

Make some noise

Blowing our own trumpet, selling ourselves, shouting from the rooftops and demonstrating our impact.

Not things that everybody feels comfortable doing but whether Brexit leads us to the sunlit uplands or to wrack and ruin it's unlikely that NHS funding will become more generous any time soon so we need to demonstrate our usefulness as much as we possibly can.

Finding evidence to demonstrate our impact has long been the LKS equivalent of the search for the philosophers' stone. The Value and Impact Task and Finish Group, set up as part of the Knowledge for Healthcare process has been beavering away trying to do just that and has come up with five questions to help services. Find out how they got there with **Susan Smith's** article on page five. Making an impact on her Trust, and on the number of patients suffering with pressure sores, was **Alex Williams** from Warrington & Halton Hospitals NHSFT, who identified an increase in pressure sores, did a literature search to find best practice, ran with it and is now writing articles, submitting case studies and entering awards all over the shop.

As far as selling ourselves is concerned plans are afoot to refresh the LIHNN brand (see p. 10) but East Lancashire Hospitals Trust LKS have already started work on their own brand identity – and uniforms – and you can

see them looking resplendent in them and read about their rebranding exercise in **Graham Haldane's** article on page seven. Also getting their message out there were members of staff from Northumberland and Tyne and Wear NHS FT's LKS who turned over a new leaf (or at least got everyone else to write about doing so) at the beginning of the year – find out what they did on page 14.

Many people's first contact with their Trust's library service is during their induction so making it count is an important part of our marketing efforts. On page 13 **Sarah Woodhall** from Lancashire Teaching Hospitals shares a few tips from LIHNN's recent 'How to deliver a memorable induction,' course. Most staff joining Trusts will need to revalidate at some point and Warrington & Halton have been getting in on the act by participating in their Trust's study days – you can find out more about this in **Helen Kiely's** article on page four.

Connecting with Trust staff is vital but it's also important to build bridges with the wider public. On page 16 **Dominic Gilroy** writes about the annual Patient Information Forum conference at the Royal College of Physicians while on page 17 **Daniel Park** from Leeds Teaching Hospitals gives a few tips on writing accessible information for library users.

Finally LIHNNKUP would like to extend a warm welcome to **Lorna Dawson** who recently started at the Manchester Health and Wellbeing Service (page 9) and to our

colleagues in YOHLNet, over the Pennines and in and around the stamping ground of celebrity librarian Philip Larkin (page 11).

John Gale

MID-CHESHIRE HOSPITALS
NHS FOUNDATION TRUST

IN THIS ISSUE

The War of the Wounds Information Dissemination	2
The Three 'R's': Reading, Reflecting & Revalidation	4
A Lot of Work for 5 Questions: Understanding Value and Impact in NHS Library & Knowledge Services	5
Developing the ELHT brand	7
New Starter Lorna Dawson	9
The Value of LIHNN Survey results	10
YOHLNet: Yorkshire and the Humber Health Libraries & Knowledge Network	11
How to deliver a memorable induction	13
"Turn over a new leaf" or "How to make your library visible"	14
Patient Information Forum Conference: The Power of Partnership	16
Dr Lumpy's guide to accessible material for library/information trainers	17
The Land of Geek: Recommender Systems	18



The War of the Wounds

INFORMATION DISSEMINATION

In July 2015 I attended a Nursing and Midwifery Advisory Committee meeting at which it was identified that there had been a sharp increase in the incidence of device-related pressure ulcers.

I identified this as a topic for further investigation and supplied the Associate Director of Nursing in Scheduled Care with a literature search to look at the ways of combatting this risk. We were particularly interested in Thomas Splints and Plaster of Paris and so I compiled a list of contacts from other organisations so that we could explore potential areas of best practice.

A multidisciplinary task and finish group was established and it was agreed that we would track the success of the interventions from literature

search to governance data to investigate the impact. Based on the evidence and feedback from specialists, the key actions implemented were as follows:

- a red band around people's plaster casts to make high-risk patients easy to spot
- a single point lesson for all staff
- a red alert sticker for the patient's notes
- core competencies for orthopaedic nursing staff to support high quality care

The group adopted a Plan, Do, Study, Act (PDSA) approach to introducing the improvement (Institute for Innovation and Improvement, 2008) and I was fortunate enough to work alongside the group.

Since adopting the approach, there has not been a single device-related pressure ulcer in our organisation.

At the end of the six month project, I was asked to share what we had learned so that others could benefit from the innovative way of working. This was a new challenge for me and a useful way of using the transferable skills that we Information Professionals possess.

I was asked to write up the project and submit to the following:

- The Nursing Times: this formal article is due for publication in the June 2016 Patient Safety Special Edition.
- Any awards currently open to submissions: this included the Patient Safety Awards, the Nursing Times Awards and the HSJ Awards.
- eWin: we were published as a case study demonstrating the team aspects of implementing the initiative as well as the benefits for improving workforce confidence - http://www.ewin.nhs.uk/tools_and_resources/preventing-device-related-pressure-ulcers
- The Academy of NHS Fabulous Stuff: we were chosen as Roy Lilley's Pick of the Week and this ensured we had broad exposure - <http://www.fabnhsstuff.net/2016/02/24/preventing-device-related-pressure-ulcers/>

This task enabled me to strengthen my skills in writing for publication, submitting for awards and sharing best practice. I was also the key contact for individuals from other organisations who wanted further information and so I worked closely with the external communications team to respond effectively.

There were several challenging aspects to this experience, most of which centred on garnering accurate



information from many different parties. There were issues around ownership of the initiative and I had to maintain a neutral and sensitive position in co-ordinating the write up. If I was involved in a project of this nature again, I would ensure that people's roles and ownership of ideas were accurately recorded throughout.

The award submissions also required a full costing of the project. This was challenging as there were many departments involved with varying roles and time commitments including: the Plaster Room Technicians, the Tissue Viability Nurses, the Orthopaedic Physiotherapists and the Matrons. To overcome this I worked closely with the Associate Director of Nursing, who chaired the group, to establish timeframes and staff responsible and used the NHS Core Cost Framework to identify a total cost for the project as £1,478.16. This was complex to do retrospectively and in future I would insist upon group members recording their own time spent on their areas using Process Sampling forms to allow for an accurate and timely costing.

Another challenging element was accountability. I felt that I was responsible for successful short listings and if we failed to win, it would be due to my write ups. The way I overcame this was by engaging other key figures in the organisation to share the responsibility with me. This not only relieved the pressure but also meant that my submissions were proof read several times by different people with diverse viewpoints. Members of staff in Communications,

Corporate Nursing as well as Personal Assistants helped with the submissions. This improved my own confidence and also taught me important skills in writing.

The experience I have gained from being a part of this project has been invaluable. It built upon the skills I acquired in implementing an improvement initiative during my time on the NHS Leadership Academy's Mary Seacole Programme:

<http://www.leadershipacademy.nhs.uk/programmes/mary-seacole-programme/>
I was able to engage with key clinical microsystems (small, interprofessional groups of people who come together to look at a particular patient population) as well as promote the wide range of skills the library team possesses to a large Trust-wide audience.

The reason for sharing this experience is to inform others who may be engaged in a similar process. Our roles often mean that we are positioned perfectly to co-ordinate the sharing of a cross-sectional description of such initiatives as well as ensuring that they are evidence-based. As a by-product, it has given the team an insight into the final destination of the results of a literature search and this has allowed for the evaluation of accurate impact despite organisational boundaries.

Alex Williams

INFORMATION SPECIALIST
WARRINGTON & HALTON HOSPITALS
NHS FOUNDATION TRUST



The Three 'R's:

Reading, Reflecting and Revalidation

Nurse Revalidation. It's one of the big topics at the moment, with many nurses feeling unsure or overwhelmed by the prospect of submitting their portfolio to the NMC.

Working with colleagues in our division, the Knowledge and Evidence Service here at Warrington and Halton NHS Foundation Trust is now involved in an educational study day programme, aimed at explaining revalidation requirements and allaying fears about obtaining the needed evidence and documentation.

When we were first asked to participate in the study days, we examined different ways of approaching the session.

First, we established the key topics we wished to cover in our hour and a half slot, these were identified as:

- Explaining CPD
- Understanding the resources we could provide to help them

We tried several methods in the early pilot sessions, including a variety of lecture styles and interactive tasks such as identifying abstract types, but eventually settled on a format we felt worked best.

Beginning the session

We begin each session by establishing what the group already know about our resources and what counts as CPD. The groups are often mixed in terms of experience and understanding so we like to make sure we pitch the subsequent presentation at the right level. We give a short presentation about what an Athens account is, and facilitate a discussion about the different types of resources they can access. Due to the numbers of attendees we do not generally have access to PCs to give a

hands-on session so instead we provide a quick overview discussion about the resources and make the nurses aware they can call into the library for a more in-depth demonstration.

We then progress to discuss different types of CPD, including reading and reflecting on books and articles, and reflective discussions with colleagues.



Practical Tasks

We provide a selection of short one-page articles that are broad enough to not be specific to a speciality, covering topics such as revalidation, nursing employment, staffing, and developing compassion and emotional intelligence.

We allow them to choose an article and give time for them to read and make notes, providing prompts. Then, in pairs, they each take turns describing the article and their thoughts and feelings about it to their colleague, whose job is to prompt further discussion by encouraging their partner to develop their thoughts further and elaborate on their responses.

They record their discussion on worksheets, which then allow them to sign for one another to say they have had a reflective discussion. These discussion sheets have been designed by the trust Practice Education Facilitators, and can be used in their portfolios as part of their evidence of CPD.

The group then feed back about how they found the task, and we discuss in more detail how they could access articles or pieces in the future to undertake similar reflective exercises, and what they would take back to their own practice and to their colleagues.

Facilitating Feedback

As part of the teaching and learning cycle it is important to gain feedback from each group to establish whether learning has taken place. However, as the nurses are already required to fill in a detailed feedback form at the end of the day, to close our session we provide them with sticky-notes and ask them to write either one example of CPD or one thing they will do as a result of the session and pin them onto a board, discussing them with the group as they do so.

This is really helpful as it provides an opportunity to reiterate lessons learned, and allows us to see what key messages the staff will take away from the session, and what they felt was the most important part. This is generally well received and often brings up interesting points for discussion, which will be useful to the nurses when completing their CPD reflections. The interactivity of the reflective task is a key factor in this as it gives a tangible example that those attending can take away from the session.

Helen Kiely

WARRINGTON & HALTON
NHS FOUNDATION TRUST

A Lot of Work for 5 Questions: Understanding Value and Impact in NHS Library & Knowledge Services

At last the Value and Impact Task & Finish Group (V&I TFG) has something to show for itself.

The journey began back in May 2015, where the group was asked to create a set of tools to help better understand the value and impact of Library & Knowledge Services (LKS). Sorry it has taken a while, but we had to ensure that our thinking and solutions were robust.

From the questionnaire 136 services (63%) out of the 215 services identified in Knowledge for Healthcare (KfH) responded. Results show that 95.5% of responding services collect impact information. The LQAF submissions were shared by regional leads from 25 services. The main tool requested was a short off-the-shelf questionnaire which could be applied to all sectors and all services. This would be used as a scoping tool with interview guidelines for use with the Critical Incident Technique to 'dig deeper' for qualitative responses. All tools identified were cross-referenced against the framework established from the group remit, literature and questionnaire and a set of 5 core questions identified. The resulting impact questionnaire was tested by the V&I TFG members in practice with local LKS clients with 214 respondents across services.

After testing we revised the tools and developed new guidance. Alison Brettell was commissioned to develop a value mapping toolkit to incorporate the tools (Figures 2 & 3), which went live on the Knowledge for Healthcare Blog June 2016: <http://kfh.libraryservices.nhs.uk/value-and-impact-toolkit/>



First we had to understand what was meant by value and impact, and luckily there is a standard that provided our definitions.

Value: the importance that stakeholders attach to libraries and their perception of actual or potential benefit (BS ISO 16439:2014 - 3.75).

Impact: is part of value and is the difference or change in an individual or group resulting from their contact with library services (BS ISO 16439:2014 - 3.25).

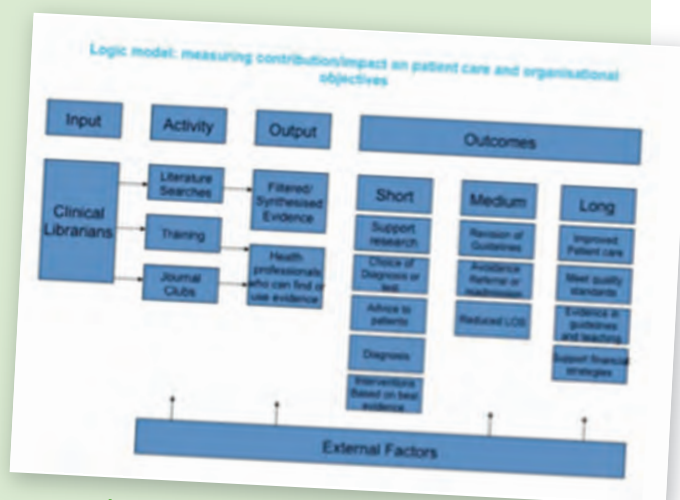
Impact is difficult to assess as by its very nature, LKS can contribute to outcomes. Our work aimed to refresh and broaden an existing toolkit to make it applicable to more sectors and services. Our target was for 95% of NHS libraries to be using it by 2020.

Members of the V&I TFG were selected by regional libraries' leads for their interest and expertise in the area as people who could link into the different regions and the healthcare sectors. The first step was to recruit a 'virtual reference group' from academics/specialists in the field and through an open invite to all librarians across the UK to help scrutinise the work of the group.

We reviewed the literature to look at the different ways libraries have of measuring their impact. We used Survey Monkey to see what local libraries were doing and what they wanted us to come up with. Library leads were asked to share their returns.

Case: Value of library service	Stakeholder 1 (Library Manager)	Stakeholder 2 (Library User)	Stakeholder 3 (Trust Management)
Reason for interest	Provide high quality service	Want information to make decision about treatment of a patient	Is library providing value for money
Desired outcome	High quality service	Relevant information delivered as quickly as possible	Cost effective library service that contributes to organisational objectives
Possible measure or metric	Quality assurance measures Benchmarking standards	Relevance of information Speed of delivery	Costs Return on Investment (ROI)
Measured by	LQAF Balanced scorecard	User satisfaction survey Interview Output (Performance) data	Cost analyses ROI Balanced scorecard

Mapping tool to required purpose



Logic model for understanding outcomes

Continued over...

A Lot of Work for 5 Questions: Understanding Value and Impact in NHS Library & Knowledge Services

...continued

Finding out what people value and what has a good impact will affect the way libraries develop in the future. We know there is still work to do and the V&I TFG have agreed to continue until March 2017. In this time we will be looking to further evaluate and improve the toolkit and look at how it links in with other working groups, including a revised LQAF.

We are just about to start testing centralised Survey Monkey accounts in a few regions, so collecting impact is as easy as sending a link to your customer. Doing this means that data can be easily collected by individual services and makes it easier for the national collection of data for use in national reports.

We have developed a set of core questions which can be used to capture impact-related feedback from a wide range of services and resources provided by libraries. We recognise that it might not be perfect for some specific situations and some libraries may consider adding questions to the survey, but we ask that the 5 core questions are kept in any adapted survey, so data can be collated nationally. The toolkit also references other tools, some of which can also be used to demonstrate compliance with LQAF criteria 1.3c, including a number of other questionnaires which can be mapped across to our 5 basic questions.

From the survey we carried out, we are aware that a number of people also want specialist surveys. We haven't forgotten about you! The group is hoping to look in more detail at how the impact of learning and development events can be captured.

The toolkit is on the blog and ready to use with promotion sessions planned across the country. The staff group question has been rightly challenged due to its purely NHS focus and it will be adapted to make it more flexible for use with local authorities and higher education. If you have any other feedback, including suggestions for other tools that can be considered for addition to the toolkit, feel free to email them to susan.smith@chester.ac.uk, we would like to know your thoughts.

Article by Susan Smith, *Mid Cheshire Hospitals NHS Foundation Trust* & Dominic Gilroy, *Health Education England working across Yorkshire & Humber*.

The V&I TFG: Jenny Turner, *East Sussex Healthcare NHS Trust*; Alison Brettell, *University of Salford*; Stephen Ayre, *George Eliot Hospital NHS Trust*; Douglas Knock, *King's College Hospital NHS Foundation Trust*; Rebecca Mitchelmore, *Isle of Wight NHS Trust*; Sophie Pattison, *Royal Free London NHS Foundation Trust*.

Susan Smith
SENIOR LIBRARIAN
JET LIBRARY, LEIGHTON HOSPITAL



Developing the **ELHT brand**



Over the last few years we have been developing a clear identity for the library service within East Lancashire Hospitals Trust (ELHT).

Starting with trying to ensure consistent presentation and style in our printed publications, this has developed into a clear 'brand identity', which culminated this year in revised logos – and library uniforms!

Learning from others

Like many Trusts, we have a recommended house-style, which can seem restrictive at times, but helps when trying to align library publications and services with Trust priorities. The Trust's strapline of 'Safe Personal Effective' has proved useful as a focus when promoting our services, and we have used those key concepts, for example, when compiling questions for impact surveys.

We have also learnt from various LHMN study days on marketing, impact and brand image, and from other services, such as the Wirral and Lancashire Teaching Hospitals Trusts, who have developed their own image and presented their progress last year at the LHMN Quality Improvement Awards.

Previous developments

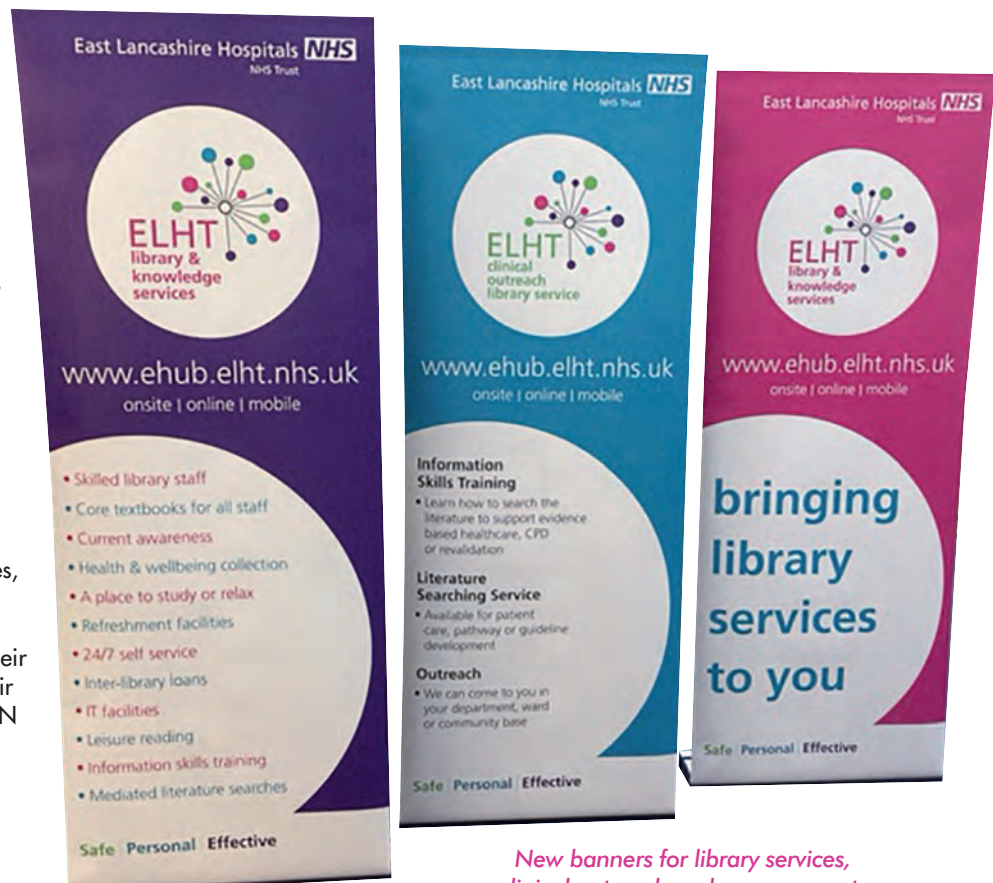
For several years, we used a library logo based on the logo for the Learning & Development department. We adopted the strapline of 'Bringing evidence & practice together' to reflect our service aims, and in 2013 – when



we restructured the team – we changed the service name from ELHT Library & Information Services to ELHT Library & Knowledge Services.

The development of the ELHT Evidence Hub, our online portal (or 'third library') and our Clinical Outreach service, led to the development of two further logos, each using a different

Continued over...



New banners for library services, clinical outreach and pop-up events

...continued

image. We used these extensively in publications and email signatures, along with the corporate Trust colours.

2016 developments – the full ELHT LKS brand

During 2015, we felt that our 'brand image' needed refreshing, and that we could take it a stage further. One of the catalysts was that we wanted to replace the pull-up banner that was purchased for all NHS library services in the North West some years ago. It was looking dated, and also included some items which were no longer relevant (believe it or not, we no longer have photocopiers in the libraries!).

We therefore put in a marketing bid to the Health Care Library Unit's Library Development Fund, and used it to purchase most of the following:

- New library banners, which we use in the libraries, at marketing events, and for 'Pop-Up Library' visits around the Trust
- A new welcome sign in the Blackburn library
- Library uniform for the whole team.

Related to these purchases, we developed new library logos, with one consistent graphic (and using the broader colour range now available in the Trust palette of colours) and added an additional strapline of 'Onsite Online Mobile' to indicate that we're about more than just physical libraries.

After some uncertainty when uniform has been discussed in the past, we decided to go for it at the beginning of 2016, and it has proved popular with both the library team and our users. It gives us a very clear identity, making us more recognisable when around the Trust, and other teams within Workforce Education are now more open to the idea of a uniform. We have given the team enough options to vary the style – and to cope with the varying temperatures in the library!

We have two colours of polo shirt, a grey fleece and black and grey cardigans (or V-neck jumpers), all bearing the library logo. These are worn with black or grey trousers/skirt. The operational (front-of-house) team wear the polo shirts all the time, whereas other staff can opt to wear the cardigans/jumpers over a dress/shirt when more appropriate than a polo shirt.



Graham, Charlotte, Judith, Judy, Clare, Lauren & Sarah pose in their new polo shirts!



Social media

In early 2016, we also finally took the step of developing our social media presence, launching library accounts on Facebook, Twitter, Pinterest and YouTube. The Facebook account focuses on library news, and we try to capture pictures of e.g. new students at induction or teams that we visit. Twitter is used for promoting health care news, including NICE guidelines, UpToDate news, and the latest health headlines. Uptake is slower than we'd anticipated, and we are currently running a competition to promote awareness.



The Evidence Hub (www.ehub.elht.nhs.uk) is also now getting a refresh, using not only the new logo and Trust colours, but also images from a bank which we have purchased from 'The Noun Project'.

And finally – the library bear!

Our final marketing innovation for this year is to introduce a new member of the team – the library bear, complete with its own logoed T-shirt. The bear is an excuse for another competition – it's currently nameless and genderless – but he/she/they will be going out on visits around the Trust to pop-up libraries, the Trust AGM etc.

Thanks

Thanks are due to Judith Aquino (E-Resources Librarian) for all her amazing design work, to Clare Morton (Library Operational Services Manager) for helping us take the plunge into getting uniforms, and to all the library team for adopting the changes so well.

Web links

ELHT Evidence Hub: www.ehub.elht.nhs.uk
Facebook: www.facebook.com/elhtlibrary/
Twitter: <https://twitter.com/elhtlibrary>

Graham Haldane
LIBRARY & KNOWLEDGE SERVICES
MANAGER, EAST LANCASHIRE
HOSPITALS NHS TRUST

Safe | Personal | Effective



The library bear – ready to 'pop-up' around the Trust



In my first year of university, you could probably count the number of times I visited the library on both hands - I studied English Literature.

When I graduated from my MA at The University of Warwick in 2013, going straight into a Graduate Trainee Library Assistant position at Manchester Metropolitan University still felt a little like stepping into the unknown.

New Starter Lorna Dawson

The GT year turned out to be an invaluable initiation into the library and information management world. I learnt the language of Dewey, developed a soft spot for print journals and channelled my creativity into making video guides for searching academic databases.

My next role was in a Further Education library at The Manchester College where I was primarily involved in promoting the Six Book Challenge. The campaign ran from January - June and was filled with display making, poster printing, promotion pitching, workshop delivering and finally celebrating the completers' successes.

After briefly working in primary education, I am pleased to have started working in healthcare libraries as a Knowledge Service Assistant for Buzz: Manchester Health and Wellbeing Service. It's another

step into new territory but I'm enjoying the journey so far.

The KS is an exciting place in itself: I'm surrounded by books, health promotion models (think giant teeth, skeletons and beer goggles) and health promotion leaflets. Then there are the stories of how health practitioners have used the resources: my favourite so far is teenagers doing running races holding fat globes to understand the effects of obesity.

I'm enjoying every day of working in a healthcare library, and can't wait to hear the next story of creative health promotion. Maybe one day I'll know enough to fill a book.

Lorna Dawson
KNOWLEDGE SERVICES ASSISTANT
BUZZ: MANCHESTER HEALTH AND
WELLBEING SERVICE

The Value of LIHNN – survey results

You might remember that late last year, the LIHNN Coordinating Committee conducted a survey about the value of the network.

If so, thank you for filling this in for us. Since then we have spent time discussing the results and what we can do to improve the network. And the time has come to share it with you all.

Firstly, the survey results were, on the whole, very positive. The main strengths of the network were: collaboration and networking, support, training events and our Union list. It was also nice to see that the current membership costs represented value for money for most people. There were some queries over why we charge for membership; your funding helps us fund conference places for LIHNN members, supports catering for all day LIHNN events, supports training activities and is used to recognise the contribution of long-service employees in the network and for service-improvement projects. (Please see the Treasurer's report from the LINN/HCLU briefing or email the LIHNN treasurer - susan.smith@chester.ac.uk - for more information). Recent purchases also include paying for the hosting for ADMIRE, NEST and other projects.

The collaboration of the regions across the North including: LIHNN, North East and Yorkshire and Humber, was also generally seen as a positive step and members agreed that there could be a number of benefits to this, including better document supply and wider access to book loans, a bigger support network and economies of scale for purchasing. We are still at an early stage of joint working, but the committee hope all these benefits will be achieved and more besides. The Mental Health Group recently held a Northern-wide meeting in Leeds and it was a resounding success, which is great to see.

However, it would be disingenuous of me to suggest absolutely everything is rosy in the garden of LIHNN – of course there were some weaknesses identified – the biggest one being the blurred boundaries between HCLU and LIHNN, a subject that has come up before and something that both the

committee and HCLU intend to look at more closely in the coming months. Some people argued that the geographical spread of the network was too great, even in the North West, and this is something we aim to improve by hosting events in a number of venues to try and bring more parity to services on our periphery. We have also been looking into purchasing WebEx to allow people to dial into meetings and to allow us to host more events and meetings remotely and you should hear more about this later in the year. Some people also felt that LIHNN is too NHS-focused. With the majority of our members working for the NHS this can be hard to avoid, however, we have excellent links with higher education and NICE and we are open to more joint events such as the Open Access publishing event held last year.

Social media was also mooted and we are in the process of improving our presence here, just as soon as we find the mysterious owner of our Twitter handle....

There were also some understandable concerns about increasing collaboration with the North East and Yorkshire & Humber, mainly about dilution of funding for training events and having to travel longer distances to get to them. The committee recognises that one size does not fit all in terms of our networks and that integration might mean different things depending on the circumstances. However the majority of LIHNN members are happy to open up the network and welcome new services, which has always been a strength of this network. Occasionally travel is unavoidable and we do apologise for that.

We also asked our members, what we should be doing more of and what we should stop, and the issue of LIHNNKUp in print came up. We have held a number of discussions to this end, with members, the LIHNNKUp board and HCLU. The conclusion was that it was important to keep LIHNNKUp on paper for now, in order to maximise

publicity around Knowledge for Healthcare, and also to encourage people to have their name in print when they are writing for publication for the first time. We felt enough people valued the print copy coming into their library to continue it and now that LIHNNKUp goes further afield, we only get one copy per library, which feels less wasteful. We do remain open to change and we will keep tabs on LIHNNKUp going forward.

In terms of what we should do more of, we had suggestions about improved communication and external speakers, which we will certainly take on board and about sending out more information from specialist groups which has certainly been a challenge – one we hoped we tackled, to some extent, at our AGM last month, when those who went got an update from the specialist groups and at our Christmas study we tried to have a bit of fun with a quiz about the different groups. Social media was also mooted and we are in the process of improving our presence here, just as soon as we find the mysterious owner of our Twitter handle...

And finally, we asked about specific marketing for the network and we received a lot of good suggestions. In the end we felt something generic would be the best thing for all our diverse members and we are looking into chalk boards and pens, a la Wigan, Wroughtington and Leigh, so please watch this space. One of the big things we have been looking at this year is rebranding, so anything we do will be tied into this. Victoria Treadway has kindly agreed to look into this with a small task and finish group, however if you feel you could be of assistance, please let Victoria know.

To sum up, we are happy that the network continues to build on its strengths and that you are mostly happy with the efforts of all the groups. It's lovely to see such representation from all services and all levels of staff and this has been very noticeable at National level, where we lead the way on many things. One last point however, to the hopeful person who thought we could drop the LQAF, we might be good, but we're not that good!

If you have any questions for the committee, please email us on: committee@lihnn.nhs.uk

Lisa McLaren
LIBRARY AND KNOWLEDGE
SERVICES MANAGER,
BRIDGEWATER COMMUNITY
HEALTHCARE NHS
FOUNDATION TRUST

YOHHLNet:

Yorkshire and the Humber Health Libraries & Knowledge Network

Hello everyone – I would like to introduce you all to YOHHLNet – the newly established Yorkshire and the Humber Health Libraries & Knowledge Network and the work we've done to set it up.

Unlike the North East (HLN) and the North West (LIHNN) health libraries in the Yorkshire and Humber area have not previously had their own formal network for staff and services to work together – instead we operated on a much more informal but supportive model.

This is most likely due to historic reasons and former boundaries when the current Yorkshire and the Humber region was represented by two different regions – with the northern part being known as the Yorkshire Regional Health Authority and the southern part being part of the Trent Regional Health Authority. We then all became part of the much smaller Workforce Confederation organisations – it was only when they were disbanded and the new regions were created that all of Yorkshire and North Lincolnshire became known as Yorkshire and Humber.

For reasons unknown, no formal network was created and we didn't have a regional library unit as some other areas had. It was only in 2015 when we became part of the wider North geography area and were supported by David and his team at the Health Care Libraries Unit that the idea of us forming our own network organisation was mooted.

With funding provided by Health Education England in Yorkshire and the Humber and support from HCLU, we held a 'Refocusing the Network' event in November 2015 where as many library staff as were able attended to consider how we might take things forward. The day was led by Jane Plighting, a Leadership and OD Consultant with the support of members from the region. We heard about initiatives and benefits of a network from members of LIHNN and the Sustainable Improvement Team at NHS IQ. It was then over to all of us – we held a World Café session where we had round table discussions about what a future network might look like. There was an overwhelming response of 'yes' – this was something we wanted and we could make it work'. We also looked into developing Communities of Practice, which was a very

interesting and varied session – one around CPD is already up and running effectively and there are more eager to follow suit in the next few weeks and months.

The outcome of the discussions held at the 'Refocusing the Network' event were written up and circulated, providing ideas of the aims of a future network and how and why it might operate. Early in 2016, we held a vote using SurveyMonkey and decided that the network name would be 'Yorkshire and the Humber Health Libraries & Knowledge Network' (YHHLKN). In the Spring of 2016, a call went out to all staff across the region for volunteers who were interested in steering these thoughts and ideas into something that could become workable – and in March 2016 our inaugural Steering Group came together to begin the first steps in developing and establishing our formal network.

This inaugural Steering Group was made up of a cross section of staff from all parts of the region – everyone has different experiences and skill sets that they bring to the table and above all the

enthusiasm to take our new network forward. At the initial meeting, we reviewed the outcomes from the 'Refocusing the Network' event, elected our officers and started:

- Developing and drafting a Constitution so that we had an official remit and purpose.
- Consolidating the aims and objectives and outlining the benefits of being a member of the network.
- Considering our web presence; for the foreseeable future we are going to use the LKS in the North wiki site at http://resources.lihnn.nhs.uk/wiki/Yorkshire_and_Humber_LKS.MainPage.ashx
- A Task & Finish Group to work on the wiki site to make it more user friendly, updating the appearance, etc.
- A programme of CPD events and opportunities, ably led by our CPD Officers and the CPD Community of Practice.

We met again in April 2016 and set the timetable for signing off our Constitution, following wider consultation with all staff

Continued over...



Janet Sampson YOHHLNet Chair

...continued

across the region and HCLU and a presentation at the YH Library Managers Meeting in May, for our meeting in June 2016. We decided to change the name from 'Steering Group' to 'Committee' as this would read better in any Constitution being presented to back up our application for a bank account. We also:

- Circulated the final draft of the Constitution for wider consultation and feedback.
- Held a survey to decide what the acronym for our Network would be as some members thought that YHHLKN did not flow easily; we gave a choice between YHHLKN and YOHLNet (a late entry!), with YOHLNet winning by a small majority.
- Confirmed that we will meet every two months and that members of the committee should attend at least 3 of the 6 meetings each year.
- Committee members began loading their biographies onto the wiki site, outlining a brief background to their working history, their current role and listing the skills they have along with a photo – something everyone loves to do! We will be encouraging other staff to add to this as we start signing up members in the near future so that we have a well-developed skills register that all members can tap into.
- Started work on developing a register of rooms available for booking which prospective members have already started to respond to – this will allow member organisations to see at a glance what room booking facilities are available across the region when planning meetings and events.
- Another Task & Finish Group have been working on putting together a template for Terms of Reference for Communities of Practice for everyone to use. This will be available shortly on the wiki site and has already been used by the CPD Community of Practice.

We are now official! At our meeting in June 2016 the Constitution was accepted following overwhelming support from prospective members and YOHLNet was fully established.

What next:

- The Constitution will be made available on our wiki site shortly – it just needs the relevant signatures of everyone and we were finalising our membership form.
- We have started to set up our bank account.
- The call for library and knowledge services to sign up as members will be going out shortly so we expect to have some if not all of our members signed up by the time this goes to print. David has already announced that HCLU will be signing up as one of our first member organisations!
- Planning of CPD events continues and we hope to be funding some places at the forthcoming CILIP HLG Conference in September.
- We want to encourage other prospective Communities of Practice to establish themselves and start working together.
- We want to encourage our specific groups, e.g. Primary Care & Public Health Librarians and Mental Health Librarians to establish their terms of reference so that they can seek support from the Network.
- Providing opportunities for collaborative purchasing and working.
- We look forward to working with LIHNN and HLN in coming together at specialist events and meetings, following on from the recent successes of the Mental Health Librarians Xtra and Primary Care + meetings.

We have also decided that we are going to have a competition for a logo – which reflects our acronym YOHLNet and which we will be able to use on any correspondence and web presence we have and any other web, social media or other communication presence we may develop in the future. Our competition for this closes at the end of July – it was open to all staff of prospective members and the lucky winner will receive some High Street Gift Vouchers for themselves and free membership for their service for 2016-17. We will be releasing the design once the winner has been chosen.

If you want to contact any of the officers of the YOHLNet Committee, they are:

Janet Sampson (Chair) - tel.: 01302 642895,
email: janet.sampson@dbh.nhs.uk

Jo Marsden (Vice-Chair) - tel.: 0114 222 7338 ,
email: j.l.marsden@sheffield.ac.uk

Becky Williams (Secretary) - tel.: 01274 223900,
email: rebecca.williams@bdct.nhs.uk

Helen Rotherforth (Treasurer) – tel.: 01924 543899,
email: helen.rotherforth@midyorks.nhs.uk

Helen Barlow (Co-CPD Co-ordinator) – tel: 01709 427139 ,
email: helen.barlow@rothgen.nhs.uk

Katherine France (Co-CPD Co-ordinator) –
tel.: 01709 427139, email:
katherine.france@rothgen.nhs.uk

We look forward to seeing you all and welcoming you to a YOHLNet event in the future.

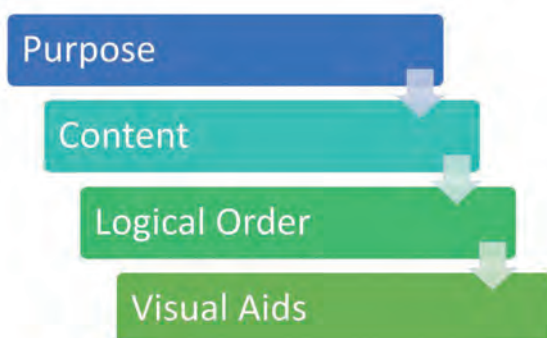
Janet Sampson YOHLNET CHAIR
KNOWLEDGE, LIBRARY & INFORMATION SERVICES MANAGER
DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

How to deliver a memorable induction

The aim of this course, which was expertly delivered by Deborah Dalley, was to enable us to design and deliver inductions which are engaging, interactive and memorable.

To ease us into the day we had the pleasure of watching Victoria Treadway deliver a deliberately dry and uninteresting (yet humorous) induction whilst enjoying a bacon sandwich (the group – not Victoria). This led us nicely into a discussion on what was wrong with Victoria's induction and therefore what should be avoided when delivering inductions. Slides being too wordy and the font being too small, negative messages, no introduction as to who the speaker was, an uninterested delivery and information imparted which we did not need to know, all came out as examples of bad practice when delivering an induction.

To help us think about how to start planning an induction Deborah outlined the following steps:



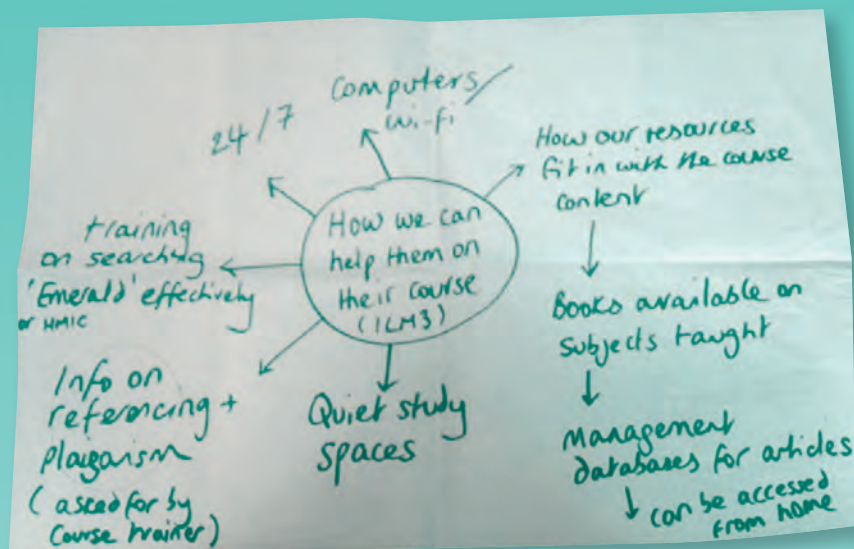
Purpose

Think about the following:

- Why are you delivering the induction?
- What do you want the group to get out of it?

Content

We were asked to think of the main message we wanted our induction to get across to our audience and to think about how the library can help deliver that message. To do this a spider diagram is useful to note down all the information you want to include in your induction.



- Why should the person you are talking to join the library?
- What is in it for them?

The most important thing to remember when planning an induction is it needs to be **benefit led and not service led**

Logical Order

Don't forget to start by introducing yourself and explain why you are talking to them. They say people have a 7 minute attention span so try and break up your talk with a video or an activity.

Visual Aids

Once you know what information you want to include in your presentation then start thinking about your slides. Fill the PowerPoint slide with images rather than sentences.

Using this format our task for the second session was to prepare a 15-minute induction using our new found knowledge. This would give us a chance to practice our induction at the next session and get feedback from the group.

I already had a prepared induction that I delivered to various groups undertaking the ILM qualification in the Trust so using what I had learnt from the first session I made the following changes:

- I included a video of a previous ILM course participant explaining how

Continued on page 15...

“Turn over a new leaf” or “How to make your library visible”

In January of this year, members of Northumberland Tyne and Wear NHS FT (NTW) Library & Knowledge Services (LKS) Team left our libraries and went ‘out and about’ to tell Trust staff about the services and resources we provide and to encourage them to ‘resolve’ to do something new in 2016 to enhance their practice and work life – preferably something library-related!

Why did we do it?

Apparently we are invisible! To be honest that came as no surprise and I expect it reflects the perception of many other NHS libraries. An independent review of NTW LKS in 2015, however, confirmed it. The results of three focus groups found that the majority didn’t even know we exist and were most surprised when they found out more about the services we do offer and what we can do for them. The minority who used our services, however, did think we were ‘the best thing since sliced bread’. Granted there were only about 30 people interviewed, but it is still somewhat disappointing when you know that you are constantly working as hard as you can to get the message out there and still people don’t know. Considering that one of the focus groups was held with staff on a site where the library is right at the main entrance and they must walk past it at least twice a day, one begins to wonder if they go around with their eyes closed. Or is it the fact that the library in question is called the Knowledge Centre that has muddled the waters? Whatever the reason, we decided it was time to take action.

Why ‘Turn over a new leaf’?

We planned the promotion for the month of January to link in with the

New Year and the opportunity to make a work-related New Year’s resolution, for example to be more evidence-based and clinically effective. Although ‘turn over a new leaf’ was a reference to a ‘leaf’ in a book, we did fully embrace the image of a leaf in our displays.



Outside St Georges Park Café
NB. None of the staff wanted to be in the photo!



At Ferndene Hospital and
Lisa Jenkinson, Senior Library Assistant,
was happy to be in the photo!

What did we do?

- We produced posters about the promotion, and included them in packs of information.
- We emailed Service Managers in the Trust to inform them about the promotion and sent out 57 packs at their request. We handed out a further 60 training packs at the four team meetings we were invited to attend in response to our emails.
- We went along to the Trust Quality Priorities Workshop as participants,

but we also took our stand. You can’t afford to miss an opportunity, and it paid off as we were able to demonstrate how libraries support the Trust in achieving its goals.

- We put up displays in our site libraries.
- We acquired some ‘freebies’ – how they love a freebie.
- As a further incentive, we purchased three Amazon vouchers as prizes – one for a new library member, one for a new OpenAthens registration, and one for use of library services and resources during the month. Our loyal users were a little peeved when they thought we were only offering a prize for new members, and we must keep our regulars happy, hence the third voucher.
- We booked the café areas on 7 NTW hospital sites for our roadshow.
- We set off on our travels, setting up our stall over the lunch period so we could catch them unawares as they headed in or out of the café.

Was it worth it?

Yes, we think so. It was a lot of hard work but we thoroughly enjoyed getting out and about to talk to our staff and students, and some patients and carers. Particularly valuable were the conversations we had with those staff based on the sites where NTW doesn’t have a physical library. Many were most surprised to discover how easy it is to connect with library staff and resources wherever they are based and whatever their role.

At the end of the month:

97 new members had joined the library

42 new OpenAthens accounts had been created

303 existing members used the libraries in January to borrow books; request journal articles or a literature search; to sign up to our Current Awareness Bulletins; to book a literature searching session, or to use the library computers and space for study, research and hot desking.

397 used the intranet to access electronic resources.

We had also asked them to write on a 'leaf' how they planned to turn over a new leaf.

Here are some examples of what they said:

"I plan to engage more with research and teaching-related activities"

"I will be turning over a new leaf by cutting down on sugar-laden foods! I think the library and staff are excellent"

"This year I want to face my fears ☺"

The winning 'leaf' said, "I am going to turn over a new leaf, and keep up with new developments – and help light a fire for my students", and quoted W.B. Yeats, "Education is not the filling of a pail, but the lighting of a fire". The winner was presented with a bag full of freebies.

Would we do it again?

Yes we would, but don't ask me when. We are still recovering from the last one!

Sheena Hanes

HEAD OF LIBRARY AND KNOWLEDGE SERVICES, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

sheena.hanes@ntw.nhs.uk

How to deliver a memorable induction

...continued

the library had helped them through the ILM course.

- I included a picture of the library team and used some photo's I had taken of the facilities in the library.

- I made my plagiarism exercise at the end interactive by splitting the group into pairs to answer some questions, whereas before I had done this as a whole group.

- Make the session interactive – encourage questions and group activities

- If you only have a few minutes at the end of a corporate induction, choose 3 key messages you want the audience to take away with them

- Don't be afraid to use humour and props where appropriate



I found being able to practice the new induction useful as there was chance for feedback from the group at the end. I discovered my plagiarism questions caused a bit of confusion so I will now adapt them to make them less woolly. I will also ensure my YouTube video is played full screen to avoid the distraction of *videos you may be interested in* at the side of the screen!

After we had all presented we discussed what we had learnt from the sessions. The most pertinent points are below.

- Make your induction benefit-led and not service-led
- Use real testimonials, examples and pictures of your service and staff

- Put facts to support the information you are saying in hand-outs

Standing in front of a group and presenting is not something I particularly enjoy doing but by attending this course I gained new ideas of how to make the session more entertaining and interactive which takes some of the pressure off you as the presenter. I will use the induction I created for this course in the future and know that I am creating a better impression of the library which will hopefully encourage those listening to use us.

Sarah Woodhall

OPERATIONAL LIBRARIAN AT LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

Patient Information Forum Conference: The Power of Partnership

The annual Patient Information Forum (PIF) Conference took place at the Royal College of Physicians (RCP) in May.

I had signed up to represent the Health Care Libraries Unit North, initially with some reluctance. The topic of health information for the patient and public lay well outside my comfort zone – something which I imagine many NHS LKS colleagues will relate to. Public and Patient Information, however, had been identified as one of the new Knowledge for Healthcare priorities so there was an incentive to find out more about how our services might tackle this vast area.

The day was filled from the start with interesting facts and snippets of useful information which sparked ideas for possible engagement at local level. One of the first talks was by Kate Betteridge who has lived most of her life with Rheumatoid Arthritis, being diagnosed in her teens. Kate provided a perspective of how someone living with a long-term condition might seek health information. Themes from Kate's discussions included:

- 1) There is a need for both pro-active and responsive information. If patients ask they expect a response – however they sometimes fail to ask for information because they don't know it is there – hence proactive services are vital.
- 2) Patients, particularly those with long-term conditions are rarely physically in a healthcare setting for the overall duration of their condition. Rather they will be working or at home getting on with their lives. This has a number of implications for healthcare information in that it needs to be online - accessible outside an NHS location. It also reinforces the need to make "every contact count" in terms of making sure patients can be signposted to good healthcare information by trusted professionals on the few occasions they do come into contact with the system.

3) Patients value information most when they get their diagnosis. This is usually a point at which patients are in touch with the healthcare system. Is this an opportunity for NHS LKS to help ensure patients are provided/signposted to good information?

4) Patients like personalised not generic information. I am not "patients" or "the public" I am me. How do we respond to these specific needs within the limited resources available.



Leeches Jar from RCP Museum Collection

Later in the day Jane Fox from NHS England gave an overview of the Information Standard and the new Accessible Information Standard. The former provides a kite-mark of good quality for any organisations willing to abide by the principles of the standard. The latter is a new obligatory standard which requires certain governmental and other bodies to ensure that any information they provide is accessible to those with particular needs. Several aspects of the presentation stood out in terms of applicability to NHS LKS:

- I. One of the principles of the Information Standard is that information is only used from up-to-date, relevant, and trust-worthy evidence sources. Surely NHS LKS staff are in a great position to assist colleagues within organisations to achieve this?
- II. Clinical Commissioning Groups (CCGs) have a responsibility to ensure that any organisations they commission services from (including NHS Trusts of course) conform to the requirements of the information standards. Is this something that NHS LKS can assist with?

During the keynote conversations in the afternoon Casper Thomson (Executive Director of NAM – an HIV information provider) spoke candidly about his experience of partnership working. He described the dangers that can come about if partnerships are reduced to little more than "lunch, a launch, and a logo" with nothing in the way of longer term outcomes. Efforts need to be made to ensure worthwhile partnerships are established that are more than this.

I attended a workshop led by Claire Cohen who spoke about engaging British Minority Ethnic (BME) groups in a short video about Cervical Smear Testing. Melanie Thomas and Kimberley Littlemore then spoke about using films to provide patient information for lymphoedema patients in Wales. An emerging theme was the use of multimedia – particularly films – in patient information provision.

All in all the event was a clear eye opener for me to the vast range of activity taking place in the area of healthcare information provision to patients and the public. The large number of credible organisations present on the day reinforced the message for me that there is already a great deal of useful information out there for patients. NHS LKS are in a unique and privileged role in that many are physically based on a site where healthcare is delivered and as such are in a great position to help to signpost and deliver these vast realms of information to the patients that need it. Many of us also have a presence on the websites of these healthcare organisations and have a chance – working with other Trust departments as appropriate – to signpost patients to useful and authoritative sources of healthcare information using these websites.

You can use the hash-tag **#pifconf2016** to retrieve tweets from the event.

Dominic Gilroy
NHS LKS YORKSHIRE
AND HUMBER – LEEDS

Dr Lumpy's guide

to accessible material for library/- information trainers

The nurse's smile collapsed as I handed her the guide booklet just before the training session was due to begin. Perhaps she was more of a "see it and do it" sort of person, rather than an avid reader, I thought.

"Don't worry; it's really more of a reference guide. We'll go through the main parts in detail during the training today"

Her momentary blank stare dissipated into a weak smile. *"No, it's not that. It's this really tiny writing. I haven't brought my reading glasses. Don't you have anything in large print?"*

When you're preparing a training course, you'll most likely be considering how people will understand what you're telling or showing them. But, no matter how hard you try, chances are you'll be doing it from the point of view of someone who can read and understand information comparatively easily. You may not have considered the possibility that some people you're training simply won't read and understand information in quite the way that you do.

In November 2015, at a meeting to revitalise the Yorkshire and the Humber Health Libraries and Knowledge Network, we had a session in which people were encouraged to form "communities of interest" groups to work on shared projects. These projects could then be circulated to assist health librarians and information workers within the regional group and perhaps even beyond. Having been rightly challenged by that nurse less than a week before, I was determined that none of my colleagues would have to face the same sort of question without a proper answer.

The "Barriers to Access" group started out rather small. It was, in point of fact, only me. I was joined later by our colleague Maria Simões, who was about to move from Calderdale to Leeds Community Health libraries, allowing

me to benefit from her expertise as Bradford University's former disability support librarian at a closer distance.

I also made contact with a number of specialists in the field, such as Alistair McNaught, the accessibility and inclusion specialist at JISC and members of the Open Rose Group, an



affiliation of regional academic librarians with a passionate interest in disability access matters.

The result, **"Removing access barriers to health libraries: a guide for staff involved in information skills training"** is by no means a comprehensive encyclopaedia. I have written it to be a simple, common-sense (one might even presume to suggest Yorkshire common-sense) guide to the most obvious issues you're likely to come across at a training session from a learner with sensory, mental or learning impairments. Many people working in health libraries assume that clinicians and related staff do not have such impairments. However, just like the barriers themselves, many impairments are invisible, and we are wise to be prepared to encounter them in the course of our work.

The guide is aimed squarely at library/information staff providing training so, for example, it contains simple guidance on approaching publishers for materials in alternative

formats under the Copyright Act 1988, 2014 amendment (they're not obliged to, but many do). However, the true purpose of this guide is to provide straightforward practical advice backed up by a useful bibliography to help you to research further. I will try to keep the guide updated periodically and include any relevant new information that is sent on to me. I am also regularly updating a basic spreadsheet of contacts that I can approach if people need to ask a more specialist question after consulting the guide.

As a taster of the advice in the guide, I've taken the liberty of...ahem... "rearranging" some of the main learning points into the following memorable acronym!

Ditch jargon/be straightforward

Remain friendly and approachable – there's no such thing as a stupid question!

Listen to learner and adjust to **their** needs

Use copyright law (2014 amendment) to request/copy published material

Maximise comfort, minimise stress for your learners

Provide training materials **before** the course begins so learners have time to adapt it

Yellow or white non-glossy paper, with a typestyle 18 pt., Arial, Black works well for most people with visual impairments

A copy of the access guide leaflet and large print version is available at the following URL:

<http://tinyurl.com/yhtrainingaccess>

It's still not too late for members of the YHHLKS to get involved in this Community of Interest group so anyone interested may feel free to contact me at daniel.park1@nhs.net

Daniel Park

ASSISTANT LIBRARIAN

LEEDS TEACHING HOSPITALS NHS TRUST

THE LAND OF GEEK

RECOMMENDER SYSTEMS

This revolution in software development in the mid 90's may have passed you by. However, if you have shopped online recently, and who hasn't, you would have come across a recommender.

"If you bought this, you might also like this..." or "People who bought rated it 5 *..." It's an algorithmic driven association based on ratings, items, the characteristics of items, your profile and the profiles of people like you. It may be just one of these a combination or hybrid. If you are interested in the nuts and bolts the most used model is content based filtering (https://en.wikipedia.org/wiki/Recommender_system). See Beel et al. for a review of the literature of research - paper recommender systems (2015), <http://link.springer.com/article/10.1007%2Fs00799-015-0156-0>

Recommender systems are being applied to scholarly literature as a solution to *information overload*. You know the type of thing. If you don't have time to select relevant papers let our recommender system do the selection for you.

Recommenders are divided into a number of categories. Stand alone web applications or bundled in as one feature within a suite of software tools. Recommenders, this is just a personal observation not a market analysis, are the next wave of development in a niche that was previously occupied by web based reference management tools like Mendeley and Zotero.

Stand Alone Recommenders



Sparrho

[<https://www.sparrho.com>]

This is one that I have experimented with. You set up channels that address specific topics using keywords you select. Your channels are populated with suggestions. You can apply more filters such as journal title. I chose to use just keywords. Settings are quite flexible. I get a daily eMail of the top three suggestions and login to see the rest. It has turned up useful references in journals that I wouldn't have otherwise been aware of. These are tweeted to @NWASLibrary.



PubChase

[<https://www.pubchase.com>]

PubChase makes recommendations from PubMed (NLM) based on your imported references either as BibTex files or directly from Mendeley. PubChase also has preset recommendations on in major topic areas, for example clinical research.

Special Cases



Scizzle

[<http://www.myscizzle.com>]

Scizzle isn't really a recommender. More it's a way of setting alerts in PubMed. Scizzle forwards the top 25 results (or less) to your Scizzle account or your eMail account. It works with channels and searches with the addition of a bookmarking tool, The Scizzling Pot. While the metaphor is a bit wearing this is a simple and useful tool.



Google Scholar

[<http://scholar.google.com>]

Google Scholar has a recommendation engine if you use the My Library - Google's reference management tool, and My Citations - Google's profile and personal metrics tool.



Babel

[<http://babel.eigenfactor.org>]

Babel is a testbed which you can throw your own home built recommender system at if you have the skills to build one. Fun to use, it's very stripped down, and gives you a good idea of how recommender system works.



Docear

[<http://www.docear.org>]

Docear is an Open Source document management suite. It is a graphic / mindmap based pdf management system. Powerful but hard to learn. I don't claim to have mastered Docear but buried in there is a recommender system. The interface has a dated look. Younger colleagues might find it interesting to see how software used to look before the Web and Apps!



ReadCube

[<https://www.readcube.com>]

ReadCube (comes in Freemium and Paid/Pro versions) is a .pdf management tool that has a desktop and web version. You populate it by importing references either from: 1) .ris files or 2) from searching free to access databases or 3) from a web importer add-on. You can sync your web and desktop versions, however, this is a Pro feature. You get recommendations based on what is in your Library. It works and looks a lot like Mendeley.



F1000

[<http://f1000.com>]

Only available as a subscription service, \$9.95 a month. It's a recommender system, document management tool and an Open Access publisher that promotes post publication peer review.

Recommender systems, either stand alone or as features in software bundles are a useful tool for students and researchers. For librarians recommenders are another area where with a little expertise and knowledge we can offer support to researchers. People who read this article also read... just kidding.



Mendeley

[<https://www.mendeley.com>]

Mendeley is both a reference management tool and a .pdf management tool. The recommender is called Suggest. Mendeley analyses your document library to come up with suggestions.

Matt Holland

NWAS LKS

@NWASLIBRARY

References

Beel, J., Gipp, B., Langer, S. and Breitinger, C., 2015. Research-paper recommender systems. International Journal on Digital Libraries, Online, July 2015. Available from: <http://link.springer.com/article/10.1007%2Fs00799-015-0156-0> [Accessed 29 June 2016].

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:
 Andrew.craig@lthtr.nhs.uk
 Tel: 01772 524763

About Library and Health Network North West (LIHNN)

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

LIHNN Chair: Graham Haldane
 (East Lancashire Hospitals),
graham.haldane@elht.nhs.uk

LIHNN Co-ordinating Committee:
lihnn_committee@lihnn.nhs.uk

LIHNN EDITORIAL BOARD

Andrew Craig (Chair)

Lancashire Teaching Hospitals NHS Foundation Trust
andrew.craig@lthtr.nhs.uk

Jenny Doran

Royal Liverpool & Broadgreen University Hospitals NHS Trust
Jennifer.Doran@rlbuht.nhs.uk

Linda Ferguson

HCLU linda.ferguson@nhs.net

John Gale

Mid Cheshire Hospitals NHS Foundation Trust
j.gale@chester.ac.uk

Steve Glover

Central Manchester University Hospitals NHS Foundation Trust
steve.glover@cmft.nhs.uk

Matt Holland

NW Ambulance Service NHS Trust
matt.holland@nwas.nhs.uk

Katie Nicholas

Manchester Mental Health & Social Care Trust
katie.nicholas@mhsc.nhs.uk

Gary Sutton

Warrington and Halton Hospitals NHS Foundation Trust
gary.sutton@whh.nhs.uk

LIHNN CHAIRS

GROUP	CHAIR(S)	E-MAIL
Cheshire & Merseyside Librarians	<i>Chair alternates around the Group</i>	
Clinical Librarians	Eva Thackeray Rosalind McNally	eva.thackeray@lthtr.nhs.uk rosalind.mcnelly@mmhsc.nhs.uk
CPD Committee	Caroline Timothy	caroline.timothy@nhs.net
Cumbria & Lancashire Librarians	<i>Chair alternates around the Group</i>	
Greater Manchester Librarians	Emily Hopkins	emily.hopkins1@nhs.net
Information Governance	Tracy Owen	tracy.owen@nhs.net
Inter-Library Loans	Steve Glover	steve.glover@cmft.nhs.uk
LIHNN Co-ordinating Committee	Graham Haldane	graham.haldane@elht.nhs.uk
Mental Health Libraries	Daniel Livesey	Daniel.Livesey@mhsc.nhs.uk
Newsletter	Andrew Craig	Andrew.craig@lthtr.nhs.uk
NWOPAC	Tracy Owen	tracy.owen@nhs.net
Primary Care/Community/ - Commissioning Librarians	Michael Cook	michael.cook@bolton.gov.uk
Quality	Laura Drummond	lauradrummond@nhs.net
Trainers	Jane Roberts Emma Child	jane.roberts@srft.nhs.uk childe@edgehill.ac.uk