



Knowledge Mobilisation Framework



Knowledge Mobilisation for Health Organisations

The NHS Knowledge Mobilisation Framework provides a set of tools and techniques to help people to learn before, during and after everything they do so that good practice can be replicated and pitfalls are avoided.





Knowledge Mobilisation Framework

Healthcare is a knowledge based industry. Sharing the 'know-how' of staff, using research evidence and implementing best practice are all business critical. Knowledge Mobilisation emphasises learning throughout an activity's lifecycle: learning before, during and after:

Learning Before

Who has done similar work before?

Who has worked with this client before?

Where have we got similar skills?

Learning During

What have we learned so far?

Are we on track?

What did we anticipate correctly?

What did we not anticipate?

Learning After

What did we deliver?

What did we achieve?

Did the outcome differ from our original goals?

If, how? What went well?

What went not so well?

The tools and techniques of the Knowledge Mobilisation Framework facilitate learning and support strategic planning, operational delivery and sustainability.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>



Health Education England





Self-Assessment Tool:

Using external evidence and organisational knowledge

1 hour



Use this simple framework to quickly assess how the organisation can make better use of knowledge as an asset and identify opportunities to develop and learn.





Self-Assessment Tool:

Using external evidence and organisational knowledge

Speak to your NHS Library and Knowledge Service representative to facilitate use of the tool.

1. Agree the capacity in which you are going to complete the framework – Individual, Team, Directorate, Organisation-wide viewpoint.
2. Work through sections 1-4 of the tool – Leadership, Behaviours, Capabilities & Working Practices, Knowledge Resources.
3. Read each criteria and identify the statement that best describes the current situation within your team or organisation.
4. Select the number that you feel best represents your current situation and identify where you would like to be.
5. Use the resulting report to consider where there are opportunities to develop.
6. Discuss your report with your NHS Library and Knowledge Service representative to prioritise initiatives, draw up an action plan and implement the agreed priorities.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS

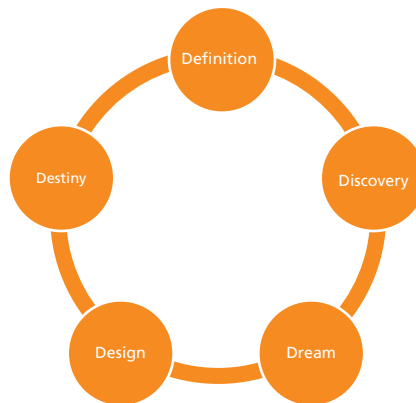
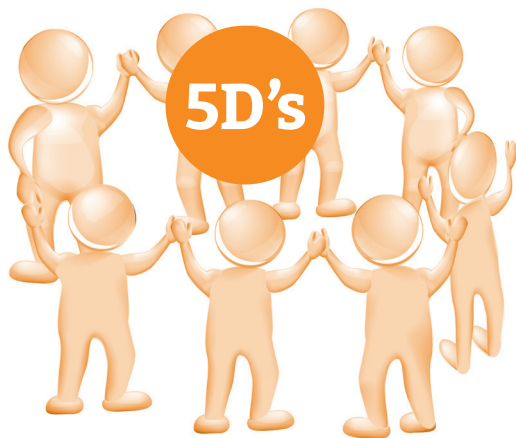
Health Education England





Appreciative Inquiry

2 hours – 1 day



A different way to see and be in the world, to learn and build on what we do well rather than focusing upon problems. Appreciative Inquiry can generate ideas, energise changes and stimulate innovation on a large scale.





Appreciative Inquiry

Use to celebrate what is already working well, analyse why and engage teams to do more of this to build upon past success and move towards the best future that can be imagined.

- 1. Definition.** Frame the topic, what is the inquiry?
- 2. Discovery.** Be curious about how to build upon past success. What has worked well before and why? Capture each story in a single sentence.
- 3. Dream.** Small groups imagine what a positive outcome would look like. What would we love to see happening? What's different? Energy is generated by expressing this future creatively.
- 4. Design.** What must we do now to make our dreams a reality? Think about actions, processes, systems, changes that could bring the dream into reality.
- 5. Delivery.** How will we take our topic forward? How will we measure success? Encourage individuals to suggest ideas that they can own and take forward incrementally.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

Health Education England





Peer Assist

1/2 day



A structured facilitated meeting or workshop where people are invited from other business units or other businesses to provide their experience, insights and knowledge to a team who have requested help.





Peer Assist

A facilitated meeting with peers from previous similar projects to share experience, knowledge and insights.

Preparation: Appoint a facilitator, choose a date and invite peers giving plenty of notice. Circulate background information including purpose and objectives of the peer assist meeting.

1. Home team present context, history and plans for the future and what they hope to get out of meeting.

2. Visitors take up the baton and ask questions & provide feedback about what worked well for them and what could have been done better.

3. Home team analyses & reflect on what's been learned and examine options.

4. Visitors present feedback, answer questions and agree actions with home team.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS
Digital



Before Action Review

15 mins to
1/2 day



The Before Action Review helps a team state their intention (task, purpose and end-state) just before commencing the project, project stage or a piece of work, but also adds the discipline of predicting challenges and risks and, most important, drawing on lessons learned from past experiences.





Before Action Review:

A short preview session that considers what issues might arise during a piece of work - anything ranging from a workshop to a project stage.

Preparation: Conduct before the event leaving enough time to act upon what you might decide - appoint someone as facilitator.

1. What are we setting out to achieve?
Why are we taking this action? Who's doing what? What challenges and risks can we anticipate?

2. What can be learned from similar situations and past projects from elsewhere?
What is the advice of others who have done this? What have we learnt from similar situations? What do the lessons learned tell us?

3. What will help deliver success?
How might we know if the action works?

4. What are the actions we need to take to avoid problems and apply good practice?
What is most important for, and will help deliver success?

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

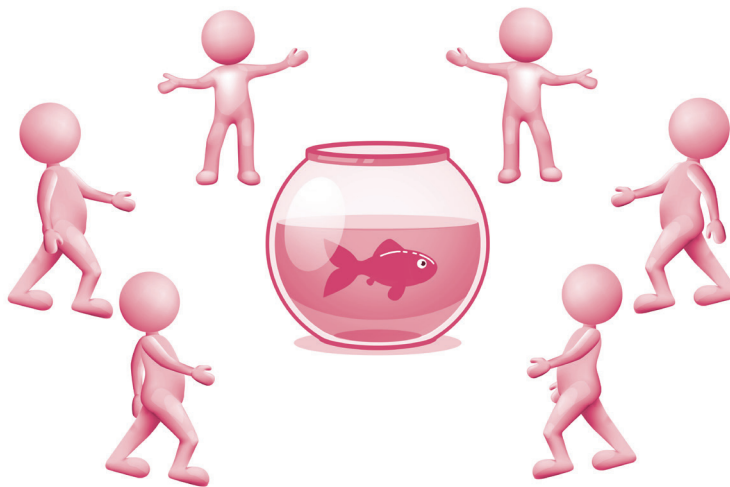
NHS
Digital





Fishbowl

1.5 hrs



Fishbowl conversations are a useful technique for debating “hot topics” or sharing ideas and knowledge from a variety of perspectives. They can be used as an alternative to the traditional panel discussion or debate enabling more dynamic participation.





Fishbowl

A Fishbowl can be “open” where anyone can join the discussion or “closed” where a group of experts debate the question observed by an outer circle of observers

Preparation:

- Appoint a facilitator and scribe
- Arrange an outer circle with easy access to three or four chairs in the inner circle
- Identify a stimulating question for discussion
- Identify and brief your inner-circle participants that will start the discussion

Tips:

- Adapt your fishbowl to ensure it is fully inclusive and everybody can take part
- Use a prop to ensure only one person speaks at a time – a toy fish works well
- Observers may also take notes

1. The facilitator explains the fishbowl, poses the question and invites the inner circle participants to take turns expressing their view.
2. In an open fishbowl those who would like to join the conversation may do so by occupying the spare chair in the inner circle. When a new person joins someone else should leave.
3. The scribe captures the key points raised in the discussion and presents these back at the end of the session.
4. The facilitator invites others to join the conversation, manages the time and leads a short debrief about the effectiveness of the technique at the end.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

Health Education England





After Action Review

15 mins to
1/2 day



A short structured meeting held immediately after a short term activity such as a task within a project, for example, a training session, a go live day or an engagement meeting. Usually facilitated by one of the team members, all who were involved in the 'action' should participate in the After Action Review.





After Action Review

A short learning session held immediately after a discrete piece of work such as a process mapping workshop or a training session.

Preparation: Conduct immediately following the event and involve everyone who took part in the 'action' - appoint someone as facilitator.

1. What was supposed to happen?

2. What actually happened?
What went well and what could have been done better?

3. Why was there a difference?
What caused the results?

4. What can we learn from this?
What actions can be taken to improve or sustain what went well?

Capture the lessons learned in the lessons learned repository for the benefit of others

Email: KFH.england@hee.nhs.uk
<https://rebrand.ly/KMTEL>

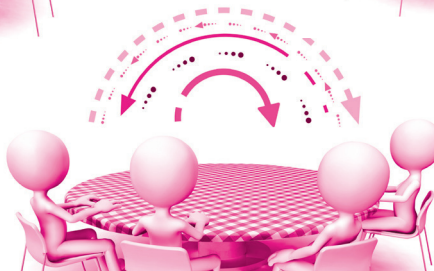
NHS
Digital





Knowledge Cafés

1–2 hours



Knowledge Cafés encourage productive conversations to help people learn from each other. They can help people to solve problems, break down silos, drive innovation and build a community. The value of the Café is in the conversation itself and the learning that each individual takes away.





Knowledge Cafés

Before the Session:

- Spend time devising a single open-ended question to stimulate conversations
- Invite participants (between 12 – 24 people is ideal)
- Arrange your room with small round tables that can seat 4/5 people.

Options:

An invited speaker can introduce the theme but this should be limited to 15 minutes to allow adequate time for the conversation to take place.

If time is short consider running a 30 minute Espresso Café.

1. Facilitator explains how the café will run, introduces the theme and poses the question.
2. The small groups are invited to have a self-facilitated conversation based upon the question.
3. After 15 minutes groups are invited to swap tables to begin new conversations, meet new people and get different perspectives on the question.
4. After 45 minutes come back together as a full group to share ideas and learning from the conversations that have taken place. Individuals may suggest an actionable insight if appropriate.
5. If the group agrees, ideas from the conversation can be captured and shared after the session but this must not inhibit the conversation.

Email: KFH.england@hee.nhs.uk
<https://rebrand.ly/KMTEL>

Health Education England





Randomised Coffee Trials

30 mins



Randomised coffee trials enable people to meet and connect with one another at random, giving them time to talk about whatever they wish, perhaps over a cup of coffee. Randomised coffee trials help to build relationships, improve communication, encourage collaboration, sharing knowledge and ideas.





Randomised Coffee Trials

Before the Session:

- Recruit senior leaders
- The co-ordinator can re-match pairs to ensure participants get to meet someone new
- Although usually used in a single organisation Randomised Coffee Trial can be run across organisations or professional groups
- You can give pairs questions to prompt conversation but there are no rules
- The co-ordinator may choose to arrange a time and a place for conversations to take place

1. The co-ordinator invites people to join the trial.
2. Randomly match people to pairs using a spreadsheet or online random group creator.
3. Tell people who they are paired with.
4. Give them 6–8 weeks to arrange to meet for 30 minutes. Ideally this would be face to face but it can be virtual over Skype or phone.
5. Send a reminder to ask people to meet and ask for feedback.
6. Share the success and ask the organisation if they want to do it again.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS

Health Education England



Communities of Practice

Anytime,
anywhere



A Community of Practice is a group of individuals who come together to share ideas, develop expertise and solve problems around a topic of interest. Communities of practice can be made up of people across the NHS and beyond, so that knowledge is shared and re-used widely.





Communities of Practice

Three Characteristics of a Community of Practice

1. The Domain

An identity defined by a shared domain of interest – similar roles or expertise

2. The Community

Interaction and learning together members of the community engage in joint activities and discussions, help each other and share information.

3. The Practice

Developing stories, cases, documents and lessons learnt to inform shared practice. Building a knowledge base.

Steps for building a community

1. Planning: Is there a need? Is there a common purpose? Who will be core members?

2. Creating: How will you recruit? How will you encourage interaction – in person or virtually? What tools will you use to support the Community?

3. Building the knowledge base: How will you capture and present knowledge from experience? Will you provide an alerting service to keep members up-to-date?

4. Reviewing: Is your community still relevant and meeting needs? Does the community need to evolve into something new? If no longer active does the community need to be closed and the knowledge archived?

Email: KFH.england@hee.nhs.uk
<https://rebrand.ly/KMTEL>

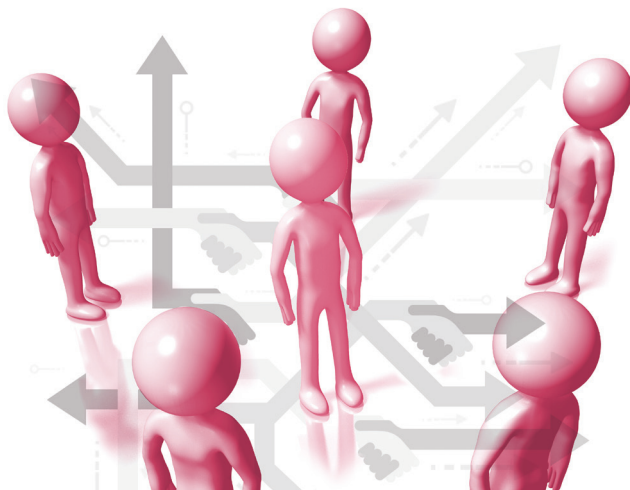
Health Education England





Action Learning Sets

3–4 hours



GOAL

What do you want?

REALITY

What is happening now?

OPTIONS

What could you do?

WILL

What will you do?

A supportive environment for enabling small groups to meet regularly to discuss, reflect and find solutions to work-related issues or to develop skills in a common area of interest. This tool is especially geared to learning and personal development.





Action Learning Sets

Tips:

- Organise a series of regular action learning sets at a time and place where everyone can attend.
- Come to the set with a real-life issue that you want to solve.
- Appoint a facilitator from within the group.
- Adopt active, attentive listening.
- Create a supportive confidential environment.
- Focus on questioning to help an individual understand the issue and identify the action they will take forward.
- Use open questions – avoid closed, leading and multiple questions.

Re-used and adapted with permission from
Jo Walley Coaching

Structure for “open” Learning Sets

Report In. Be open and honest about feelings, pre-occupations and provide an update on key actions taken since the previous set.

Bidding. Individuals take turns to present their current issue and indicate level of need.

Presentation. The presenter outlines their issue or challenge

Questions and Actions. The group ask questions in turn to help the presenter come to a deeper understanding to review options and decide on actions.

Optional “Gift” Round. The presenter may request each person to express their personal opinion, comment or advice. There is no discussion.

Learning and Review. In turn share learning from the round and then review the action learning set process.

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS

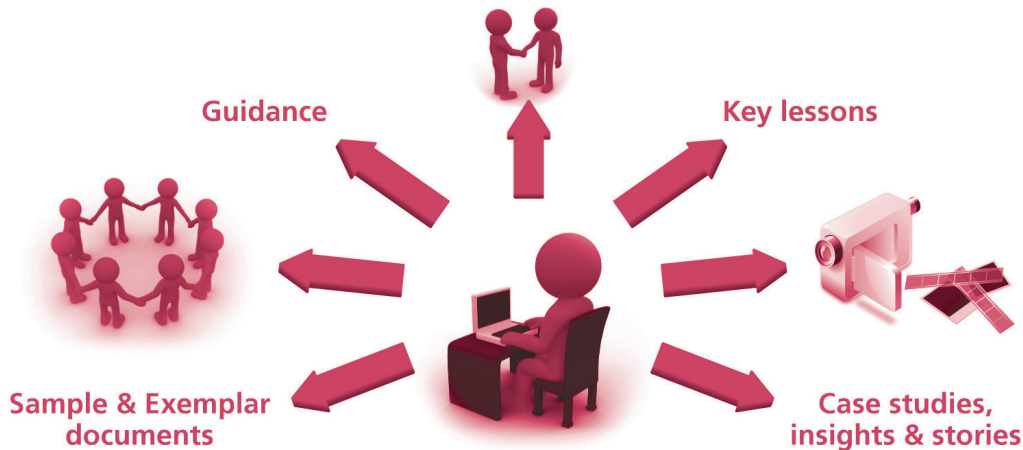
Health Education England





Knowledge Assets

Create, use, update



Knowledge and experience, captured and packaged in one place to be of maximum use to people who could benefit from that learning in the future. Knowledge Assets may contain key lessons learned, case histories, key contacts and best practice.





Knowledge Assets

Knowledge Assets should be exciting, enticing, easy to read and easy to assimilate. The knowledge needs to be presented in bite-sized chunks, in an intuitive way, illustrated with diagrams, videos and pictures, and easily cross referenced.

1. Identify an audience for your knowledge asset
2. Ensure there is clarity about what the knowledge asset is all about
3. Ideally a knowledge asset should be owned by a community of practice
4. Collate existing material and design the structure
5. Add context to allow users to understand purpose and relevance of the knowledge asset
6. Add navigational aids
7. Emphasise links to people
8. Validate the knowledge asset
9. Publish it!
10. Maintain it

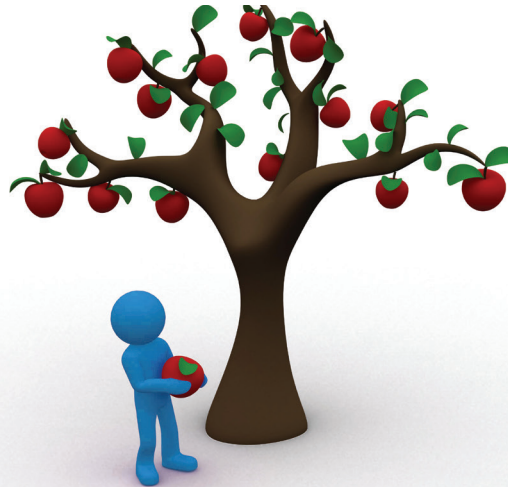
Email: KFH.england@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS
Digital



Knowledge Harvesting

4 hours



A structured approach to help an organisation understand and record the knowledge and experience of people, often before they leave or move roles.





Knowledge Harvesting:

The key stages in knowledge harvesting are;

- Identification of key knowledge areas
- Confirmation of the individuals who have this key knowledge
- Preparation for the knowledge harvest
- Knowledge harvest interview, typically 4 hours
- Initial packaging of the material
- Approval of the material by the interviewee
- Creation and then publication of the knowledge asset

Consult the Surrey and Sussex Healthcare NHS Trust knowledge retention and transfer leaver's toolkit <https://rebrand.ly/sashleavertk>.

How to undertake a knowledge harvesting interview:

1. Start early

The whole process from identifying an interviewee to launching a knowledge asset typically takes around 7 weeks.

2. Ask the right questions

Input from the recipients for the expert's knowledge helps to ensure the knowledge asset will be of maximum benefit to them.

3. Decide the best way to package this knowledge

Make the harvested knowledge available for the organisation or team as a knowledge asset.

Email: KFH.england@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS
Digital



Retrospect

4 hours



A structured facilitated meeting or workshop at the end of a project (or major project stage), to capture the knowledge before the project team disbands.





Retrospect

Appoint a facilitator and call the meeting soon after the close of the project/project stage.

Invite all the people and key stakeholders who were involved.

1. What was the objective of the project?
What did or didn't we achieve? Why?

2. What were the successes? Why?
How can we or others repeat the success in the future?

3. What were the disappointments Why?
How can we or others avoid them in the future?

4. Marks out of 10 for the project as a whole?
What would have made it a 10?

Capture the lessons learned in a repository for the benefits of others

Email: KFH.England@hee.nhs.uk
<https://rebrand.ly/KMTEL>

NHS
Digital

