven approaches and resources.

This resource is provided freely to the NHS. It provides access to: tools and techniques, guidance, examples from the NHS and directions for further support. The resource is provided by the Knowledge Management team of the Informatics Directorate of the Department of Health.

For further information see the suggested [approach](#) and [process](#) for developing a knowledge management strategy.

- [About the ICD Knowledge Management team](#)
- [Further support and guidance](#)
- [Contact us](#)

The screenshot also shows a left-hand navigation menu with the following items: Services & Applications, Informatics Capability Development (ICD), Sharing and managing knowledge, Knowledge Management in transition (highlighted), Approach, Process, Preserving corporate memory, Acquiring relevant knowledge, About us: The DHID, Knowledge Management team, and Contact us. The browser status bar at the bottom indicates 'Trusted sites' and '100%' zoom.

Appendix 7a

The screenshot shows a web browser displaying an NHS website page. The page has a blue header with navigation links: Accessibility, Cookie Policy, Sitemap, A-Z, QuickLinks, Connect with NHS CFH, and Contact Us. A search bar is on the right. Below the header is a red navigation bar with buttons for Home, Services & Applications, Engagement, Newsroom, Resources, Industry, About Us, and Patients. The main content area has a breadcrumb trail: Home → Services & Applications → Informatics Capability Development (ICD) → Sharing and managing knowledge → Knowledge Management in transition → Preserving corporate memory. A left-hand menu lists: Services & Applications, Informatics Capability Development (ICD), Sharing and managing knowledge, Knowledge Management in transition, and Preserving corporate memory (highlighted with a left arrow). The main heading is 'Preserving corporate memory'. The text explains the importance of preserving corporate memory and lists three approaches: Retrospective Reviews, Knowledge Harvests, and Knowledge Assets. Each approach includes links to 'How to guide', 'Learning resource', and 'Summary postcard' (with file sizes). A 'Prioritising' section follows, explaining the need for a tool to capture knowledge effectively. The browser's status bar at the bottom shows 'Done', 'Trusted sites', and '100%' zoom.

Accessibility | Cookie Policy | Sitemap | A-Z | QuickLinks | Connect with NHS CFH | Contact Us

Search

Home Services & Applications Engagement Newsroom Resources Industry About Us Patients

You are here: [Home](#) → [Services & Applications](#) → [Informatics Capability Development \(ICD\)](#) → [Sharing and managing knowledge](#) → [Knowledge Management in transition](#) → Preserving corporate memory

Preserving corporate memory

The immediate priority must be to preserve corporate memory. Without this, there will not be a legacy for receiver functions to acquire. Many NHS organisations and programmes have begun to consider the problem.

Current NHS organisations that are destined for closure require a 'learning after' response to preserving corporate memory. This involves capturing and packaging their knowledge into a series of 'assets'. The specific activities of the approach are:

- **Retrospective Reviews** – a facilitated workshop for a project or service team as they complete or close their work. The process is designed to capture the team's key recommendations for successors by analysing: achievements, how they occurred and could be replicated; disappointments, and how they could be overcome or avoided. See the following resource tools:
 - [How to guide](#)
 - [Learning resource](#)
 - [Summary postcard \(PDF, 382.4kB\)](#)
 - [Activity checklist \(DOC, 57.0kB\)](#)
- **Knowledge Harvests** – a process to capture the insight and experience of individuals with 'business critical' or 'difficult to replace' knowledge. There are several knowledge harvesting approaches appropriate to the significance of knowledge and the time and resources available. See the following resource tools:
 - [How to guide](#)
 - [Learning resource](#)
 - [Summary postcard \(PDF, 303.7kB\)](#)
 - [Activity checklist \(DOC, 59.0kB\)](#)
- **Knowledge Assets** – these are the building blocks of a knowledge legacy. Assets bring together the key documents of a subject including: guidance, tools, sample and exemplar documents, case studies and lessons. The assets can then accumulate further value when they are supplemented with the insight and experience of the people who developed those outputs. See the following resource tools:
 - [How to guide](#)
 - [Learning resource](#)
 - [Summary postcard \(PDF, 464.1kB\)](#)

Prioritising

You cannot capture all of the knowledge in a team or organisation and in most cases this would not be desirable. Using a prioritising tool helps to concentrate knowledge capture where it will be most valuable. Provided here is an MS Excel based prioritising tool along with guidance on how to use it. See the following resource tools;

Done Trusted sites 100%

Appendix 7b

The screenshot shows a web browser displaying an NHS website page. The top navigation bar includes links for Accessibility, Cookie Policy, Sitemap, A-Z, QuickLinks, Connect with NHS CFH, and Contact Us. A search box is located on the right. Below the navigation bar is a secondary menu with links for Home, Services & Applications, Engagement, Newsroom, Resources, Industry, About Us, and Patients. The main content area is titled 'Acquiring relevant knowledge' and contains several paragraphs of text and a list of resources. A left-hand sidebar menu is visible, listing various topics under 'Services & Applications'. The browser's status bar at the bottom shows 'Trusted sites' and a zoom level of 100%.

Accessibility | Cookie Policy | Sitemap | A-Z | QuickLinks | Connect with NHS CFH | Contact Us

Search

NHS
Connecting for Health

Home | Services & Applications | Engagement | Newsroom | Resources | Industry | About Us | Patients

You are here: [Home](#) → [Services & Applications](#) → [Informatics Capability Development \(ICD\)](#) → [Sharing and managing knowledge](#) → [Knowledge Management in transition](#) → [Acquiring relevant knowledge](#)

Acquiring relevant knowledge

This section of the guidance is aimed at receiver organisations, whether they are newly formed or are taking on new functions. Our evidence and experience recommends that receiver organisations adopt all or targeted elements of the acquiring knowledge approach below.

These straightforward, proven and adaptable techniques allow organisations commencing new work to capture and learn from existing insight. The effectiveness of new functions can be enhanced by establishing what knowledge and experience individuals and team members bring to the work and by identifying knowledge gaps and tapping into relevant knowledge from new peers and predecessors. In essence, the knowledge management technique recommends ongoing and new organisations proactively plan and assess initial priority development needs and seek to acquire relevant knowledge of predecessors.

This is known as a 'learning before' response to acquiring relevant knowledge that can be and applied to future work.

The learning before approach in your organisation involves:

- identifying a senior leader within the organisation to advocate and endorse the techniques so encouraging the uptake of model by their staff
- identifying one or more people who can embed the approach and facilitate sessions with individuals and groups
- create, build and maintain relationships with predecessors and other legacy knowledge sources
- Guide project and delivery managers to integrate the acquisition of knowledge into new functions, thus embedding learning points into the beginning of each piece and stage of work.

The specific activities involved in the approach are:

Before Action Reviews - a facilitated workshop for a project or service team before they commence a new piece of work or major stage of a project or programme. The process is designed to enable the team to achieve a clear understanding of what they are setting out to achieve and what knowledge and experience will be required to accomplish this successfully. In addition, the review provides a means by which the team can assess to what extent they already meet their knowledge needs and thus establish if they have any knowledge gaps. Finally the before action review should produce a knowledge plan to fill any knowledge requirements and thus produce a highly prepared and knowledgeable team that is primed for the challenges ahead. See the following resource tools:

- [How to guide](#)
- [Learning resource](#)
- [Summary postcard \(PDF, 410.6kB\)](#)
- [Activity checklist \(DOC, 53.5kB\)](#)

Peer Assists - one of the most effective means to acquire knowledge and insight is to learn from those with previous experience. The Peer Assist is a facilitated workshop where a team who is establishing a new piece or stage of work, meets with another team who has done something related before. The technique is designed to facilitate a direct transfer of insight, where the challenges of the host team are analysed in the context of the knowledge of the visiting team in order to reach a plan that is informed by past experience whilst being tailored to the current local context. See the following resource tools;

Trusted sites 100%

Appendix 8

Home > Divisions > Corporate Services > Knowledge Management > Team Knowledge Officers

Team Knowledge Officers

These people have volunteered to take on the role of Team Knowledge Officer and will help to share knowledge and information about resources, services and events which will help to improve knowledge in their teams

View: **All contacts**

Name	Job Title	Business Phone	E-mail Address
Alison Drury			alison.drury@bfwhospitals.nhs.uk
Alison Gray			alison.gray@bfwhospitals.nhs.uk
Alison Leyland			alison.leyland@bfwhospitals.nhs.uk
Andrew Conroy			andrew.conroy@bfwhospitals.nhs.uk
Angela Brown			angela.brown@bfwhospitals.nhs.uk
Beverley Sanderson			beverley.sanderson@bfwhospitals.nhs.uk
David King			david.king@bfwhospitals.nhs.uk
Deborah Dugdale			deborah.dugdale@naes.nhs.uk
Gillian Thomas			gillian.thomas@bfwhospitals.nhs.uk
Helen Sampson			helen.sampson@bfwhospitals.nhs.uk
Ian Baxter			ian.baxter@bfwhospitals.nhs.uk
Jeanette Swarbrick			jeanette.swarbrick@bfwhospitals.nhs.uk
Jo-Anne Halliwell			jo-anne.halliwell@bfwhospitals.nhs.uk
Joanne Lee			joanne.lee@bfwhospitals.nhs.uk
Joanne Potter			joanne.potter@bfwhospitals.nhs.uk
John Beaumont			johnb.beaumont@bfwhospitals.nhs.uk
John Hamill			john.hamill@bfwhospitals.nhs.uk
Julia Thompson			julia.thompson@bfwhospitals.nhs.uk
Kevin Ney			kevin.ney@bfwhospitals.nhs.uk
Kevin Smith			kevin.smith@bfwhospitals.nhs.uk
Linda Marini-Cartmel			linda.marini-cartmel@naes.nhs.uk
Linda Parker			linda.parker@bfwhospitals.nhs.uk
Lise Cross			lise.cross@bfwhospitals.nhs.uk
Louise Jackson			louise.jackson@bfwhospitals.nhs.uk
Mary Aubrey			mary.aubrey@bfwhospitals.nhs.uk
Michael Reid			michael.reid@bfwhospitals.nhs.uk
Paul Fearnley			paul.fearnley@bfwhospitals.nhs.uk
Rosemary Legg			rosemary.legg@bfwhospitals.nhs.uk
Samantha Woodhouse			samantha.woodhouse@bfwhospitals.nhs.uk
Stephen Clift			stephen.clift@bfwhospitals.nhs.uk
Sylvia Taylor			sylvia.taylor@bfwhospitals.nhs.uk
Tracy Lamb			tracy.lamb@bfwhospitals.nhs.uk
Trish Butcher			patricia.butcher@bfwhospitals.nhs.uk

Appendix 9

Home

Welcome Reid Michael (BFWH) | My Site | My Links

Blackpool Teaching Hospitals **NHS** Leadership and Management Development
NHS Foundation Trust

All Sites Advanced Search

Home Divisions Search Trust Document Library eReferrals

View All Site Content

Home

Senior Clinical Leadership Development Programme

Action Learning Sets

Resources

CIPD Press Release

Prospectus

Home > Divisions > Trustwide > Leadership and Management Development

Leadership and Management Development

Introduction

Welcome to Leadership and Management Development.

A comprehensive approach to Leadership and Management Development to support the Blackpool Way is being rolled out across the Trust, It includes:

- A Senior Clinical Leadership Programme. The 2nd cohort of which will be launched on 1st and 2nd October 2009
- Leadership development workshops for new and junior managers and leaders . For more information go to New and Junior leadership development programmes
- Leadership Development workshops for experienced managers and leaders, hopefully by end of the year.
- An HR Key Skills programme for managers and leaders for more information go to New and Junior leadership development programmes
- The development of a Coaching Culture with in house coaches and managers with coaching skills. A Coach Training programme begins on 21st September. For more information contact Taravandana
- The launch of a Trust Mentoring Scheme in conjunction with the NW Mentoring Scheme. For more information contact Nigel.Rowley@BFWHospitals.nhs.uk

If you would like to access a Mentor or to train to offer Mentoring to others please go to <http://www.nwmentoring.nhs.uk> and follow the 'sign up' links as appropriate. To enable these initiatives to happen we are planning on building capacity and the capability to develop and support managers and leaders at all levels. With this in mind there are also opportunities to develop skills in:

- Action Learning Set Facilitation
- Project Management
- Mentoring and Coaching
- Facilitation and involving groups

Done Local intranet 100%

Appendix 10

Blackpool Teaching Hospitals **NHS** Organisational Development Webpage
NHS Foundation Trust

All Sites Advanced Search

Home Divisions Search Trust Document Library eReferrals

Home > Divisions > Corporate Services > Organisational Development Webpage

View All Site Content

OD Consultancy

Leadership & Management Development

- Senior Clinical Leadership
- Middle Managers
- New & Junior
- Other Programmes
- External Programmes
- Programme Resources

Team Development

- MBTI & Teams
- ATPI (Aston Team Performance Inventory)
- Belbin

Talent Management

- Development Centres

Personal Development

- Action Learning (ALS)

Coaching and Mentoring

- Access a Coach
- Coaching Skills Training
- Access a Mentor

OD Library

Contact Us


Welcome to the Organisational Development Webpage

What is Organisational Development?

There is no single definition of "Organisational Development." If we were to break it into its parts we can discover one meaning: "Organisation" has come to mean the coming together of people and resources to form a unit. "Development" in its most basic form suggests change and growth. So Organisational Development could be defined simply as "the practice of changing people and organisations for positive growth."

It plays a vital part in harnessing the Trust's collective talent, bringing about change and improving performance. It involves taking planned steps to create an environment that will enable staff to understand and deliver the Trust's objectives.

These steps include developing appropriate skills, behaviours and attitudes, and a style of leadership that will deliver the culture of the Blackpool Way.



OD: the catalyst to achieving leadership, management, team and individual performance

OD can take many forms, and typical activities include the following:

- Team Building and Development
- Talent Management
- Coaching and Mentoring
- Leadership and Management
- Personal Development
- Action Learning

Latest News


*** Library update*** 27/09/2012 10:46
by Cumberbirch Sarah (BWFH)
See our OD Library link on the left for OD handouts and articles on everything from leadership styles to the johari window!

*** Coaching Skills in the Workplace *** 16/08/2012 11:57
by Cumberbirch Sarah (BWFH)
New dates for 2013 confirmed for the Coaching Skills in Workplace - please click [here](#) for further information ...


Done

Local intranet

100%

Blackpool Teaching Hospitals 
NHS Foundation Trust

Facing the future TOGETHER as ONE



ONE Trust 100 Voices
ONE organisation, ONE future, ONE culture, ONE vision and values

In the New Year, you are invited to contribute to one of a series of Trust engagement events to:

- Celebrate the best of work attitude, behaviour and culture in each of our pre-merger organisations
- Clarify and agree the new Organisation's Vision and Values to enable us to meet future challenges (and to build on and improve the Blackpool Way)
- Understand the Trust's strategy and priorities
- Jointly identify how we want to behave at work to make the Vision and Values a reality

Staff engagement is critical to the future health of our organisation. Research by Michael West (Aston University) has shown a *strong* association between staff engagement and satisfaction, stress levels performance, and even patient mortality. So it's crucial we get as many staff engaged as possible at these events. Please come along and tell us how you would like our Organisation to be.

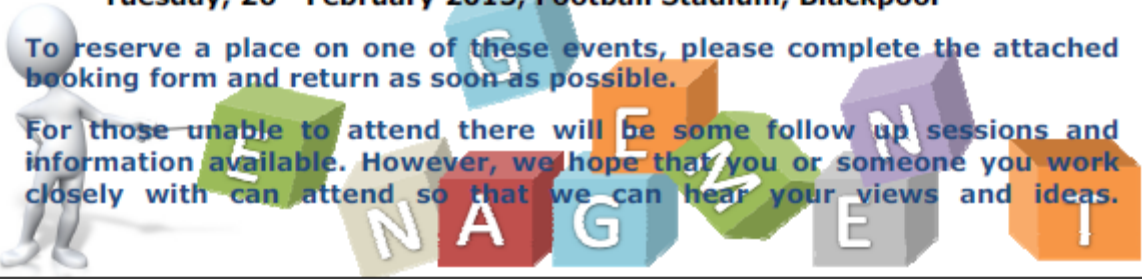
We encourage ALL staff groups/bands to be part of this exciting exercise to share and shape our future.

There are three dates to choose at three different locations.

- Friday, 18th January 2013 – Ribby Hall, Wrea Green
- Monday, 4th February 2013 – Holiday Inn, Lancaster
- Tuesday, 26th February 2013, Football Stadium, Blackpool

To reserve a place on one of these events, please complete the attached booking form and return as soon as possible.

For those unable to attend there will be some follow up sessions and information available. However, we hope that you or someone you work closely with can attend so that we can hear your views and ideas.



Delegate Booking Form



Name.....
Job Role.....
Department.....
Email.....
Contact Number.....

**CONFIRMATION OF BOOKING
WILL BE EMAILED UPON
RECEIPT.
PLEASE MAKE A NOTE IN YOUR
DIARY.**

Facing the future **TOGETHER** as **ONE**

ONE organisation, **ONE** future, **ONE** culture,
ONE vision and values

*Please note the times of all these three events are
9:30am – 4:30pm

Please tick the box on the date you would like to
Attend:

- 18th January 2013, Ribby Hall, Wrea Green
- 4th February 2013, Holiday Inn, Lancaster
- 26th February 2013, Blackpool Stadium



Please complete the booking form and
return to:


Learning & Development Department,
Wesham
Email:
NI.Trainingenquiry@northlancs.nhs.uk
Fax: 01253 953886
Tel: 01253 303175


**NB. If you are unable to attend this event
please inform the Learning &
Development Department as soon as
possible so others may then be given your
place.**



Appendix 12a



Blackpool Teaching Hospitals 

NHS Foundation Trust
FRI JAN 04 15:15:29

[ICT Service Desk](#) | [New IT Equip.](#) | [Estates Services](#) | [Medical Equip. Services](#) | [Counter Fraud](#) | [Smoking referrals](#) | [Alcohol assessment](#) | [Productive Ward](#)

[Close this ad](#)

▼ Consultation: Improving Patient Care - The Next Steps


A public consultation has begun on the future of older people's rehabilitation services on the Fylde Coast. The consultation period will close on Thursday, 31st January 2013. All staff are invited to find out more on our [public consultation site](#).

[Consultation document](#) | [Watch the DVD](#)
[Meeting dates/times](#) | [Staff FAQs](#)


▼ Christmas Wishes:

Instead of sending Christmas cards to family, friends and colleagues, why not [make a Christmas Wish](#) and donate to the Blue Skies Christmas Wishes Fund and [Tree of Lights](#).

Wishing you a wonderful Christmas and blessed 2013!
Graeme Harrison, Chaplain



@TimWelchNHS



[All your Mandatory Training information is here.](#)

▶ Latest News: Park and Ride - 6th Dec - 4th Jan

▼ Divisions and Departments: Search:

Scheduled care: Unscheduled care: Corporate Services: Facilities & Clinical Support: Non-Divisional: Can't find it? A to Z	eDischarge System eReferrals Question Time Document Library Communications Clinical Pathways Library Services Room Booking System Vacancy Panel Tim Welch's twitter feed
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▼ System Access: Search:

Clinical: Clerical: Training: Resources: A to Z:	- Vision - ALERT Access - HISS Live - HISS Web Live - PACS: BFWH Radiology - Pathology - Pathology (Cyberlab) - Live Inpatients Search - Assessments - 2012 Ed: Palliative Care Prescribing Booklet - Antimicrobial Formulary - Antimicrobial Guidelines Summary
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Flu Vaccinations are now being given to staff - Have you had your jab?:

Scheduled and Unscheduled Care:
Trained vaccinators will provide your vaccination. Please contact your ward manager / matron for further details or see: [Scheduled Care poster](#) / [rota](#); [Unscheduled Care poster 1](#) / [poster 2](#).

Corporate Services / CS and FM:
Occupational Health will be carrying out vaccinations. Please see [this rota](#) for dates and times. Additional dates: Friday 16th November from 8.30-12.00.

Community Staff:
Dates, times and locations are available [here](#).

TOTAL VACCINATIONS:
3865



(We have vaccinated 70% of

▼ Staff Survey 2012:

The Staff Survey for 2012 is now closed. Thank you to all staff who took part and provided feedback.

Final response rates are shown here:


100%	75%	50%	25%	0%
Sched Care Division	Unsched Care	Community Services	Corporate Services	CSFM
49%	35%	44%	74%	68%
Total Response Rate 49%				

Done

Unknown Zone (Mixed) 100%

Help UNICEF...

...buy your cards and gifts for all occasions from UNICEF



unicef
unite for children

Appendix 12b

Home

Welcome Reid Michael (BFWH) | My Site | My Links |

Blackpool Teaching Hospitals Home

All Sites Advanced Search

Home Divisions Search Trust Document Library eReferrals

View All Site Content

Home

SharePoint Home.

Welcome to SharePoint. Please use the links below to find information and resources within the SharePoint environment.

What Is SharePoint?
Our SharePoint environment is an extension of the intranet service, and it provides a set of tools that allow you to share information with colleagues. You can use it to store documents, arrange meetings (and keep meeting documents together), create web pages with useful information for staff and much more.

How can I find out more?
Please contact Paul Fearnley, Mark Greenwood or Simon Hawtin if you would like to find out more about SharePoint.

For help with some common tasks in SharePoint see the SharePoint Shepherd online guide

Please choose a section:

- Acting Chief Executive's twitter**
Acting Chief Executive's twitter feed, updated by Tim Welch.
- Vision**
Using Information and IT to Support Better, Safer Care for Patients.
- e-Discharge**
Electronic discharge of patients from the Trust.

Divisions:

- Cardiac Services**
- Clinical Support**
- Community Health Services**
- Corporate Services**
- Facilities**
- Medical Division**
- Surgical Division**
- Women and Children's Division**

Tim Welch IHS

Twitter / timwelchnhs

timwelchnhs: Merry Christmas and Happy New Year everyone!
timwelchnhs: YouTube link to #flufighter superstar Phil! <http://t.co/vOnKvsk5>
timwelchnhs: Congratulations to Lee and Phil for their expanded flu video involving the National Commissioning Board! <http://t.co/DWLCIZTM>
timwelchnhs: RT @BlackpoolHosp: If it's not an emergency, don't go to A&E or ring 999. Consider a pharmacist, your GP, NHS Direct <http://t.co/519...>
timwelchnhs: RT @BlackpoolHosp: Christmas is coming - be sure you choose the right healthcare this Christmas #NHSXmas - <http://t.co/shf5o5y>

Other sites:

- BFWNet**
Return to the Trust's main intranet.
- Trust website**
Visit the trust's website.
- Lancashire Cardiac Centre**
Visit the Lancashire Cardiac Centre website.
- Blue Skies Hospitals Fund**
Visit the Blue Skies Hospitals Fund website.

BBC News - Health

- Men's cancer risk 'set to climb'
- Antibiotics 'ineffective for coughs'
- Tumour boy set to undergo surgery
- Winter bug cases '83% up on 2011'
- Pakistan polo drive scaled back

Done

Local intranet 100%

Appendix 13

Improving Clinical Quality through Audit, Research and Development and Service Evaluation

Friday 5th October 2012, HPEC 9.30 – 16.00

Agenda

9.30 Opening speech – Ian Johnson, Chairman

9.40 The role of audit in quality improvements by Dr Richard Morgan /Tracy Burrell

9.55 The role of Research and Service Evaluations in quality improvements by Dr Megan Thomas/ Michelle Stephens

10.10 Evidence into practice by Michael Reid

10.30 – 11.00 Refreshment break and poster display

11.00 – 11.10 Intro by Tracy Burrell and Michelle Stephens

11.10 – 11.30 **Improving the care of the critical ill patient** Louise Kippax-Davis, Critical Care

11.30 – 11.50 Cardiology Research (R&D) Lesley Helliwell, Cardiology

11.50 – 12.10 Massive transfusion (SE) Dr Dan Kelly, Critical Care

12.10 – 12.30 **Presentation 4 (PCT Audit)** **TBC, Dr Annand?**

12.30 – 12.50 FAST Forward (R&D) Leanne Smith/Tina Robinson, Oncology

12.50 – 13.30 Lunch and poster display Room 1

13.30 – 13.50 Quiz

13.50 – 14.10 **Presentation 1 (Audit)** Dr Simon Tucker, A&E

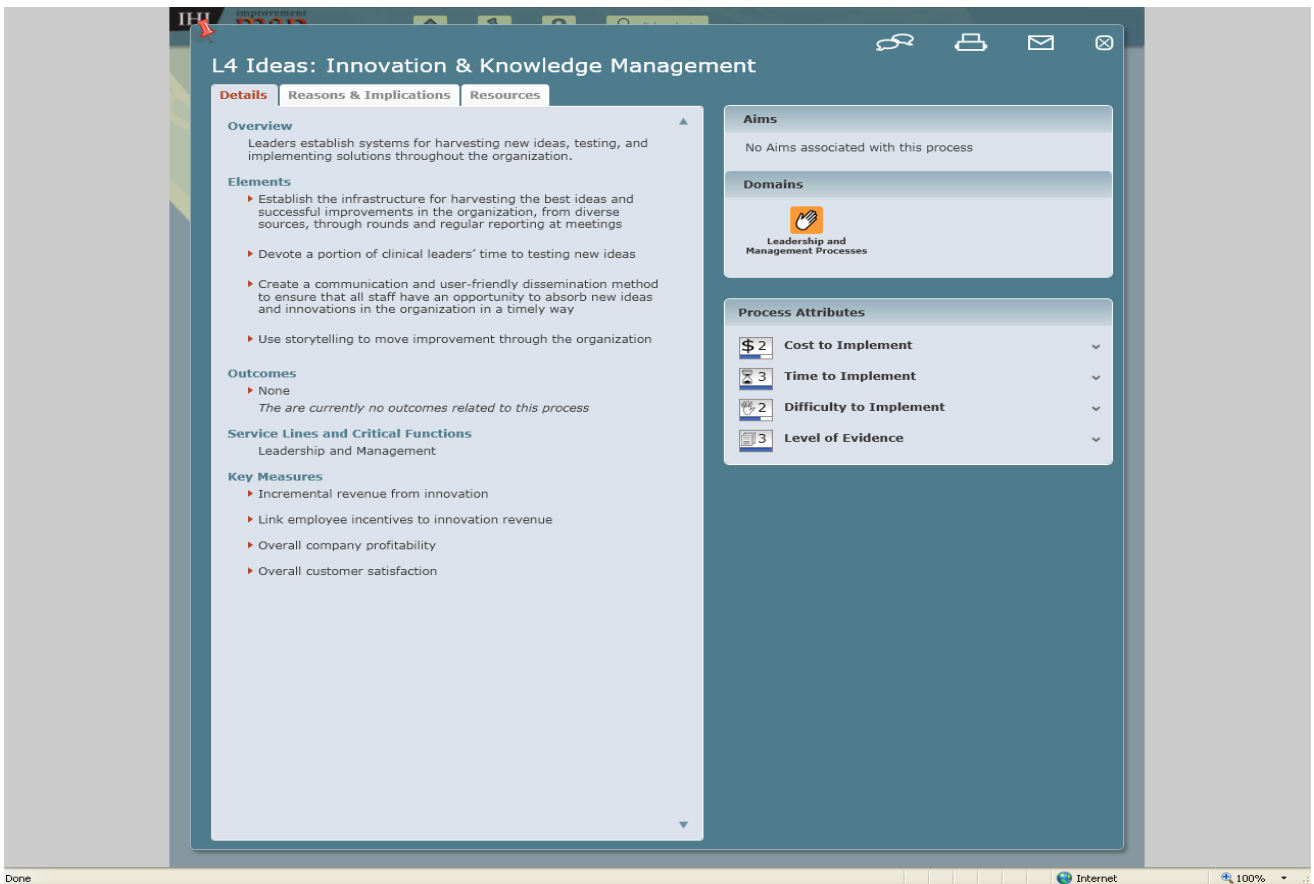
14.10 – 14.30 **Presentation 2 (R&D)** Mr A Tang, Cardiothoracic Research

14.30 – 15.00 **Presentation 3 (SE)** **TBC, Surgery**

15.00 – 15.30 Questions for the panel

15.30 Closing remarks - Aidan Kehoe, Chief Executive

Appendix 14



11. Bibliography

Books

Easterby-Smith M, Lyles MA. (eds.) *Handbook of Organisational Learning & Knowledge Management*. 2nd ed. Chichester: Wiley; 2011.

Handy C. *Understanding Organizations*. 4th ed. London: Penguin; 1993.

Hooijberg R et al (eds.) *Being there even when you are not*. Monographs in Leadership and Management, Volume 4. Amsterdam: Elsevier Ltd; 2007.

Schein EH. *Organizational Culture and Leadership*, 3rd ed. San Francisco, CA: Wiley; 2004.

Journal articles: print

Gershon D. Changing Behavior in Organisations: The Practice of Empowerment *The Systems Thinker* 2006; 17(10): 2-5.

McGurk J, Baron A. Knowledge management - time to focus on purpose and motivation *Strategic HR Review* 2012; 11(6): 316-321.

Schraeder M et al. Organizational culture in public sector organizations - Promoting change through training and leading by example *Leadership & Organization Development Journal* 2005; 26(6): 492-502.

Teh P-L, Sun H. Knowledge sharing, job attitudes and organisational citizenship behaviour *Industrial Management & Data Systems* 2012; 112(1): 64-82.

Ward S, Wooler I. Keeping knowledge flowing in a downturn *Business Information Review* 2011; 27(4): 253-262.

Reports

Blackpool Teaching Hospitals NHS Foundation Trust. *Annual Report and Accounts 2011-2012*. Blackpool Teaching Hospitals NHS Foundation Trust. 2012.

Miller L, Fairhurst P, Chubb C. *Market Research for Online Communities in the NHS: A report to the NHS Institute for Innovation and Improvement*. Institute for Employment Studies. 2010

National Patient Safety Agency. *Falls in hospital*. National Patient Safety Agency. 2007.

Web pages and websites

Advancing Quality Alliance. *Snapshot Safer mental health services*.
https://www.aquanw.nhs.uk/content_items/3822 (accessed 18 Dec 2012)

Department of Health. *Guide to new health and care system*.
<http://healthandcare.dh.gov.uk/guide-system> (accessed 29 Nov 2012)

NHS Leadership Academy. *NHS Leadership framework and model*.
<https://www.leadershipacademy.nhs.uk/discover/leadership-framework/> (accessed 29 Nov 2012)

NHS Connecting for Health. *Knowledge management*.
<http://www.connectingforhealth.nhs.uk/km> (accessed 29 Nov 2012)

Institute for Healthcare Improvement. *Improvement Map - Leadership and Management processes*. <http://app.ihl.org/imap/tool/> (accessed 12 Dec 2012) Username and Password required.