Report 23b: A knowledge management and evidence-based practice strategy for adult social care in the North West of England

north west
joint improvement
partnership

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scie

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1   Introduction

There is a vital need for improved knowledge management (KM) in order to deliver the transformative goals of recent policy directives in adult social care - such as Putting People First, Transforming Adult Social Care, Valuing People Now, the national Carers' Strategy and the national Dementia Strategy. This means a whole systems approach based on collaboration across sectors and organisations; workforce development; service redesign and improvement; and a central focus on empowering service users through personalised services (NHS Education for Scotland & IRISS, 2009). Social care practitioners, managers and commissioners need to have access to the best available evidence on effective social care interventions and practices in order to deliver transformed, personalised social care services. In addition, social care professionals need to be able to interpret and apply this evidence to their practice.

In response to our increasing recognition of the importance of knowledge management, the North West Joint Improvement Partnership (NW JIP) has commissioned the Social Care Institute for Excellence (SCIE) to undertake a review of KM and evidence based practice (EBP) in the region. The NW JIP is an alliance of agencies (e.g. Department of Health, ADASS, CSIP, CSED, Skills for Care) that has agreed a number of regional improvement priorities that address adult social care, health and well-being. This review has resulted in the strategy presented here which sets out our vision for taking forward KM and EBP in the region and for ultimately enhancing the performance of local authorities and their partners in the north west.

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1.1　What is this strategy trying to achieve?

This strategy aims to support the five guiding principles of KM (Cooke, 2004), i.e.:

1. Encourage top level management support for KM ('**commitment**')
2. Support the development of a reflective learning culture ('**culture**')
3. Facilitate access to the 'knowledge' base ('**content**')
4. Provide people with the skills to find, share, evaluate and organise, as well as undertake research ('**skills**')
5. Ensure that the appropriate infrastructure is in place to support KM ('**networking and infrastructure**')

1.2　Who is the target audience for this strategy?

The primary target audience for this review is the NW JIP. However, other stakeholders and "interested parties" include SCIE, Research in Practice for Adults (RIPFA), the Care Quality Commission (CQC), the Association of Directors of Adult Social Services (ADASS), Skills for Care, adult social care practitioners, managers, commissioners and policy makers at local authorities, adult social care practitioners, managers, commissioners and policy makers at provider organisations, the Improvement and Development Agency (IDeA), North West Higher Education Institutions (HEIs), NHS North West, and people who use services and carers.

1.3　Why have a regional strategy?

By having a regional strategy, the profile of KM and EBP in the north west will be raised which will hopefully encourage individual organisations to develop and share their own KM activities. Doing things at a regional and sub-regional level will also help to reduce unnecessary duplication of time and effort. It is essential to recognise that the focus of this strategy is on how the NW JIP can enable and encourage KM and EBP developments in the region, rather than for individual organisations to view this strategy as a mandate that they must follow.

2.　Background

2.1　What is knowledge management?

There are many different definitions of knowledge management (KM) (Bates & Ross, 2008; National Library for Health, 2008). In simple terms, KM can be thought of as ensuring that the right information is available to the right people in the right format at the right time (Beverley, 2007). For the purpose of this strategy and for the NW JIP, KM is defined as:

"*The creation and subsequent management of an environment which encourages knowledge to be created, shared, learnt, enhanced, organised and utilised effectively and efficiently for the benefit of adult social care practice.*" (Based on a definition by TFPL, Knowledge and Information Management Services, 2008)

It is acknowledged that some people believe that the phrase KM is unhelpful because knowledge is not a "thing" that can be "managed" (Malhotra, 2002; CSIP, 2006). However, the term KM is commonly used in the private sector, and is increasingly being adopted within public services, including the NHS and social care.

There are two types of knowledge: explicit and tacit (De Brún, 2005). Explicit knowledge is knowledge that has been documented and stored in paper and/or electronic format (e.g. reports, procedures, books, journal articles, etc.). Tacit knowledge is the knowledge that individuals have gained through experience, and tends to be stored in their heads.

KM is more concerned with tacit knowledge; with harvesting knowledge from individuals, presenting it in a format that can be shared with others, and encouraging people to build on what has already happened, learning from past events (De Brún, 2005). In contrast, information management refers to the retrieval, collation, storage and dissemination of explicit knowledge (De Brún, 2005). However, inevitably the two concepts are interlinked and often considered as one.

KM can be thought of as an extension of evidence based practice (EBP), or alternatively EBP as an extension of KM (Beverley, 2006).

2.2   What is evidence based practice?

Evidence based practice (EBP) requires individuals to ask searching questions about their practice and the services they provide; for example, why are we doing this?, does it have to be this way?, does it work?, is there a better way?, how can we make this happen? Questions such as these can be answered by making good use of all available knowledge, including research, feedback from people who use services, practitioner expertise and performance data. It may also be necessary to generate new evidence by conducting local research. In light of all the evidence gathered, decisions about policy and practice can be made that will improve outcomes for service users, carers and staff (Research in Practice, 2002).

For the purpose of this strategy, EBP is defined as:

"*Asking challenging questions about our practice and using the best available evidence (e.g. research findings, practitioner expertise and user views) to inform our decision-making.*" (Based on a definition by Research in Practice, 2002).

2.3   Why is knowledge management important?

Time and resources are often wasted because people are repeating the same practices and developing methods over and over again, rather than sharing what they know through reliable local, regional, national and international networks (Beverley, 2006; Centre for Local Governance, 2008a). In addition, sharing knowledge of lessons learned is thought to result in improved patient and service user care, safety and satisfaction, increased staff motivation and learning opportunities, improved opportunities for practice-based research and innovation, as well as better communication and IT systems (De Brún, 2005).

SCIE is currently working with RIPFA on behalf of the Department of Health to develop a method to assist social care practitioners to reflect upon and share practice developed. This has been termed the **Good Practice Framework**. It does not seek to impose an external judgement on practice but encourages internal self-audit with a view to sharing the process of practice delivery more widely.

3 Where are we now?

The accompanying review provides a detailed picture of where the north west currently is in terms of KM and EBP. The main points are summarised below:

- The terminology used (KM and EBP) remains confusing and inaccessible for some people.

- Much KM activity is uncoordinated and undertaken as part of other agendas, in particular, performance. The focus should be on raising the profile of KM and co-ordinating existing activities, rather than necessarily creating new systems and processes.

- Consideration needs to be given to the specific KM and EBP requirements of the NW JIP itself.

- Cultural issues are a major barrier for taking forward KM and EBP within individual organisations. Approaches to embedding KM into everyday practice include incorporating KM and EBP into job descriptions; having specific service plan, team plan, appraisal and supervision targets relating to KM and EBP; incorporating knowledge sharing activities on team meeting agendas; giving staff half a day a month as reflective learning time, in line with practice in the NHS; and improving the co-ordination and dissemination of research undertaken by PQ and Masters students.

- There are already multiple sources of evidence; the challenge is to co-ordinate these and make best use of them regionally. Existing resources produced by SCIE (e.g. Social Care Online) and RIPFA need to be promoted more widely.

- There is considerable overlap and duplication of effort with existing regional networks and "communities of practice", i.e. groups of people who share a common interest in a specific area and are willing to work and learn together over a period of time to develop and share that knowledge.

- Formal KM tools and techniques (e.g. after action reviews and lessons learned) appear to be underutilised within the region.

- There is a strong collaborative social work research community in the region, led by several specialist research departments at HEIs.

- Multiple approaches to evidence dissemination are required. SCIE and RIPFA have a valuable role to play in summarising, quality assuring and disseminating evidence, both nationally and regionally. It is important to acknowledge the strengths of each organisation, rather than encourage competition and duplication.

- Although much of the technology and infrastructure to support KM and EBP is dependent on individual organisations, there is potential to apply and extend national mechanisms, such as the Athens pilot and CKOs, regionally.

- There is a need to improve the KM skills of the adult social care workforce, both regionally and nationally. It is debatable where the focus of such training should lie. Multiple approaches will therefore be required, including providing formal KM skills training to KM and EBP leads at local authorities; providing a basic introduction to KM which is accessible to all, i.e. including service users and carers; as well as promoting existing pre-evaluated and summarised sources of evidence, such as those produced by SCIE and RIPFA, to everyone.

4   Where do we want to be?

Our vision is that adult social care practitioners, managers, policy makers, commissioners, providers, and people who use services and carers in the north west have the resources, skills and confidence to seek, access, share, interpret and apply knowledge about effective and efficient adult social care practices, thereby resulting in improved outcomes for service users, carers and staff.

The NW JIP will facilitate and enable this to happen by working collaboratively with other organisations both regionally and nationally (e.g. SCIE, RIPFA, Skills for Care, HEIs, NHS North West, individual local authorities, provider organisations, people who use services and carers).

5   How are we going to get there?

The following recommendations for the NW JIP are made in the accompanying review:

1. To collate and disseminate examples of KM strategies, organisational structures and activities within the region. The publication of the accompanying strategy will help in this respect.

2. To clarify the longer term remit of the NW JIP's "evidence" workstream, as well as investigate further its own requirements for KM (e.g. in terms of having a dedicated KM person). The continued inclusion of KM within the remit of the NW JIP will help to ensure visible leadership of this strategy.

3. To work with SCIE to develop an introductory guide to KM and an accompanying toolkit, with regional case studies. This will include tips on addressing the cultural issues associated with KM.

4. To facilitate the collation and dissemination of good practice examples in the region in line with the NW JIP workstreams (i.e. personalisation, commissioning, early intervention and prevention, workforce and leadership, etc.) Ideally, these examples should be accessible regionally (e.g. via the NW JIP web site), nationally (e.g. via the SCIE web site) and via subject-specific sites (e.g. via the relevant Department of Health Care Networks).

5. To utilise the Good Practice Framework currently being developed by SCIE to inform the collation and dissemination of regional good practice examples.

6. To investigate further the potential of using the Department of Health Care Networks to facilitate knowledge sharing within the region. This is in preference to the NW JIP setting up its own separate networks.

7. To review the NW JIP's current networks and group membership to maximise their effectiveness and efficiency.

8. To support the piloting and evaluation of SCIE's KM e-learning resource within the region.

9. To support and promote the roll-out of the SCIE Athens pilot to all 23 local authorities in the north west.

10. To encourage all local authorities in the region to identify a Chief Knowledge Officer (CKO), in line with developments in the NHS.

A detailed implementation plan and related project initiation documents (PIDs) will be developed once the above recommendations have been agreed and finalised by all stakeholders.

6 How will we measure progress?

Once the above recommendations have been agreed, desired outcomes and success criteria will be developed for each recommendation. Progress on the implementation of this strategy will be monitored via the NW JIP project management processes and monthly NW JIP programme leads meetings.

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