The Innovation Triangle

In my November 2013 Column, “Capturing Knowledge with Processes”, I discussed how using Virtual Team Planning (VTP) to capture collaborative work across multiple organizations brings a process approach to business change. In particular, VTP allows business change knowledge to be created, shared, maintained and re-used as an automatic part of daily work - not only broad brush understanding of the shape of high level change processes, but also the preservation of high value details such as impacts, costs and benefits.

Capturing Knowledge with Processes

Following publication of the Column, a lively discussion ensued on the BPTrends LinkedIn Discussion Group (http://linkd.in/1fgHo5c). Here are some of the highlights.

Paul Harmon provided the classic formal definitions that distinguish data, information and knowledge. In business it is helpful to make a further distinction, between knowledge inferred from business transactions, as manifested in documents and databases (as per my November 2013 Column, let's call this domain knowledge) and knowledge about how things get done (organizational knowledge). Domain knowledge is served to some extent by Big Data technologies - which, for example, let organizations work out ways to increase revenue from specific products and services. Organizational knowledge is more of a problem.

Kai Laamanen called organizational knowledge "tacit knowledge", a term that has been used by McKinsey for some years, and suggested that the solution is a learning organization. To enable a learning organization, one requires techniques and associated technologies that make it possible to record such knowledge in a form so easy to maintain and re-use that people will actually do so. Further, in today's world tacit knowledge typically spans not just a single organization but rather a network of partner organizations.

Fred Cummins described the key elements that one needs to capture in order to provide such a solution, in a form fairly close to the 5 principles of VTP. Fred went on to describe the CMMN specification as based on these elements. CMMN is in fact designed to handle a specific subset of tacit knowledge - case management. Here is how the OMG describes case management:

In case management each execution of a process involves a particular situation, a case, and a desired outcome for that case. Each case involves a particular subject (a person, a legal action, an insurance claim, etc.) and the
actions performed related to that subject to achieve the desired result. The determination of actions to take in each case involves the exercise of human judgment and decision-making. Activities don’t occur in a predefined sequence. A case management process will produce a case file that is a record of the history and current state of the case and may consist of multiple documents or records from relevant sources that become case file parts.

Case management processes include knowledge encoded as rules that provide guidance, prompts, constraints and planning support for the human decision maker. The encoded knowledge as well as the human decision-maker rely on the case file and observations to consider relevant facts and track associated actions.

In a nutshell, a case management process involves people from a single organization assembling a case file, loosely bound by procedures, and restricted by business rules to ensure compliance. Examples include simple problem resolution, licensing, medical diagnosis, mortgage processing, invoice discrepancy handling, equipment maintenance, and (the classic) insurance claim processing.

In the more general case, many collaborative human processes are too large-scale, fluid and complex to model using a technique such as CMMN that is based on case files, procedures and business rules. Further, such work often involves multiple organizations, which requires new forms of supporting technology. Examples include R&D, marketing, complex sales, services delivery, complex problem resolution, M&A, and organizational change. The most significant of all these financially may well be organizational change:

- 82% of all organizations are currently undertaking some form of change initiative (SHRM Research) iii
- 70% of change initiatives fail (Harvard) iv
- The “Change Gap” between expecting change and being able to manage it has nearly tripled in recent years (IBM) v

For the more general kind of collaborative human processes, a more appropriate solution than CMMN is the VTP-based approach described in my November 2013 Column.

Finally, Kai Laamanen describes communication as "basically a skill and may be attitude. Nobody is born as great communicator." So what is involved in developing this skill? The first step is to understand that people have different types of purposeful communication in working life. In formal terms, there are different types of “conversation”:

- **Conversation for Possibility** – do we wish to work together?
- **Conversation for Context** – what are the goals of our work?
- **Conversation for Disclosure** – what can each party contribute?
- **Conversation for Action** – what will we actually do?

Given below is a description of how a combination of social media and VTP technologies is being used on a large-scale in the UK public sector to support all these forms of conversation.
Engaging Stakeholders in Knowledge Capture

The UK National Health Service (NHS) is delivering maximum value from organizational knowledge by making it possible for different groups of stakeholders to engage together in transformational change.

The NHS is often described as one of the world’s largest employers, having nearly 1.4 million staff, but is in fact comprised of many thousands of separate organizations of various different types: 

- 211 clinical commissioning groups
- 161 acute trusts
- 56 mental health trusts
- 36 community providers
- 10 ambulance trusts
- about 7,600 GP practices
- about 2,300 hospitals

The total NHS annual budget is over £100 billion, a figure that the NHS collectively has been charged with reducing by 20% by 2015. This makes the enablement of transformational change at scale and pace a top priority. In particular, it is necessary to reduce the lengthy delay between development of technical innovations and their clinical deployment. For example, research findings on heart disease currently take an average of 17 years to deliver benefits to patients.

To this end, it is necessary to establish a connect-and-collaborate environment. Each innovation is developed by a single team, but change is implemented locally by many different organizations. In other words, deployment of innovations cannot be mandated, only facilitated. So national and regional NHS bodies are providing an online platform with 2 fundamental components:

- Social media to support conversations for possibility;
- VTP to support conversations for context, disclosure and action.

This empowers what the NHS calls “Diffusion” of innovations – deployment via repeatable implementation plans. First, local NHS organizations connect via social media to explore what innovations they can implement, and who they might work with to do it. Then, they use VTP Plans derived from standard templates as actionable routes to deployment, thus capturing lessons learned and preventing fragmentation.

The Innovation Triangle

The key relationship empowering the availability of VTP Plans via social media is a three way collaboration between the following groups:

1. Innovators
2. Central and high-level regional bodies
3. Local commissioners and providers

This is the Innovation Triangle, depicted in Figure 1 below.
The Innovation Triangle shows that neither social media nor VTP alone is enough to enable collaboration on the largest scale. To empower innovation on a national level, it is necessary to provide a social media platform as an informal means of networking for development of ideas, establishment of working relationships and access to funding, together with a VTP platform to support deployment of innovations via implementation programs and projects.

**Conclusion**

The Innovation Triangle is not a solution only for the public sector, but rather an example of how to solve an emerging problem for all large organizations – having invested heavily in social media, perhaps mainly on the basis that everyone else is doing it, how is it possible to gain a return on investment?

Many large organizations are well aware that a key advantage of social media lies in idea harvesting – i.e., allowing people on the ground to express and develop potentially valuable ideas. However, in order to realize the potential of these ideas, it is also necessary to provide a companion technology – i.e., VTP, which provides actionable deployment Plans that can be implemented across multiple organizations, tailored on the fly to adapt to circumstances, and then re-used as necessary.
Social media is not an end in itself, but rather a means to various ends. One such end is a top priority for all organizations, public and private sector – i.e., use of innovation for transformational change. In the Internet Age, transformational change is not a strategy that one might adopt so much as a basic infrastructure requirement – one that can be supported very effectively using a combination of social media and Virtual Team Planning.

Author

Keith has been regarded as an IT and business thought leader since publication of his 2005 book “Human Interactions: The Heart And Soul Of Business Process Management”. Building on 20 years of research and insights from varied disciplines, his theory provides a new way to describe and support collaborative human work. Keith speaks regularly in keynotes to business, IT and academic audiences at national conferences, most recently in Poland, India, the Netherlands, the UK, Finland and Portugal.

Keith Harrison-Broninski is CTO of Role Modellers, a Gartner Cool Vendor. The company’s product, HumanEdj, is cloud software for Virtual Team Planning that provides unique support for large-scale, complex collaboration across multiple organizations.


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i www.omg.org/spec/CMMN/
vi www.nhsconfed.org/priorities/political-engagement/Pages/NHS-statistics.aspx
viii www.wellcome.ac.uk/About-us/Publications/Reports/Biomedical-science/WTX052113.htm