

## **Developing NHS QIS into a Knowledge based Organisation**

### **Introduction**

The development of the new strategic direction and the information requirements of the new process for determining the work programme have both thrown up issues for the use of knowledge within NHS QIS.

This paper seeks to identify options for addressing the knowledge requirements of QIS as it develops its strategic direction. It draws on the discussions around the QIS 'brain' and the draft Knowledge Management Strategy (attached), which identifies actions to achieve an integrated and strategic approach to all knowledge management activities cutting across the organisation, irrespective of management structures.

### **What we want to achieve**

By creating a knowledge based organisation, QIS should be able to:

- ensure that the work that QIS does and the ways in which it does it reflect the most up-to-date knowledge and best practice in quality improvement in healthcare, this would include developing knowledge of areas currently not addressed systematically by QIS, such as implementation science
- promote greater clarity internally and externally about the role of QIS and its contribution to NHS Scotland.

In particular, QIS requires answers to strategic questions such as:

- Which approaches to quality improvement in healthcare are most appropriate for QIS to pursue given its remit and the context in which it operates?
- What lessons can be learned and applied from the experience of healthcare elsewhere and from other sectors?
- What new approaches to quality improvement are emerging and should be developed and/or adopted by QIS?
- How does health policy in Scotland affect QIS?

### **Current situation**

Although the use of knowledge is central to the production of QIS' outputs, the degree to which knowledge is used systematically to guide other aspects of our work is less clear.

There is, however, a wealth of the individuals with the technical skills and abilities that are required to make the systematic use of knowledge across all our activities a reality. At present these individuals are employed across various units within the organisation and largely provide technical support and advice at project level. There are also many examples of external knowledge sharing activity with the use of networks, communities of practice and master classes to cascade information and knowledge.

## Requirements for the future

It is clear that the current situation does not deliver the outcomes we wish to achieve. This section sets out a number of potential options for moving from the status quo to the achievement of a higher level of use of knowledge. In identifying options, a number of potential tasks to be undertaken have been identified. These include:

- giving greater relevance, focus and coherence to our work by using policy analysis and horizon scanning to inform the development of the work programme
- keeping our understanding of quality improvement under review and refreshed, and to identify opportunities for innovative approaches
- providing guidance about the relative emphasis we should give to different activities within our portfolio, what we should do that is new and different, and anything we should do less of and perhaps stop.

## Options

Five options are considered further below. The options are assessed against a number of factors:

- Credibility – the work that we do needs to withstand scrutiny both from NHS Scotland and from our quality improvement peers nationally and internationally
- Capacity – the work requires dedicated time; it is not something that can just be added to the 'day job'
- Ownership – to be effective it must not be stand-alone but needs to draw significantly – but not necessarily exclusively - upon the expertise and experience that exists across QIS.
- Implementability – can the option be implemented without significant organisational change or major disruption

**Option one:** refocus the existing knowledge services team, based within the P&RM Directorate, into a dedicated unit to take on the additional requirements for knowledge within NHS QIS.

**Option two:** set up an internal knowledge team, bringing together individuals from across the organisation, including those already working in knowledge services, to undertake this work. This would require a senior manager within the organisation to be identified to lead the work (a key recommendation from the KM Strategy) and dedicated time for those staff involved. The team would develop the processes and links across the organisation highlighted by the KM Strategy.

**Option three:** as option two, supplemented with an external advisory group drawn from experts in quality improvement methodology, knowledge management and policy analysis

who would be given dedicated time to take this forward. This would help to ensure appropriate external links are developed.

**Option four:** create a new Knowledge Directorate with a Director at Executive Team level.

**Option five:** buy in a knowledge service from an external organisation.

### **Comparing the options**

Table one compares the five options. It is clear that options 1 and 5 would not achieve the outcomes desired and should be excluded from further consideration.

Options two or three, the creation of an internal 'knowledge team' with or without a small external advisory group, could be set up rapidly to address current issues for QIS. These options have the advantage of providing a short term indication of the direction of travel, while putting in place a mechanism by which a long term solution can be developed. Further consideration would be needed regarding the location of the team.

Option four, creating a Knowledge Directorate would achieve QIS' desired outcomes in terms of using knowledge to lead quality improvement in NHSScotland, and would provide a very clear signal of the importance QIS attached to this development but would also involve greater organisational change.

### **Summary of discussion at meeting 22 October 2008**

A number of comments and suggestions were made:

- Excellence should be a factor in deciding between options
- Staff desire a clear signal as to the direction of travel, while ensuring that concerns re individual roles are addressed
- A dedicated focus for this work in the organisation is required to realise economies of scale and a clear picture of what required; also this will demonstrate importance in the organisation
- Importance of buy in from the rest of organisation and not isolated in a separate Directorate. Knowledge should be seen as a thread throughout 3 strands – part of an integrated approach
- Clear need for dedicated senior leadership (not necessarily a new Directorate) to reach out across the whole organisation, outward-looking as well as providing internal support
- Need for visibility – current use of knowledge services variable, need to raise profile internally and externally
- Need to address some gaps (e.g. horizon scanning, policy analysis) to take strategic direction forward

Table One: Comparing options for developing knowledge based QIS

	Credibility	Capacity	Ownership	Implementability	Other comments
<b>1. Developing existing KS team into a KS unit</b>	<b>Would not signal corporate and strategic importance</b>	<p><b>We would be asking individuals to expand their roles while still “doing the day job”</b></p> <p><b>Temptation would be for individuals to concentrate their efforts at unit project level rather than taking a corporate view</b></p>	<b>Would remain a P&amp;RM function</b>	<b>Minimal disruption</b>	<b>Unlikely to achieve aims</b>
<b>2. Develop an internal group to address key issues</b>	<p><b>Credibility will depend on the visibility of the work and those involved</b></p> <p><b>Lack of external involvement likely to detrimental to credibility</b></p>	<b>Staff would need dedicated time</b>	<b>Would use specialist skills and experience from across the organisation</b>	<p><b>Would require identification / appointment of a senior lead for this work</b></p> <p><b>Need to establish authority of group</b></p>	<p><b>Could be set up rapidly if senior lead could be identified</b></p> <p><b>Reasonably likely to achieve desired outcomes in short run</b></p>

	Credibility	Capacity	Ownership	Implementability	Other comments
<b>3. Internal group plus external advice</b>	<b>Credibility will depend on the visibility of the work and those involved</b>	<b>Staff would need dedicated time</b>  <b>External advisory group would bring additional capacity</b>	<b>Would use specialist skills from across the organisation</b>	<b>Would require identification / appointment of a senior lead for this work</b>  <b>Need to establish authority of group</b>	<b>Could be set up rapidly if senior lead could be identified</b>  <b>Likely to achieve desired outcomes in short run</b>
<b>4. Creation of a Knowledge Directorate</b>	<b>Clear signal to NHSScotland about the importance QIS places on knowledge</b>	<b>Dedicated staff to undertake the work</b>	<b>Would need to ensure strong links across the organisation to avoid perception that knowledge is only the responsibility of the Knowledge Directorate</b>	<b>Would require significant organisational change</b>	<b>High likelihood of achieving desired outcomes</b>
<b>5. Purchase external service</b>	<b>Credibility will depend on the visibility of the work</b>	<b>Not an issue</b>	<b>No ownership</b>	<b>No organisational change required</b>	<b>Unknown likelihood of achieving desired outcomes</b>