## Knowledge Mobilisation Self-Assessment Tool: Making the most of your evidence and knowledge assets. Using research evidence, good practice, managing organisational knowledge and staff 'know-how' Section 1: Leadership

Leadership	1. Not	hing in Pla	ice Yet	2. In	Early Stag	ges	3. Pocke	ets of Good	d Practice	4. Busi	ness as Usu	al
1.1. Our leaders and their teams use research evidence and good practice to inform their decisions.	or god used a	nce from rod practice at all to info, practice ons.	e are not orm			teams use at already	occasion use rele evidence	ders and to nally seek vant resea e and goo n decision	-out and arch d practice	Our leaders and teams underpin most decisions with robust research evidence and good practice which has been evaluated.		
	1	2	3	4	5	6	7	8	9	10	11	12
1.2. Our leaders take a strategic view of using research evidence, good practice and managing organisational knowledge.		is no stra itment.	tegic	commit recogni is of va	s some sti ment and ition that k lue as an ational as	nowledge	evidence explicit a	ectation to e and kno and embe rategic do	wledge is dded	There is a nominated strategic lead, committed resource and established effective processes to maximise knowledge as an asset.		
	1	2	3	4	5	6	7	8	9	10	11	12
1.3. Our leaders facilitate and promote the use of research evidence, good practice and organisational knowledge.	There is no visible leadership or support for using evidence and knowledge.			Some leaders ensure people are encouraged and supported to use evidence, good practice and organisational knowledge.			Some leaders set an example in accessing evidence, sharing and learning from each other.			There is strong leadership from the top at Executive level and all leaders act as role models and reward people who share and use evidence and knowledge effectively.		
	1	2	3	4	5	6	7	8	9	10	11	12
1.4. Our leaders are building a learning health system.	Our leaders are sceptical about the benefits of using evidence from research, good practice or organisational knowledge.			Many of our leaders recognise that learning from research, good practice and sharing internal knowledge is important.			There are examples where knowledge is captured, shared and used to inform policy or practice.			There are processes in place to encourage people to work together to use tools to share and apply their knowledge, contributing to a learning health system.		
	1	2	3	4	5	6	7	8	9	10	11	12

## **Section 2: Behaviours**

Behaviours	1. Nothin	g in Place	Yet	2. In Ea	rly Stages	5	3. Pockets	of Good P	ractice	4. Business	as Usual		
2.1 Capacity to use evidence from research		o not invest ing researd		Some people and teams invest time in finding, evaluating and using research evidence and examples of good practice.			Responsibilit and use rese explicit part of	arch evide	nce is an	Our system or organisation commits appropriate levels of resource to fulfil their obligation to use research evidence to inform decisions.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.2 Approach to using research evidence and organisational knowledge to improve productivity and efficiency.	place to u research, organisati	no process se evidenc good pract onal knowl e productivi	e from tice or edge	People an some evic practice a to improve efficiency.	lence, goo nd prior le e productiv	od arning	Some decision have establish use evidence practice and knowledge to	shed appro e, source g manage	oaches to lood	People use evidence from research, good practice and organisational knowledge routinely, in conjunction with data, to improve quality, productivity and realise efficiency savings.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.3. Approach to innovation	3. Approach to innovation  There is no place to so innovation				People consider innovations they are aware of and innovate when a good solution already exists.			s seek, ass ations.	ess and	There is an established process to identify, review and adopt innovations.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.4. Approach to keeping up to date		no process in process		People manews and services ware familia	updating vith which		People are p requesting al areas.			Proactive targeted alerts are routinely distributed to, and used, by the right people at the right time.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.5. Capacity to use organisational knowledge	People do not invest their time in reflecting on the learning from past experiences, this leads to wasteful reinvention.			Some people and teams invest time and resource in identifying, sharing and making use of knowledge but there is also some silo working.			ation encou eams to in ource in haring and of knowled	vest	The organisation allocates resource to package evidence, knowledge and know-how so they can be efficiently and effectively used.				
	1	2	3	4	5	6	7	8	9	10	11	12	

Behaviours	1. Nothing	in Place	<b>r</b> et	2. In Early	Stages		3. Pockets of	Good Pra	actice	4. Business as	Usual		
2.6. Cross-team working and networking	People windividua alone.	ork on I objectiv	es	People be networking discussion	ng and	m	People can communitie practice ard of common where tailor resources a	es of ound area interest red web		People actively contribute to communities of practice sharing good practice and know-how to help deliver priorities. Networks connect with each other.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.7. Technology for collaboration	There is no usable technological solution in place to support collaborative working.			Some teams are using technology to better coordinate their work.			The organis beginning to place so that use technol collaboratio	o put syst at everyo logy for		The organisation makes good use of technology and adopts new technologies to allow teams to share knowledge and work collaboratively.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.8. Access to national guidance and policies	People do not regularly access or review guidance and policies from NICE, Royal Colleges and other national sources.			Some national guidance and policies are disseminated.			People rout national gui policies to de relevance to and policy.	idance an check for	nd	People regularly review, implement and apply in practice and policy relevant guidance and policies.			
	1	2	3	4	5	6	7	8	9	10	11	12	
2.9. Access to local Standard Operating Procedures, Policies and Guidance	rating Procedures, difficult to access and			People fir to find ev are store accessibl intranet.	en thoug d and	h they	People stor these easily document n system (suc SharePoint) no systema in place for	from a nanagem ch as but there tic proces	ent e is	Are systematically updated based upon new evidence as it becomes available, implemented and applied in practice and policy.			
	1	2	3	4	5	6	7	8	9	10	11	12	

**Section 3: Capabilities and Working Practices** 

	1. Nothing	in Plac	2. In E	arly Sta	ages		3. Pockets of	of Goo	d Practic	4. Busines	s as Usual			
3.1 Skills to use organisational knowledge						rely s and people y nee	e to	People are identifying a shared reso directories a protocols). Sactively articles actively articles are lesso	and us urces and Some culate	teams	Most teams routinely develop, share and use knowledge to meet business priorities, tapping into the body of organisational knowledge, including the know-how of colleagues.			
	1	2	3	4	5		6	7	8	9	10	11	12	
3.2. Use of tools and techniques to mobilise knowledge throughout the organisation.	People are practical ap knowledge in healthca knowledge	oproac mana ire and	People are helped to gain the skills and confidence they need to enable the organisation to retain and organise internal knowledge and to help colleagues share know-how.				Teams have confidence new initiativ manage org knowledge.	to intr es to	better	Teams use knowledge mobilisation tools and techniques, such as those in the NHS Knowledge Mobilisation Framework, in line with changing business priorities				
	1	2	3	4	5		6	7	8	9	10	11	12	
3.3. Using evidence from research developing skills of the healthcare workforce	People lactinesses evaluate at research e good practinesses exceptions.	to find, nd use videnc		Some teams access and apply digital and information skills training to equip people to build the research skills they need.				Most people appropriate and informa and use evi inform decis proposals.	digita ition s dence	l kills e to	Confident and competent application of digital and health information skills is integral to the daily practice of people.			
	1	2	3	4		5	6	7	8	9	10	11	12	
3.4. Skills to access evidence from research	There is no- organisatior literature se	n expe	basic searches to find evidence.				People send evidence to I advanced sk searching, sy and summar	ibraria ills in nthes	ans with literature sising	Health librarians routinely and proactively find evidence, synthesise and summarise results to help inform decisions.				
	1 2	2	3	4	5		6	7	8	9	10	11	12	

**Section 4: Knowledge Services** 

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

Knowledge Services	1. Nothi	ng in Pla	ce Yet	2. In Ear	ly Stages		3. Pocket	ts of Good	d Practice	4. Busines	ss as Usua	al
4.1. Access to knowledge and library service - whether via an SLA or developed as an in-house service.	There is no service in place.			the nation of electron using NH but no pradditional qualified	limited acc nal core co nic resour S OpenA <sup>-</sup> omotion o I services librarian a ge speciali	ollection rces FHENS r from a nd	There is some access to an essential knowledge and library service which includes helping to source articles, receive alerts to the latest evidence and help with some literature searches from qualified health librarians.			There is full access to a high- quality knowledge and library service with embedded qualified health librarians aligned to teams and providing tailored alerts, synthesised evidence summaries, training and facilitation to better mobilise knowledge.		
	1	2	3	4	5	6	7	8	9	10	11	12
4.2. Use of knowledge and library services.		uses kno ary servic		There is limited use of knowledge and library services by only a few people.			knowled services to suppo	wider use ge and lib but this is ort education ng profess ment.	rary primarily on and	There is full use of knowledge and library services with routine requests for evidence summaries, updates, information skills training and facilitation to better mobilise knowledge.		
	1	2	3	4	5	6	7	8	9	10	11	12
4.3 How well are knowledge and library services aligned with strategic priorities?	There is place.	s no align	ment in	with the k	e current p knowledge rvices tea	and	and lib inform the shifting	orary speneir under business penes	knowledge ecialists to standing of priorities so ponsive to	service which is business-critical and fully aligned and able to		
	1	2	3	4	5	6	7	8	9	10	11	12

**Section 4: Knowledge Services continued** 

Knowledge Services	1. Nothing in	Place Yet	2. I	2. In Early Stages			cets of Go	ood Practice	4. Business as Usual			
4.4 Quality of the knowledge and library service provision	No service in p	lace	not fully not indicators Improven Framewo	nent Outco	ssential  vality  omes  wledge	service t essentia	edge and hat meets Il indicator es Framev	s all sall sall sall sall sall sall sal	library se and susta indicators improving	rvice that ains the es and is co	ontinually aligned to	
	1 2	3	4	5	6	7	8	9	10	11	12	

Once you have identified where you are on the maturity matrix and where you would like to be you can consult with your library and knowledge specialist to discuss opportunities to develop and co-create an action plan.