

# LIHNNK UP

**Library and Information Health Network  
Northwest Newsletter**

BY HEALTH LIBRARIES, FOR HEALTH LIBRARIES

Funded by the Northwest  
Health Care Libraries Unit



Printed on 100% Recycled Paper

**ISSUE 47**

SPRING 2015

## ON 'LIHNNK' SUPPORT

**Before I Spring in to this issue (collective groan across LIHNN-land) I need to make a special plea. This is the 47th LIHNNK Up - the Library and Information Health Network Northwest Newsletter by health libraries, for health libraries. If you want to read our 50th issue then you need to provide the articles that make the newsletter come alive.**

In 2014-2015 we only produced two issues because we did not have enough content to create anymore.

So what does number 47 offer you? We have a real mix of good practice, knowledge sharing and things to make you think. Add in a trip to a foreign land and we almost have the contents of a Readers Digest Magazine!

We travel from Blackpool to Shanghai to hear **Michael Reid's** reflections on the Shanghai International Library Forum and how his first international speaking engagement went. More travel resulted in **Emma Child** relocating from London to the NW as the Clinical Information Specialist at Aintree. Welcome Emma!

The **Clinical Librarian team at Central Manchester** played an important part in the Stillbirth Priority Setting Partnership by identifying gaps in the current knowledge-base of published evidence and raised some income to plough back in to the service.

**Lancashire Teaching** and the **JET Library** both share their pictures of recent refurbishments which show marked improvements for both staff and users.

Hear from **Susan Smith** on how the Cheshire & Mersey patch group has refocused its terms of reference to become a knowledge sharing group; **Laura Drummond** on what the Quality Group are working on with new additions to the MAP Toolkit and **Gil Young** with an update on the 2015-16 LIHNN development programme.

E-things also feature heavily in this issue. **Katie Nicholas** and **Patrick Glaister** introduce us to the e-books matrix (complete with appropriate sayings from the Matrix film). **Matt Holland** and **Steve Glover** provide the Land of Geek with information about using Open Athens registrations as a performance metric. **Susan Smith** is 'Appy and shares four useful apps with us.

Showing that things from outside the NHS can also impact on library and knowledge services, **Lisa McLaren** and **Emma Child** talk about their experience facing the dragons at their den in Aintree and **Emily Hurt** introduces a practical application of the Pomodoro technique of time management.

Lastly **Mary Hill** and **Vicki Ferri** reflect on their reflective writing course with some helpful hints and tips for anyone who needs to deliver a similar course or may just want to write a reflective review.

Why not use Mary and Vicki's tips and write something for the next newsletter? **Please don't let LIHNNK Up fade away through lack of interest on your part.** HCLU can always find a use for money that isn't being spent....

**Linda Ferguson**  
DEPUTY DIRECTOR OF  
HEALTH LIBRARIES NW

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# AN OVERVIEW OF THE E-Book Matrix

**At a Library Manager's meeting in 2012 many attendees raised their concerns about E-Books and the confusion surrounding them.**

The packages offered can be vastly different, publishers use varying terms to describe what they offer and subscriptions can be financially complex. Two surveys were sent to get an idea of the type of packages libraries in the North West already had, the publishers being used and the amount of usage across the network. Mary Hill gave a presentation of the findings from the surveys and an overview of consortium purchasing options. The initial idea was to create an E-Book resource or matrix for all Library Managers to use as a tool for further information and to explore purchasing options. At the end of 2014 the same concerns were voiced again and Gil Young approached me with the project – I am a Postgraduate student at Manchester Metropolitan University (MMU) and the matrix seemed like an ideal venture for a student.

## The Surveys

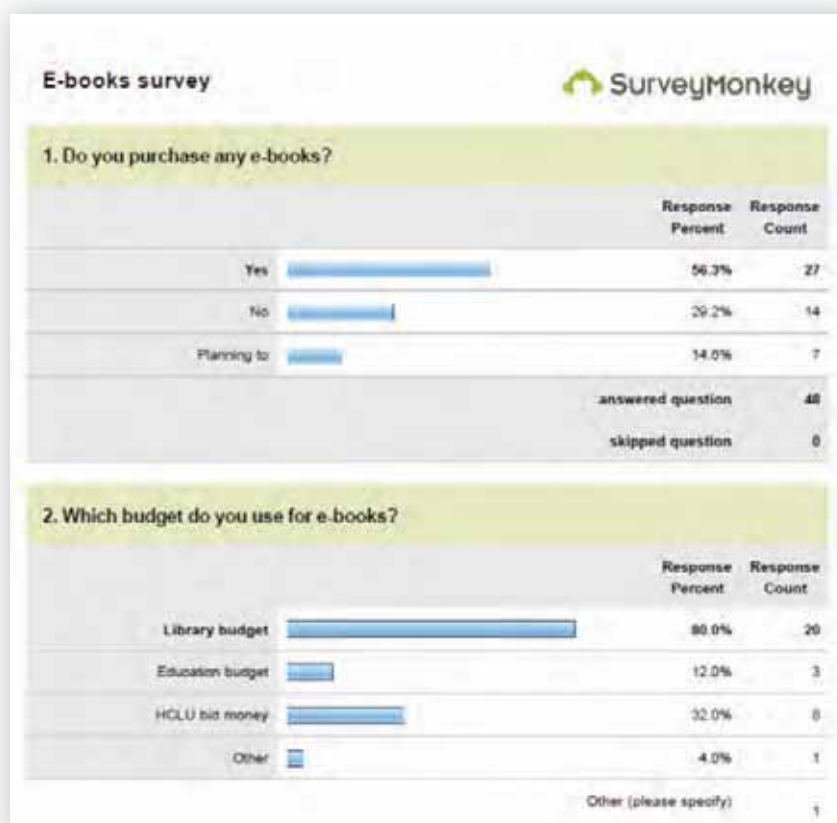
The surveys generated some interesting feedback. A lot of respondents suggested customers still preferred hard copies. Many of the E-Books in NHS libraries are not able to be downloaded in full like in public or academic libraries – customers wanted an easy transition to their E-Readers but this was not always the case. Staff were

confused about the number of companies involved and the intricacies of the different technologies. Library management wanted to know if they were getting value for money on E-Book deals – in many ways it was a brave new world!

## Getting Started

In October 2014 I met with Mary Hill to discuss the background of the project and how it might progress. We sent an email asking if managers thought the project was still viable and asked them to respond with a Yes or No answer. The response was positive and some useful points were made. Together

Mary and I outlined some key points and issues that may arise. The key concerns included maintaining the matrix, a need to clarify the terms used by the publishers and including some guidance on the models provided. This discussion and the feedback given helped inform the outline for the rest of the project – we decided to include a glossary and bibliography of useful resources. At this point Patrick Glaister (Specialist Online Librarian from Pennine Acute) offered to help.



## The E-Book matrix

The matrix will sit within the LIHHN wiki page that already exists for E-Books. It will look like a comparison website with an overview of all the providers on the first page and will include key information such as platform and device compatibility. When you click on an individual provider you will get another page with a more in depth analysis. All pages will include links to a glossary and we hope to include some usability test results.

## What we've done so far

So far we have sent a brief survey to the Library Managers from the North West and Humberside to get a more up-to-date picture of collections and subscriptions across the network – thank you to everyone who responded! (If you haven't here it is <https://www.surveymonkey.com/r/HH7L63X> )

We will collate this information shortly and use it to help us select the publishers we will include and select the criteria worth comparing. The amount of E-Books libraries hold varies massively but the comments seem to echo the survey responses from 2012.

During our research we have begun to create a glossary and already have an extensive list of terms.

Patrick has created some initial pages within the Wiki and we have both collated useful articles and factsheets that could be included in a bibliography.



We also contacted a supplier each (MyiLibrary and Dawsons) to get some more information on the types of subscription they offer, platforms they use and the kind of content they supply. By comparing two publishers to begin with we could get an idea of the key elements we needed to include and to compare.

## Plan

In the next few weeks Patrick and I will begin looking more closely at the survey results and making a finalized list of suppliers to go on and research. Once we have selected some suppliers we intend to carry out some usability testing to get a score for each provider as another means of comparison.

Hopefully we will be able to launch the Matrix towards the end of the year!

Finally if anyone would like to be involved in the project, has any feedback or comments or wants to be involved in some short user testing tasks please get in touch with Patrick or myself.

We leave you with a quote from the film the Matrix!

Trinity:  
*Neo... nobody has ever done this before.*

Neo:  
*That's why it's going to work.*

**Katie Nicholas**  
MANCHESTER MENTAL HEALTH  
AND SOCIAL CARE TRUST

**Patrick Glaister**  
PENNINE ACUTE HOSPITALS  
NHS TRUST

# The 7th Shanghai International Library Forum (SILF)

9-11 July 2014

## Libraries in the Transition Era: New Space, New Service, New Experiences

**As one of only two UK delegates to attend the above, I felt compelled to write about the event. As my first international conference as a speaker and published author, this was huge on every scale.**

The diversity and sheer nature of the conference was an experience. Over 450 delegates from 26 countries attended the three-day forum, receiving support from IFLA, with Ms Sinkka Sipila (IFLA President) and Mrs Ingrid Parent (previous IFLA President) delivering keynote speeches on the second day. The conference took place in a purpose-built centre that is part of the Shanghai Library and the theatre holds over 600 people, with enough audio-visual equipment to put a Hollywood studio to shame. The entire conference was filmed and at the end, each delegate was presented with a commemorative DVD at the closing banquet.

After several opening/welcoming speeches, the conference got off in earnest. The IFLA President opened proceedings with insights into the IFLA Trend Report, called *"Riding the Waves or Caught in the Tide?"* She covered a number of areas: where libraries were positioned, how information trends are changing and how society is driving this. Ms Sipila also covered some of the emerging trends:

- new technology will expand and limit who has access to information
- online education

- boundaries of data protection and privacy
- hyper-connected societies and the global information economy

A summary can be found at <http://trends.ifla.org/executive-summary>

The next keynote speech was on the 'Informatization' and urban transformation of Shanghai during the build up to, and since, World Expo 2010 Shanghai: Better City Better Life. Informatization as a concept looked at Shanghai as: smart city, cultural

of digital technology today and likened it to a speeding train with innovation so rapid (e.g. Google Glass/Samsung Watch) that you may never get off. Ingrid concluded with a number of issues: the digital continuum will present a global challenge; digital press is too complex for individualism; every organisation and library has a role to play in this and collaboration will be key to preserving digital heritage for the future.

The second part of day 2 was the plenary sessions, with speakers from several national libraries and directors of several city libraries; notable speakers were Tay A. Cheng from Singapore National Library Board and Pawel Braun, Director of the Library of Gdansk, Poland.

Tay's enthusiastic talk was on enhancing new libraries through "Design Thinking." This process requires empathy with the readers and asking their ideas on new libraries and their services. It looks at design as a discipline, but also a design for life, which means it is both interactive and reflective. This leads to several communities generated in terms of engagement, place, practice and professionals. It has led Singapore Public Libraries to innovate services so there is inter-generational learning, flexible learning zones, more self-service options and a digital concierge.

Pawel Braun's talk was entitled *"Shopping Mall Libraries - Responding to the expectations of Modern Society"*. This for me was the most engaging and innovative talk of the conference. His example was the Biblioteka Manhattan in Gdansk. Shopping malls and centres today are new 'temples of worship' and in many towns and cities



*Ms Sinkka Sipila (IFLA President)  
addressing the conference*

metropolis, tourist city and a city of planned clusters. Mobile technology is now being used as a geographical tool in terms of transport information around the city and for receiving traffic updates, such as changes to rail timetables, etc. They see the role of the library as serving society and its community, with its future not only in the cultural past, but also with the cultural future to come.

The final keynote speech: *"Continuity of content in a digital world: bridging cultures and communities"* was from Ingrid Parent. She stressed the impact



the social hub, a place for people to meet of all ages. This led to the development of the new Manhattan Library in the heart of the Gdansk Shopping Mall, with an outlay of 350,000 euros. This has led to a massive rise in the number of parents and young children using the library, where there is a dedicated play area for them. The Manhattan has also seen a large rise in attracting young people to the library with areas for comics and music, including a drum kit, guitar and electric piano. There is also a dedicated games area with PlayStation and Xbox. These developments are offering something for everybody and has seen attendance and usage of the new library treble; on the day of opening people were queuing around the block to get in. The following day I asked Pawel why they called it the Manhattan Library and he replied, "I don't know," which just goes to show, give it a name and people will come.

The final day of the conference was the concurrent sessions with seminar speakers, of which I was one. The four seminar rooms each had a theme:

- Role of and challenges to libraries in the context of digital humanities/orientation and development of physical libraries in the network society
- Library services and management in the Big Data Era
- Diversified library services and core competitiveness



*Michael Reid and other speakers meeting Mrs Liu Xiaoquin, Chinese Culture Minister*

■ Skill requirements and career vision of libraries in the Omni-Media age.

As you can imagine it was a packed programme and I was spoilt for choice. As a health librarian, I chose my first talk from the only other health librarian at the conference who was from Tongji University, China, who spoke about the changing role of health librarians and its implications. I found myself agreeing with a number of issues; reader's needs, their changing needs and the role of evidence in decision-making.

My next was a talk by Klaus Werner on designing a good library space to promote information literacy. This was about design of the environment, creating a motivating and stimulating space to learn. Looking less like a computer training room and more like Starbucks or an Apple store; using flexible and eclectic furniture, lounge atmosphere, natural light and cool design.

The last talk I attended before my own was Robert Seal of Loyola University, Chicago, looking at library spaces in the 21st Century and meeting the challenges of user needs for information technology and expertise. At Loyola, there has been a shift in the philosophy on library space. They came up with a new model called the 'Information Commons' or IC

as it is known. The basic premise is to create an exclusive online environment in a place that supports the social aspects of learning through technology, group work and digital media.

Finally, it was time for my talk, which came under Theme 4 of the seminar day. My talk was on the impact of a Clinical/Management Librarian Service in a U.K. Teaching Hospital. It was a wonderful experience to talk in front of an international audience and the number of questions on how health libraries work and their services to staff and students fascinated them. Overall, it was a fantastic learning experience and very rewarding.

I should like to thank Blackpool Teaching Hospitals Foundation Trust and the North West Health Care Libraries Unit for supporting my attendance.

**Michael A Reid**

CLINICAL/MANAGEMENT LIBRARIAN  
BLACKPOOL TEACHING HOSPITALS

# Collaborating on the Stillbirth Priority Setting Partnership (PSP)

**Around 2.6 million stillbirths (the death of a baby at 28 weeks' gestation or more) occur each year. Although 98% of these take place in low and middle-income countries, stillbirths also continue to affect wealthier nations, with around 1 in every 300 babies stillborn in high-income countries<sup>1</sup>.**

Towards the end of autumn in 2014, we were approached Dr Alex Heazell, Senior Lecturer in Obstetrics at the University of Manchester and Honorary Consultant Obstetrician at St Mary's Hospital (CMFT), to support a Priority Setting Partnership (PSP) that was being coordinated by The James Lind Alliance<sup>2</sup>. The partnership includes professional bodies, patient groups, parents and charities, as stakeholders in stillbirth research. Stillbirth is a priority of the Women and Children's domain of Manchester Academic Health Science Centre (MAHSC), of which the University of Manchester and Central

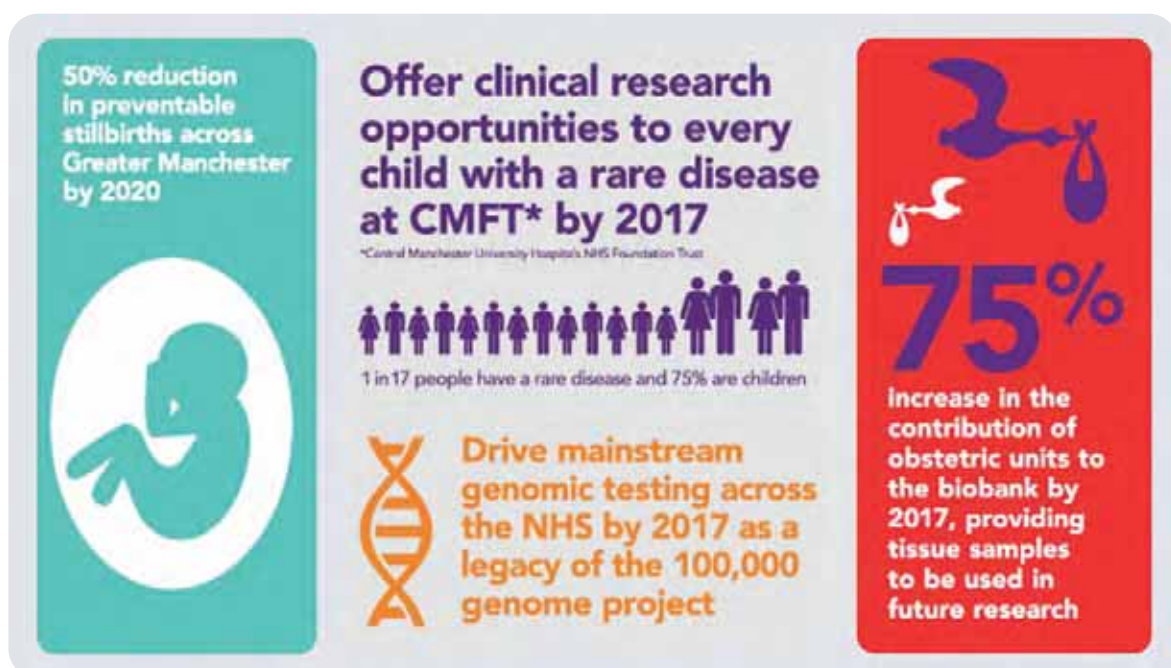
Manchester University Hospitals (CMFT) are member organisations<sup>3</sup>.

The Stillbirth PSP aims to help parents and clinicians work together to agree which are the most important questions which still need to be answered by stillbirth research. It is hoped that this will help direct research and address existing gaps in understanding stillbirth. Working with a team of lead researchers and clinicians, the trust library service supported the Stillbirth PSP by providing an expert literature searching service to help identify gaps in the current knowledge-base of published evidence.

Following an initial public consultation, the PSP identified over 344 possible research questions in the areas of stillbirth and perinatal care. These questions were then investigated by the Clinical Librarian team at CMFT and the Cochrane Pregnancy and Childbirth Group<sup>4</sup> to establish which questions had already been answered within the literature. A number of literature searches were carried out across the major healthcare bibliographic databases and results were saved and uploaded to a shared area.

The CMFT library team was approached once the PSP initial survey had been concluded, resulting in a tight deadline to deliver the results of the searches. Jo Whitcombe coordinated the search effort and it was necessary to enlist the help of former colleague Collette King, who had recently retired, and Michelle Maden, to ensure we had the capacity to hit the deadline.

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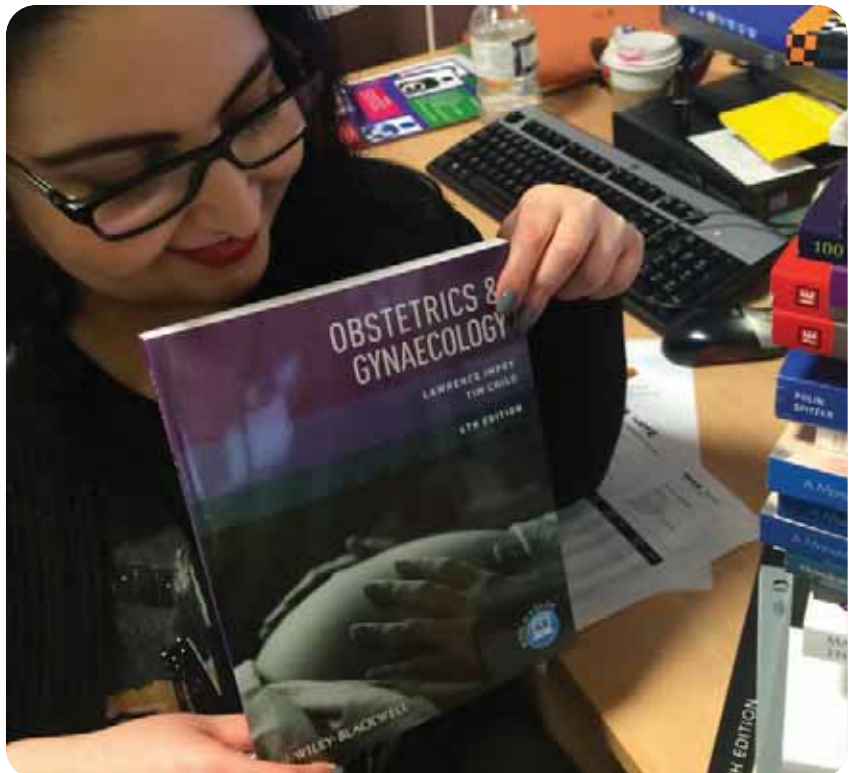


## What is the James Lind Alliance (JLA)?

The JLA is a non-profit making organisation which brings together patients, carers and clinicians together to identify and prioritise research uncertainties. Visit their website to learn more about their range of projects: <http://www.lindalliance.org/>

The remaining unanswered questions went out for a second consultation and following a further process of prioritisation a final list of 11 priorities were identified. This work was coordinated by the James Lind Alliance and funded by the National Institute for Health Research (NIHR).

Taking part in the stillbirth collaboration has led to a number of benefits to the library service. It has raised the profile of the service within the organisation and with the Maternal and Fetal Health Research Centre, University of Manchester. Our librarians have gained a valuable knowledge of obstetrics and perinatology, generated income that has been re-invested in obstetrics, midwifery, and perinatal resources, and led to the possibility of collaborating with a Womb Cancer PSP in 2015.



ABOVE: Elly with new Obstetrics books

You can learn more about the Stillbirth PSP by visiting their website at: <http://www.stillbirthpsp.org.uk/index.htm>

**Jo Whitcombe, Michelle Dutton, Collette King, Steve Glover, Elham Aalai**  
CENTRAL MANCHESTER UNIVERSITY  
HOSPITALS NHS FOUNDATION TRUST

**Michelle Maden**  
INFORMATION CONSULTANT

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# THE LAND OF GEEK

## COUNT ME IN: USING OPEN ATHENS REGISTRATIONS AS A PERFORMANCE METRIC

**If you need a performance metric, use the number of Open Athens accounts to calculate a simple number. Sounds easy. Like other things in life, it's complicated.**

This column walks through some of the challenges of using performance metrics in general, and this one in particular. It shares the experience of North West Ambulance Service, Library & Knowledge Service (NWS LKS) and Central Manchester University Hospitals NHS Foundation Trust (CMFT) with two approaches to metrics and counting Open Athens accounts.

**Seven things you need to think about when you choose to use a metric**

### **1 Do you believe in it?**

No point in counting things for the sake of it. You have to believe it's a valid metric to want to use it. Here's the thing. If you have a metric and you need to drive up the numbers you need to ask. Why I am I doing this? If you are doing this just to make the chart point up, not down, then consign that metric to obscurity. If you believe, and I mean this most sincerely, that driving up the number of Open Athens registrations is a good thing and that you will be challenged to reach out to your users in new ways to make it happen, then it's worth the effort.

### **2 Do the end users understand it?**

Viewing your metric, or suite of metrics, from the library looking out can be a source of satisfaction or worry, depending on where you are.

You understand your metrics. However, does your audience looking in from the other side understand? Include here senior managers and board members. The questions they ask can be cruel. Only 25%? where is the other 75%? What is Open Athens anyway? How do you know if they just register and don't use it? The key here is context. Explain your metric. Answer awkward questions before they get asked. Finding a comparator helps. The average percentage of Open Athens registrations for health care libraries in the NW, where there is a WTE/FTE figure available, is 22%. You can also use a Red/Amber Green (RAG) rating as a measure. See case studies at the end of this article. Tell your audience whether it's good or bad and what you intend to do about it.

### **3 Calibrate your metrics carefully**

NWS LKS has been watching Open Athens registrations since 2009. Starting at around 3% and graduating to 5% then 11% then 15% then finally 25%. But it has taken 5 years. It's good to show a progression from now to three or five years in the future. By accident this is what happened to NWS LKS. Better if it had been planned. A progression within a range 15% - 25% would seem reasonable. It provides achievable targets that can be sustained over time.

### **4 There is more than one way to do this**

The idea of progression is enticing. Things that go up = good. Things that go down = bad. That may not be your approach. You could maintain Open Athens registrations at a sustainable figure. You could, using the balanced scorecard, measure increases or

decreases in registrations around a settled figure. - 3% = bad (Red) + 3% = good (Green).

### **5 Check your metrics monthly**

Totting up the figures annually isn't a good idea. You may not like the result and give yourself some difficult explaining to do. Monthly checks give you a warning if things aren't going your way. Helpfully, the Open Athens administrative module gives a number of opportunities to measure activity simply and regularly. On or around the beginning of the month note down the number of Open Athens users you have. Keep it in a spreadsheet. Job done. Run your monthly usage figures and do the same. Two very good metrics right there.

### **6 Love your metrics**

Metrics do respond to a bit of love and attention. You need to carefully manage your Open Athens accounts to cultivate your Open Athens registration metric. Make sure people who register follow through and activate their accounts. Accounts that expire but belong to current members of staff should be renewed. Accounts for students and staff who leave of course should be deleted or allowed to expire. Do you rely only on self registration? You could look at ways to bulk register groups of users who should have an account but don't register. Then at least you make contact.

### **7 Metrics shouldn't tell you something you don't know**

This point came up in a recent email discussion on the LIHNN Library Managers list, hat tip to Gary Sutton.



Your approach to Open Athens and the usage patterns of Open Athens will be conditioned by the nature of your organisation. A research intensive staff will have high use among a small number of people. An acute trust will have a broader spread of usage, some research intensive, many in higher education, some to support professional practice and so on. If you use voluntary registration your figures will be lower than if you bulk register groups of users. You know the profile of your organisation and you know how to interpret your metric.

4. in the NWS LKS Strategy and Marketing Strategy commencing in June 2012 an internal target had been set to move from 11% to 15%.

The target was set at 25% of staff with an Open Athens account to be met by 2014. At that point NWS LKS had 17% registrations. Initially Open Athens was promoted through the NWS NHS Trust, Learning & Development [L&D] and by NWS LKS. This drove up registrations to 19%. A further increase was achieved through offering bulk uploads to teams and departments. This took the

## Case Study: Central Manchester University Hospitals NHS Foundation Trust

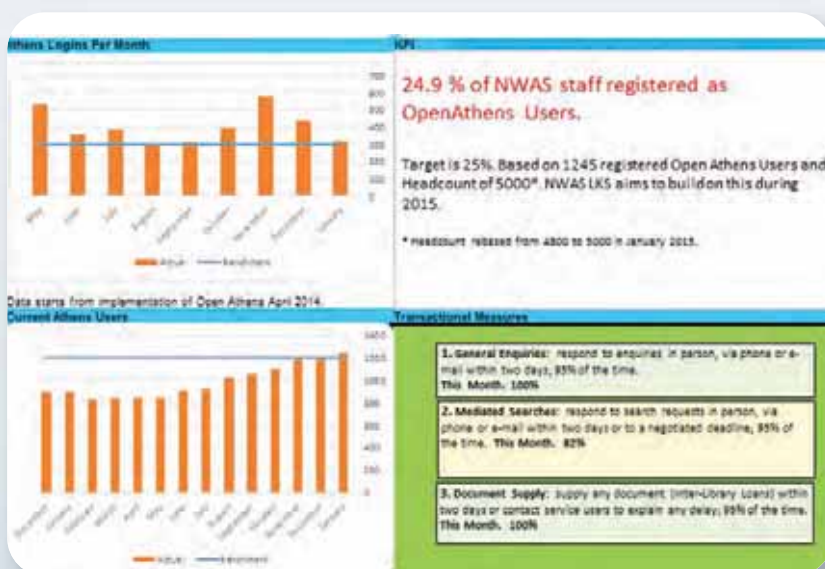
Central Manchester University Hospitals NHS Foundation Trust (CMFT) uses Open Athens registrations as a Key Performance Indicator (KPI) on our balanced scorecard and performance dashboard. The library service at CMFT promotes the use of self-registration and does not automatically give new starters an Open Athens password by default.

Currently, as we write this article, we are reporting quarterly figures for most of our non-annual KPIs. We are RAG rating the tolerance for Open Athens Registrations as +/-5% Green, -5-10% amber, and >10% red to account for seasonal variation as rotating trainees move between trusts and students on clinical placement change over.

We are using the Open Athens registrations as a proxy KPI for induction activity and awareness of how to access our e-resources.

The CMFT Q3 figure of 3365 represents approximately as 29% take-up of Open Athens accounts. This in itself will only tell us how many people followed up induction by registering for an account. We will then take monthly snap shots of usage by two measures, by individual user accounts, and staff groups against each resource. In 2014, 70% of the 3365 Athens accounts had at least 1 active session with 44% having at least 5 sessions. These ratios now start to represent "active" users rather than curious users who access a few times after registration. It will also be higher in institutes that do not automatically give Open Athens accounts to all new staff.

*Continued over...*



## Case Study: NWS LKS

NWS LKS was asked to provide a single metric as a contribution to performance measurement across the Human Resource and Organisational Development [HR & OD] function. Open Athens registrations were chosen for a number of reasons.

1. they are easily available from the Open Athens Administrative website;
2. they were already reported in the monthly NWS LKS Dashboard;
3. Open Athens registrations are indicative of library penetration into the potential user community. This is especially true of a virtual service where computer networks are the main route to access library resources.

percentage of Open Athens registrations to 22%. Finally NWS LKS arranged to register all those who attended training courses with L&D and induction programmes for new staff to be registered for Open Athens accounts. This enabled NWS LKS to achieve the 25% target on time.

This target was fully supported by managers in HR & OD who worked with NWS LKS to secure access to information on new employees and those attending courses. The Open Athens target of 25% was included in the 2013/14 Annual Review submitted to the Board, initially generating questions about its significance. Questions related to context, what is Open Athens and how the figure of 25% can be interpreted. These were addressed in a revised report.

...continued

## Summary

Using Open Athens accounts as a KPI for a measure of awareness can be a better measure than just usage figures. Over the years the national and regional content offer has changed and the move from Classic Athens to Open Athens has changed the way use is registered against each resource making comparisons over time difficult. A monthly or quarterly measure of live accounts, however, will tell you if you are raising awareness of your library service and its resources.

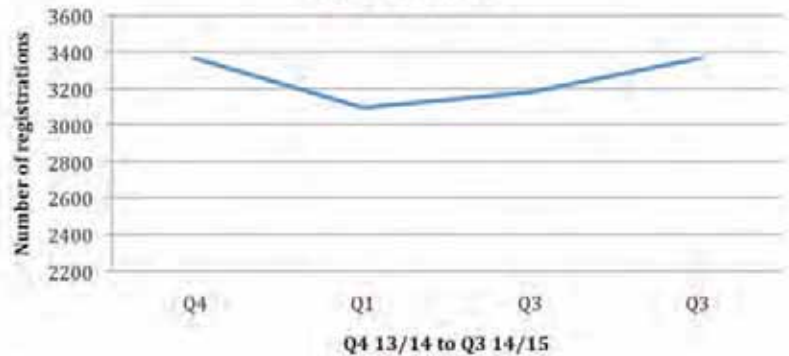
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## CMFT Number of Open Athens Registrations



## NEW STARTER Emma Child

**I graduated from the University of Huddersfield in 2009 with a BA Honours in History.**

Throughout my degree I had volunteered in libraries at the University and at the National Coal Mining Museum, in Wakefield, and had decided that this was the career path I wanted to take.

After a brief stint working for Leeds City Council in public libraries I was offered a Graduate Traineeship with NHS Bradford and Airedale Trust, which I thoroughly enjoyed. Over the course of a year I was lucky enough to work in four NHS libraries including Lynfield Mental Health Hospital and Bradford Royal Infirmary. Following this I went onto study for a MA in

Librarianship at the University of Sheffield, where I graduated in 2012, specialising with a dissertation in health information.

My first professional role was based in London as an Assistant Librarian at the Ministry of Justice, where I gained a vast amount of experience. I had a varied role at the MoJ dividing my time between enquiry based work such as literature searches and legal and parliamentary research, as well as collections work. Whilst in London I became a member of the CLIP London Committee, where I also took on the role of Social Media and Events Co-ordinator. I found that being involved in the committee was a fantastic opportunity to meet lots of other information professionals and widen my knowledge of other LIS sectors.



After relocating to Liverpool in September of this year I now work for Edge Hill University, based at Aintree Teaching Hospital, where I am the Clinical Information Specialist. My job here involves providing an information service directly to the medical, nursing and other NHS staff in the Walton Centre and Aintree University Hospital NHS Foundation Trusts. I am thoroughly enjoying being back in healthcare libraries and I look forward to developing in my new role.

# a pick-me-up FOR A PATCH GROUP

**You are sitting looking out the window at the blue sky and passing cars. In the room, an awkward silence punctuates the drone of circular conversations.**

You take a gulp of now cold coffee trying to remember why you agreed to attend this meeting and your attention drifts to more productive things you could be doing. The worst thing is you look around the room and you know you are not alone in this.

## **Does this sound familiar?**

When meetings have lost their way, something needs to be done.

This is precisely what happened to the Cheshire & Mersey patch group. There was an agenda. We followed the rote. We all felt that the same information was delivered through other channels and there was little point to the meetings. We held a meeting to discuss the future of the meetings, the result of which fell by the wayside. The group was dissolving.

It wasn't all doom & gloom though. We did know that there was a place for the meeting and it had a purpose. It offers a support function for all patch LIHNN members from health-related libraries. This means that it is attended not just by the NHS, but Higher Education & smaller more specialised libraries that may not have the same support as Library Managers. The meetings are open to any member of library staff, not just library managers as a way new staff can 'meet the neighbours' and to support professional development. Frequently we have visiting library students on placement come along and say hello.

## **What to do?**

First bin the old format! Sometimes if something is broken, you need to go on to something new, instead of constantly trying to cover it with a sticky plaster. To begin with we opted to reduce the

number of meetings from every two months to quarterly.

Next find common interests by asking the group what they would like to know or struggle with:

- Writing a service review
- Measuring impact
- Engaging with Research & Development
- What statistics do we collect and why?
- Use of fiction in Health Libraries

Hey presto we have an agenda.



## **Next – how do we manage this?**

The group has started to move round the patch so we get a library visit in, so the next host is responsible for the dates and facilities.

When we arrive, it's usually nice to have the round table hellos if we have any new faces along.

Someone in the group who has an interest or experience in the topic has agreed to facilitate by asking questions to prompt discussion on the selected topic. If possible we run it as a show and tell session, where everyone is invited to bring along examples to be shared and discussed and perhaps circulated later if appropriate.

After the main discussion the group can raise any other topic for update or discussion or suggestions for future meetings.

Consistency is an issue, we need someone to act as a link and make sure that the minutes are taken and hosted online and reports are made to the LIHNN Committee. This we plan to offer out as a short term role for Chartership candidates.

## **Is this enough?**

We would like the shared learning passed on. The session on writing a service review has now been turned into a work shop for Library Managers. The questions raised from the measuring impact session have been fed back to HCLU to inform the next presentation on LQAF. All of the key discussion points have been posted on the Cheshire & Mersey pages, but going forward will have links in the HCLU bulletin. Hopefully you too can get something from the discussion.

Here are a few thoughts from Lynda Cotterill, Library Manager at East Cheshire NHS Trust on the recent meetings:

*"As a still relatively new Library Manager I have found the 2 recent meetings to be interesting and informative. It has given me the opportunity to get to know colleagues better and put a few more faces to names. I have also welcomed the chance to see different libraries, not least to see if I could pick up any ideas that I could use. Last, but not least, sharing ideas, experience and problems on various topics has been really useful and has helped me to appreciate that we all have similar issues that we are trying to get to grips with."*

## **Susan Smith**

MID CHESHIRE HOSPITALS NHS TRUST  
susan.smith@chester.ac.uk  
01270 273172

# Innovation Funding at Aintree: **Entering the Dragon's Den!**

**As part of the continued Listening into Action initiatives at Aintree University Hospitals Foundation Trust, the Organisational Development team made around £250,000 available for innovative ideas. In order to access the funding, we had to submit a detailed bid and go through a Dragon's Den style presentation.**

The library staff thought this would be an excellent way to raise the profile of the service at a Senior Management level, which was a major objective in our annual Marketing Plan. We had a new Clinical Information Specialist, Emma Child, in post and had been watching the Clinical Librarian ward round work taking place at Arrowe Park and hoped to adapt this. So we put forward the idea of an electronic ward round/point of care service. This involves a web portal, some tablet devices and a Clinical Librarian with quick typing skills! We bid for £3000, mostly to buy the tablets and a 3 year licence for a web portal and entered the Dragon's Den.

To our surprise, we were met by the full Trust Executive Board, who were very interested in our idea and asked a lot of probing, but useful questions. Some of the key concerns were around the sustainability of the idea and how

we would staff it longer term. Our demonstration, over Collaborate software, went down really well and we were successful in gaining the funding.



*Lisa and Emma*

We have our own Dragon, in Organisational Development, to help us through the process and already we have been given the emails for the Clinical Leads in each department and have been featured in the "All About Aintree" newsletter. We are in the process of

trying to recruit a partner for our pilot and we are consulting closely with Victoria Treadway, to follow her good practice in this field. We hope to pilot the service in May 2015 or as close to this date as possible.

Initial benefits include closer working with the Trust and an increased profile at a more senior level, which we hope to use to embed some of our Knowledge Management ideas. We have also managed to re-open our negotiations on Upto-Date and hope to have this in place by August. None of this would have been possible without our Dragons Den experience.

**Lisa McLaren & Emma Child**  
AINTREE UNIVERSITY HOSPITALS  
NHS FOUNDATION TRUST

# Quality Group Update

## Demonstrate Impact with the MAP Toolkit

### Demonstrate Impact with the MAP Toolkit

[maptoolkit.wordpress.com](http://maptoolkit.wordpress.com)

A collaborative project involving health library and information staff from across the UK, the MAP Toolkit brings together a number of resources that can be used by librarians to demonstrate impact. These resources include: directory of key strategic drivers that might influence library policy; project plan template for activities which fall outside of 'core' services; case study template enabling you to write up and share your project; and a portfolio of case studies from library services who want to share good practice.

Recent updates to the Toolkit include:

- **KM stories:** Tales showing how information professionals can help make improvements using knowledge management. If you have any km stories, however small or big email [susan.smith@chester.ac.uk](mailto:susan.smith@chester.ac.uk) and we will add it to the collection. Or, to read the stories submitted so far, hover your mouse over the *Useful Resources* section of the MAP Toolkit and click *Welcome to KM Stories*.
- **Knowledge for healthcare:** a development framework for NHS library and knowledge services in England 2015-2020. Read a summary of the framework on the MAP Toolkit.

### Measure the Quality of your Service with the Quality Survey

The Quality Survey is a ready-made resource that is intended to capture data about usage and non-usage of core library services.

For more details about the Quality Survey visit:

<http://resources.lihnn.nhs.uk/wiki/QualityGroup.User-Survey.ashx>

### Quality Handbook

Learn more about quality in health libraries by using the Quality Handbook:

<http://resources.lihnn.nhs.uk/wiki/QualityGroup.Quality-Handbook.ashx>

Sections include:

1. An introduction to quality in health libraries
2. Internal quality programme
  - 2.1 Stakeholder and customer engagement
  - 2.2 Standards and performance indicators
  - 2.3 Collecting and using data
  - 2.4 Measuring and reporting impact
3. External quality programme
  - 3.1 Library Quality Assurance Framework (LQAF)
    - 3.1.1 Library Quality Assurance Framework (LQAF) – Impact
  - 3.2 Medical education requirements
  - 3.3 Higher Education requirements
  - 3.4 National Health Service requirements
4. Further reading
5. Glossary

### Collection Development Policy Template and Guidance

We have been working on producing a template and guidance for collection development. This is currently being piloted and is due to be published by the end of May 2015 in time for this year's LQAF submissions.

### Other policy templates and guidelines...what next?

As we near the end of the collection development project mentioned above, we are looking for our next project. If you have any suggestions that you would like the group to consider or want to echo the suggestions that have already been made, please email [lauradrummond@nhs.net](mailto:lauradrummond@nhs.net).

Current suggestions include:

- Key Performance Indicators (KPIs)/ Service delivery standards
- Annual report
- Marketing plan

### Fond Farewell

We wanted to especially mention the departure of Victoria Treadway and Roshanara Nair from the Quality Group. Thank you to both for your contribution, best wishes for the future. You will be missed.

If you are interested in joining the Quality Group please contact Laura Drummond on [lauradrummond@nhs.net](mailto:lauradrummond@nhs.net)

Find us on Twitter: [@LIHHN\\_Quality](https://twitter.com/LIHHN_Quality)

**Laura Drummond**  
PENNINE CARE  
NHS FOUNDATION TRUST

# NEW LOOK LIBRARY

EDUCATION CENTRE

1 ROYAL PRESTON HOSPITAL

In September 2012 planning for the refurbishment of the library at Preston began in earnest. The library was 10 years old and was looking dated and tired.

BEFORE



AFTER



The process needed to be completed in stages due to funding constraints and

BEFORE



AFTER



was achieved by a number of successful bids for funding from HCLU. The final part of the refurbishment was completed in early February 2015 with the installation of a new library counter.

The library now has a quiet room for use by staff and students. The room is available for silent study and is particularly useful at busy times when there may be some noise in the main part of the library. Other facilities include a single study room with a PC, additional network charging points for personal devices, new seating areas, sawtooth benching which has created additional working space for study and the installation of new computers. Library staff are pleased with the new counter and were involved in the

various stages of the planning process to ensure it was fit for purpose.

Comments about the new library from users have included:

"The library now feels more roomy and light."

"The counter looks really impressive and has the wow factor."

"There is much more room to study when using books and my ipad."

**Mandy Beaumont**

KNOWLEDGE AND LIBRARY SERVICES  
MANAGER, LANCASHIRE TEACHING  
HOSPITALS NHS FOUNDATION TRUST.

# LIHNN Development Programme FOR 2015-16

## Thank you to everyone who completed the recent national training and development needs analysis.

A total of 143 responses were received from the North West. The information from the survey will form the basis of the LIHNN/HCLU training and development programme for the coming 12 months.

### Development Programme for 2015-2016

The following events are under development for 2015-16:

- 2 library managers meetings
- 2 new starter events
- 2/3 library assistant study days
- A new 12 days of Christmas
- Christmas study day
- Courses on critical appraisal
- Knowing Me, Knowing You (using MBTI Tool)

- E-book conference
- Knowledge management conference
- LIHNN/HCLU Briefing
- Mental health and wellness at work
- Presentation and pitches day
- Residential on developing your library brand

In addition the LIHNN CPD group is looking at putting on events covering:

- Advanced training skills
- Apps
- Creative thinking
- Digital literacy

- Impact
- Scanning and synthesising skills
- Statistics and statistical analysis
- Understanding research

Additional events will be added to the calendar in coming months. The CPD is also examining the possibility of turning recent courses on medical terminology and writing for publication into e-learning modules.

**MOOC for Clinical Librarians:** This is progressing well. The launch date has been delayed until October 2015 due to changes to NHS Evidence Search and HDAS which will not be completed until the summer.

### Conclusion:

Thanks again to everyone who completed the survey. If anyone has any suggestions for events then please contact me on [gil.young@nhs.net](mailto:gil.young@nhs.net)

**Gil Young**

CPD & PARTNERSHIPS MANAGER  
HEALTH CARE LIBRARIES UNIT

# A reflecting Tracey Pratchett shows us the way

**This journey starts in April 2014 with an email saying there was a new post on the clinical librarians' blog. It was about a session provided by Tracey Pratchett on reflective writing for doctors' revalidation.**

We were really keen to develop such a session and although we provided one, very much based on Tracey's presentation, it was not the final direction of travel.

Fast forward to early December 2014 and a typical NHS Away Day (in your own building where you provide your own lunch). The Library and Knowledge Service gets up and crow's their triumphs and outlines what they are going to develop, including a reflective practice session for doctors. It is very nice when somebody says "That's exactly what we need!" but not quite so nice when they add "for preceptees". Our 'off-the-shelf Tracey Pratchett solution' wasn't quite going to fit.

Over the next few weeks we worked with our preceptorship lead, using Tracey's presentation as a starting point. We had four weeks (including Christmas and New Year) to get this up and running. There were several elements of the original lesson plan that we wanted to keep:

- ✓ We liked Tracey's structure and interactivity
- ✓ We liked the video clip of the doctor talking about reflecting

- ✓ We liked the slides of the Gibbs Cycle, as the preceptees were already using this

The preceptees have to submit 4 reflective pieces and they had been of a disappointing standard, hence the keenness for this work. We wanted to show them two examples of reflective writing: one poor and one good so at least they knew what was expected of them. Whilst looking for examples via our favourite online search engine we came across an absolutely brilliant YouTube video on reflective writing that would be ideal for this group. Our preceptorship lead solved the problem of the examples by creating two samples, one truly reflective and the other not so reflective. We were now more or less ready to go.

## Feedback from the January session

They liked it but felt it was too short (we had tried to keep it to the Tracey Pratchett 1 hour time frame) and would have liked to have actually had a go at writing something.

## What we did about it

We made the following changes

- ✓ Time allowed for session increased to 2 hours
- ✓ The 2 examples had not quite worked and after some discussion and thought, we decided to ask them to go through the text with 2 coloured highlighters (promotional material provided by us), selecting feelings and learning as described in the Gibbs Cycle. The difference between the two pieces became very visual by using this method and was commented on by the preceptees as a very useful tool.
- ✓ We took the reflection tool provided by the preceptorship lead and added guidance based on work by Peter Lia, Learning Support Tutor with the Disability Advisory Service, King's College London
- ✓ We gave them time to fill out a blank reflection tool sheet either based on their own experience or to try it with one of the examples given

- Highlight in pink any examples of feelings in the passages (explicit)
  - Highlight in yellow any examples of learning in the passages (explicit)
- Plenary**
- Discuss which piece best meets the requirements of reflective writing

## Bibliography

Lia, P. (2014). *Using Gibbs' Reflective Cycle*. Available at: <http://www.kcl.ac.uk/campuslife/services/disability/service/using-gibbs-reflective-cycle-in-coursework.pdf>, (Accessed: 20 March 2015).

*Reflective writing* (2014) YouTube video, added by the Skills Team, University of Hull [Online]. Available at <https://www.youtube.com/watch?v=Qol67VeE3ds> (Accessed: 20 March 2015).

Tracey Pratchett (2014) 'Introduction to teaching reflective writing for appraisal and revalidation', *LHNN Clinical Librarians*, 30 April. Available at: <https://lihnclinicallib.wordpress.com/2014/04/> (Accessed: 20 March 2015).

## After 2 further sessions

- ✓ All sessions have seen positive feedback
- ✓ After the initial changes, the session seems to be meeting the learners' requirements well.
- ✓ The most recently presented reflective pieces have been of a higher standard

Thank you, Tracey, for sharing your reflections with us and inspiring us to venture down the reflective writing route, ultimately leading to us developing this session which is proving so useful to so many new staff.

**Mary Hill**

and **Vicki Ferri**

EDUCATION CENTRE LIBRARY

STOCKPORT NHS FOUNDATION TRUST

REFLECTION TOOL GUIDE	
<b>DESCRIPTION</b> What happened	<i>This part is <b>not</b> analytical, it is descriptive, it describes an experience</i> Using <b>specific</b> and <b>relevant</b> detail, give a <b>concise</b> description of your experience (i.e. what you are reflecting on)
<b>FEELINGS</b> What were you thinking and feeling? How did you react	<i>This part is <b>not</b> analytical, it is descriptive, it describes personal feelings and thoughts and actions (reactions)</i> Answer any of the following questions that you think are <b>relevant</b> to the experience: <ul style="list-style-type: none"> <li>• How did you feel and what did you think prior to the experience?</li> <li>• How did you feel and what did you think during the experience?</li> <li>• How did you react during the experience?</li> <li>• How did you feel and what did you think after the experience?</li> </ul>
<b>EVALUATION</b> What was good and bad about the situation?	<i>This part is <b>not</b> analytical, it makes positive and/or negative judgements about an experience</i> <i>If a lot of different things happened during the experience, focus on one or two, try to choose the things that are most important, most relevant or most representative of the experience</i> Answer any of the following that you think are <b>relevant</b> to the experience: <ul style="list-style-type: none"> <li>• What went well during the experience (what worked)?</li> <li>• What went badly during the experience (what didn't work)?</li> <li>• How did the experience end? Was the experience complete (was there a resolution) or incomplete?</li> </ul>
<b>ANALYSIS</b> What sense can you make of the situation? Why did it happen / develop?	<i>This part <b>is</b> analytical, it does not describe, it tries to explain the causes and consequences of things that happened, it asks questions like why?, so what? and what if?</i> <ul style="list-style-type: none"> <li>• Reconsider the things that went well / badly and write <b>why</b> you think they went badly / well (causes of action)</li> <li>• Reconsider the things that went well / badly and write <b>what you think this lead to</b> (consequences of action)</li> <li>• Think about what could have been done to have avoided these negative consequences OR improve positive actions</li> <li>• Think about your contribution to the experience and say how useful it was and why it was useful (did a previous experience help you? can you compare it to a previous experience? If you were unable to</li> </ul>

# KEEPING LIBRARY STAFF 'APPY



**Easybib:** This is a free app that some of our University of Chester nursing students shared with us. A neat little tool that can scan book barcodes to generate APA, MLA or Chicago citations. We use the iPad app here, but there is also a website where there is a wider functionality for dealing with other media sources. The paid version will cover other styles including Harvard and Vancouver. In practice we find this to be quicker and easier than looking up the book or the catalogue to find all the information you need and useful aid for finding missing bibliographic information. Brings a smile to any student face, as long as they used primary sources!  
<http://www.easybib.com/>



**House of Memories:** Dementia is a hot topic in the NHS and this is a great little tool that is fun to use and can aid in reminiscence therapy.

Easy browse pictures lead the way to short written and spoken explanations with interviews, songs and sounds to provoke memories. Created by Liverpool Museums, this app is biased towards the city, but with content ranging from the 1920s to 80s it has something for everyone. We have promoted this heavily on the Care of the Elderly ward, on outreach stands and to our dementia leads in the trust. In fact after trying the library download they borrowed an infection proof tablet from Learning and Development to trial with volunteers on the wards and make a case for additional ward resources.

<http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/>



## Medical Careers Map for Wales:

This app and website is an interactive tool to help understand what on earth CT2s are and where Trust doctors fit into things. Occasionally this is used to explain medical career paths to work experience students looking to go into medical training, but more often

it is a staff reference tool which helps explain the education structure to new team members or help refresh your memory if you have that blank moment.  
<http://careers.walesdeanery.org/map/>



## NHS Acronym buster:

This little godsend by NHS confederation again comes in web or app format. Very handy to promote to students on placement, perceptorship groups, any cohorts of new overseas nurses or just anyone that looks bewildered at reports just made up of initials. The website also has links to the GMS (just in case you want something to test it on) acronym buster, which is less comprehensive and more medically orientated.  
<http://www.nhsconfed.org/acronym-buster>

**Susan Smith**

MID CHESHIRE HOSPITALS  
NHS FOUNDATION TRUST



# The Pomodoro Technique

**If someone had told me 6 months ago that I would be using a time management technique at work, I'd have laughed.**

Things like that are for high flying executives with packed schedules and a shelf full of John Adair books, not part time assistant clinical librarians, right? But then I had two prolapsed discs in my back, a spot of spinal surgery and four weeks off sick. The advice from the physiotherapist was to keep active and not sit for long periods of time, which can be tricky when the majority of your work is literature searching.

I had spotted the Pomodoro Technique in a HCLU Bulletin and had given it a go before I had my operation, but when I returned from sick leave, I decided to use it consistently whilst at work. The basic premise is that you work for 25 minutes and then take a 5 minute break. Not exactly revolutionary, but it's very easy to end up sitting for over an hour if you're well into a literature search. There are quite a few additional rules, but I use the following basic concepts that underpin the technique:

- Each 25 minute work period is called a pomodoro (the Italian for tomato – more about that later)
- During each 25 minute pomodoro you focus only on the task in hand. You don't look at emails, answer the phone, chat with colleagues about what happened in Corrie or end up on the internet looking at pictures of kittens.
- When you take your 5 minute break, it must be active. You must leave your desk, stand up, walk around, do something physical.

**Here's an illustrated guide to using the technique:**

**Photo 1:** Paul is an Assistant Clinical Librarian. He enjoys his job, but sometimes finds literature searches a bit overwhelming and on occasion, boring.

**Photo 2:** He's been given a long and complicated search on the entire history of asthma ever, by a consultant who wants to write a paper on the subject.

**Photo 3:** He begins to search, but after 90 minutes, loses the will to live.

**Photos 4 & 5:** He starts to procrastinate and find other things to do.

**Photo 6:** Things would be different with the pomodoro technique. He would work solidly for 25 minutes on his search, and then take a 5 minute break.

**Photos 7, 8 & 9:** During his break he gets up from his desk and could do a variety of activities: shelf tidying, making a well-earned brew, or perhaps a spot of exercise.

**Photo 10:** He's now completed his search in easy, 25 minute bursts and can head off for his lunch.

As Paul illustrates, the technique is very effective when tackling big pieces of work – the complicated literature search, writing that awkward report on the results of your annual evaluation survey, sorting out your LQAF submission, even doing the dreaded personal statement on job applications. Using the Pomodoro Technique means it's broken down into little, bite-sized chunks. You'd be amazed at how fast 25 minutes goes once you're focusing on just one thing.

There are a few practicalities you need to think about if you want to use the technique. It works best if you're shut away in an office on your own, although I realise that this doesn't apply to the majority of library staff. Most of us share an office with others, or spend some of our time delivering frontline services on a counter. Obviously, you can't

use the technique if you're working out front, as it wouldn't go down very well if you told library users to go away and come back in 25 minutes. If you do share an office with other staff there's nothing wrong with explaining what you're doing and why you're doing it. If I am sitting at my PC looking a bit intense, people will often ask if I'm 'in the middle of a tomato' and wait until my 5 minute break to chat to me.

Before you start a pomodoro make sure you have everything you need, that you're prepared for the task you're undertaking. Turn Outlook off, put your mobile in a drawer, make sure you haven't got any web pages open in the background that might tempt you. Even if they're work related web pages, they still count as distraction. You also need to have a method of recording time, so that you know when your pomodoro has finished. I just jot down the time on my notepad – if my pomodoro starts at 9.15 I'll scribble down '9.40' somewhere prominent. There are apps you can download that will time you and do all sorts of other things as well, such as measure your most productive day, although I realise I told you to put your phone in a drawer in the previous paragraph. Maybe think about how tempted you are by the lure of your smartphone before you download an app. If having it on your desk next to you is going to mean you're faffing about with it every two minutes, then go old school and use pen and paper to record your time.

The name 'Pomodoro Technique' came about because Francesco Cirillo, the Italian who developed the concept, used a red tomato kitchen timer to measure his units of work. You can even buy the timers from his website, although personally, I would find the ticking distracting, and your colleagues may not welcome the sound of a ringing bell going off every 25 minutes.

So now you know why it's useful and how to use it. It just remains for me to tell you a bit



about why you should use it, aside from the productivity advantages. Obviously, I have quite a big motivator in terms of preventing further problems with my back, but the health benefits of trying to be active at work apply to you, as well as me. It doesn't matter how fit you are, sedentary behaviour can be damaging to your health. There has been lots of research carried out into the effects of sitting for long periods of time, and it is "... associated with an increased risk of type 2 diabetes, cardiovascular disease and death from all causes" British Heart Foundation National Centre, *Evidence briefing: sedentary behaviour* (2012). Which sounds pretty scary to me. If you want to find out more about sedentary behaviour and the research behind it, then there's lots of useful information on the website of The British Heart Foundation National Centre for Physical Activity and Health ([www.bhfactive.org.uk](http://www.bhfactive.org.uk)). Alternatively, if you're interested in ways to make your working life more active, check out [www.getbritainstanding.org](http://www.getbritainstanding.org), who are running a campaign to 'increase awareness and education of the dangers of sedentary working and prolonged sitting time.'

I highly recommend having a look at <http://pomodorotechnique.com> and watching the brief introductory video, which is much more entertaining than reading this article and probably sums things up better too. You can also learn about extra aspects of the technique, most of which I don't use, and buy the book. To summarise, it's not revolutionary, but it works for me and so I thought I'd share my experiences with you. Are you convinced? Then I'll see you in 25 minutes.

Thanks to Paul Tickner for being my model. This article was adapted from a presentation I gave at the LIHNN Big Day Out in March this year.

**Emily Hurt**

LANCASHIRE TEACHING HOSPITALS  
NHS FOUNDATION TRUST

# All change at the JET Library

**Library users and staff at the JET Library, Mid-Cheshire Hospital NHS Foundation Trust, Crewe, are reaping the benefits of a refurbishment.**

The building work – financed by a successful bid to the Health Education North-West Fore-runner Fund – created a new counter area, placed right at the heart of the library space. The new counter replaces the previous – somewhat Dickensian – arrangement where library staff and users stood either side of a service hatch with the book de-sensitiser embedded within it, poised to wipe credit cards and mobile phones. The new counter area provides plenty of storage space and gives the whole library a much more professional and up-to-date feel. Users' feedback has been unanimously positive.

The building work also saw the creation of a dedicated, purpose-built office for library training sessions. This is a great boon, as with four staff potentially doing one-to-one training sessions it could be difficult to find an appropriate space. Training in the library affected the concentration of users and other library staff, while teaching people in the rest of the library disturbed other readers. The new office has solved all these problems at a stroke, providing a quiet, private space for training or, indeed for library staff wanting to crack on with a special project or their LQAF return! We decided to go for a flexible approach, so training sessions have been provided using a laptop hooked up to a data projector, using the wall as a white screen. The training room is going to be furnished with comfortable chairs and a round table, generating a relaxed and informal atmosphere.

In time-honoured tradition the building works lasted longer than originally thought – something to do with the wrong type of door, or hole, or both.

But we managed to keep the service going while the work went on. Elisa, Julie and Avril rigged up a temporary counter space within the main body of the library and even managed to preserve the all-important biscuit supply in close proximity to the desk.

Meanwhile Susan, Steve and I pursued a semi-nomadic existence hot-desking around various hospital departments, summoned back to the counter once in a while to cover the others' lunches or by rumours of a kettle boiling.

I found the days when I set up shop in the Postgraduate Medical Centre (PGMC) quite enjoyable and it was certainly interesting to get a behind-the-scenes look at this part of the Trust. On other days – when the



Julie on the new counter

PGMC had a full house – I found myself exiled to the Clinical Skills Tutor's office, (which had its own en-suite facilities), or the Postgraduate Clinical Tutor's office, which was fully equipped with a PC running Windows (18)97. Moving back into our own office (which also got a lick of paint and a new carpet) was just the beginning of the re-settling process. Virtually everything has found its rightful place now, but there were certainly a few weeks when 'Does anyone remember where we put ...?' was one of our Frequently Asked Questions. But despite the odd bit of lost stationery and moments of confusion the new arrangements are working very well now. I have already done a couple of training sessions in the new space and once I found the right set of leads I even used the laptop and the data projector. The readers have given us lots of great feedback about the new arrangements – the next development is RFID, so watch this space!

**John Gale, Avril Bourke,  
Elisa Dowey, Susan Smith**

MID CHESHIRE HOSPITALS  
NHS FOUNDATION TRUST  
UNIVERSITY OF CHESTER

# Editor's Column

## How you can contribute to the Newsletter

**All members** of LIHNN are welcome to contribute to LIHNNK Up. We particularly encourage contributions from para-professional staff and anyone who has not previously written for publication. Members of the Editorial Board would be pleased to "mentor" new writers and provide advice on what makes a good readable contribution.

## What could you write about?

Really it is up to you as we are looking for topics of interest to health library staff. It could be:

- something new that you have used or your library has introduced
- an overview of a piece of software such as a social media tool
- lessons learned (good or bad) from doing something differently in the library
- good news that you want to share with LIHNN
- an account of events and courses attended. For conferences and courses please include what you found most valuable and what you will do differently from having attended the event or course.

## Format of contributions and other "rules"

1. Please send your documents as Word (i.e. either .doc or .docx) files.
2. Photos and artwork should be submitted in JPG format. Please don't embed them in the Word documents. They should be submitted as separate files with a meaningful caption.
3. Don't forget your name, location, title of article and date of article.
4. Please give full details of events, courses and conferences attended. This should include:
  - The name of event and location
  - Date of event
  - Name of organising or sponsoring body
  - Details of how any support materials can be obtained e.g. website urls
  - Full references to any published reports, articles etc.
5. All acronyms should be written out in full for the first occasion they are used in the text.

PDF copies of back issues and indexes to the newsletter are available at:  
<http://www.lihnn.nhs.uk/index.php/lihnn/lihnnk-up/read-the-newsletter>

## Contributions should be submitted to:

**lihnnkup@lihnn.nhs.uk**

For queries please contact:  
 gary.sutton@whh.nhs.uk  
 Tel: 01925 664226

## About Library and Health Network North West (LIHNN)

Website: <http://www.lihnn.nhs.uk>  
 for details of the groups and their activities

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**Vacancy to be filled**

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