

# LIHNNK UP

**Library and Information Health Network  
Northwest Newsletter**

BY HEALTH LIBRARIES, FOR HEALTH LIBRARIES

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## The fruits of our labour



**As I write this it is a dark and rainy morning in Manchester (shocking - I know!) and I'm pondering how to introduce the Autumn issue of the newsletter.**

I thought I'd revisit some of my admittedly rusty Old and Middle English to see what the etymological origins of the word 'Autumn' are. Turns out Autumn is a relatively new word, first used in Britain around 1374, placing us firmly in Chaucerian territory (OED, 2016). If we go back further the Anglo-Saxons (think Beowulf) didn't have a word for Autumn using the term *hærfest* or 'harvest' instead which seemed quite an apt metaphor for the current issue of the newsletter (and who doesn't love a good metaphor!) (OED, 2016). Harvest is all about reaping the rewards of a laborious season; taking stock, admiring and sharing the fruits of your labour before sowing the seeds for the next harvest, anxiously hoping for a good season and preparing to do it all again. As a network we are brilliant at doing just that; small ideas grow into big events, we collaborate, lessons learned are shared and whatever the weather we continue to innovate and this newsletter offers a cornucopia of examples – see what I did there.

In this issue we herald all things new. **Naomi Hay-Gibson** explains how you can breathe new life into a collection by injecting a little joy and deciding if you should collect, curate or clear (or all three). We welcome **Kathryn Graham**, new library assistant at Central Manchester, and **Sarah Cross, Federica Bianchini** and **Lynda Cotterill** tell us how their training on delivering a memorable induction for new starters reminded them how important first impressions are and that presentations should be benefit, rather than service, led.

**Rebecca Raylance** also shares her experience of her first CILIP Conference telling how she overcame her anxieties to make the most of her trip and took some great ideas back to her team. We quiz **Kieran Lamb**, he's newish to Stepping Hill Hospital but has 20 years' experience in the network, and **Fran Wilkie** updates us on the new fields you can search on NICE Evidence.

Staff at **Bolton library** showcase their fabulous 'Human Library' event in which the language of the library is used to promote social inclusion, and challenge prejudice and stereotyping. Human 'books' were 'loaned' to staff and those involved go to a designated 'reading room' and have a chat about their experiences. **Bradford District Care NHS FT** library team have also been busy organising their 'Putting Research into Practice' (PREP) Conference in which over 150 delegates attended to see the range of research activity going on across the trust. The event even included a 'Bradford's Got Evidence-Based Talent' where four local research teams had three minutes to present their projects – Simon Cowell eat your heart out.

**Michelle Dutton** bids a fond farewell to her colleague **Carol McGrath** plotting her journey in health libraries and giving a brief history of Royal Manchester Children's Hospital and Booth Hall - we wish Carol well in her retirement. And we go from looking back to looking forward as **Dan Livesey** explains how the Mental Health Librarians came together for an inaugural Northern meeting - Mental Health Librarians: Xtra - with a few Game of Thrones references sprinkled in for good measure. Winter may be coming (another for the GoT fans) but there's plenty in this Autumnal issue to keep you occupied until then.

**Katie Nicholas**

KNOWLEDGE OFFICER, HEALTH EDUCATION  
ENGLAND WORKING ACROSS THE NORTH WEST

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"winter, n.1" *OED Online*. Oxford University Press, September 2016. Online. 8 September 2016.

## Collect?

## Curate?

## or Clear?

# Find what sparks joy in your library collection

### **There are many ways to approach the challenge of assessing and then responding to the needs of your small library service.**

One is to watch and wait... and do nothing. However, this isn't a positive response to customer need, and you may find yourself losing out to other services. No-one wants to hear the phrase *"I'll just buy it on Amazon/on my Nook/on my Kindle"* – but investment in stock is costly.

So, what are the options? We might borrow a few hints from Marie Kondo, whose question *"Does it spark joy?"* gets her clients to relate which possessions make them truly happy – so that they can clear their clutter. Can we do this for libraries?

### **You can go digital**

Going digital is not a bad idea. It means that more people can get access to your collection and that many people can access one item at once. However, you must be aware that digital stock has costs that hard-copy doesn't. Have you considered who will provide the service? If so, how do they charge for stock – by download, or per annum? If you have your own digital platform in the library, how will you integrate the new stock – or will you be able to sign up to a scheme like Overdrive that works alongside public libraries in the UK and USA?

Remember, you do not buy for life when you buy digital stock, so be clear to management exactly what renting these books for your stock means – an upkeep fee for the life of the book, but the ability to change provision whenever you want. Customers are savvy about what they want, but this doesn't mean that they know which formats will work with different technology. Choose a medium that works with most devices and on mobile technology with the fewest tears. Most enquiries will be about how to download a book onto a personal device, so make sure all frontline staff know how to do this, or can point a customer in the direction of library staff who can.

### **You can monitor usage**

Monitoring usage can involve physical notation – paper slips in stock which are marked every time a book goes out, or it can be virtual – tracking items on a spreadsheet for a set period of time. Either way, it's vitally important to know what stock is moving off your shelves most frequently. What does this mean to you as a library? Is it a text you can replace easily if stock goes missing, or is damaged? Do your most-used items have a true 'shelf life' – can they be retired and replaced before customers complain? Remember that all stock can be tracked – it's finding a creative way of doing it that will help you get the results you need to make clear decisions. If you have customers who regularly use books for educational courses, would they benefit from a shorter loan period to increase stock circulation? Do you keep a reference copy of every 'never on the shelf' book?

### **You can ask your customer base**

Most library users won't hesitate to give suggestions, but are loath to use a suggestions box. You can try a survey to get stock recommendations, with a sweetener at the end of a prize draw for all completed surveys. Some libraries (such as Teesside University) are using student recommendations to directly change their stock acquisition policy. Feedback from staff members, in hospitals and healthcare, can make a difference. If you are stuck for ideas, try and approach a senior member of staff and ask them what their top 5 items would be for their subject or clinical speciality. Be aware that academic staff may want to suggest their own books!

### **You can clear out**

Don't be afraid of removing little-used items from current stock. Books can and will depreciate in value; more so when stock is both old and damaged. If a textbook has reached the end of its lifespan, ask whether it is more useful to retain (and lose shelf space) or replace (and get new readers picking it up). Does your library operate a weeding schedule, or have a weeding

manual like the CREW guide from University of Texas? (Available at [www.tsl.texas.gov/ld/pubs/crew/index.html](http://www.tsl.texas.gov/ld/pubs/crew/index.html)) If not, then make sure to bring it up as a matter of importance at the next staff meeting, because old stock isn't necessarily classic. Every library has a set of items (old encyclopedias, directories or CD-ROM sets) which have either been donated or inherited, and yet no-one's ever been seen to use them. Ask yourselves this: what is more precious, the space or the item? If you haven't got a good reason to keep them – and some good ones include historical interest or importance, local history, unique stock or financial value – ask yourself what else your library could do with that space. Smaller libraries cannot cave under the pressure of keeping old stock. If you must retain items, try to find an area which can be used to house low-use items, or consider compact shelving to make the best of your space needs.

### **Remember: You can do all of these**

Stock management in a smaller library is similar to that of larger libraries, but with one vital difference: not being able to support your customers means you can fail very quickly, even with a large budget. Weeding stock and asking for stock suggestions can be done every week, as a regular task. Looking for digital alternatives can be set as a task for the time when journals and periodicals are set for renewal. Purchasing contracts are a great incentive for publishers to offer better deals on what you don't already have. Be prepared for a lot of negotiation to get what you want, how you want it. Most importantly, don't be afraid to keep asking people: what do you want from this library? You might get a pleasing answer, but the best answer is always one that tells you not how good you are – but what you are missing. Add, clear, and keep improving. Keep looking for what sparks joy.

### **Naomi Hay-Gibson**

NHS TEES, ESK AND WEAR VALLEYS  
FOUNDATION TRUST



# Goodbye to a colleague

## AND HISTORY OF A HOSPITAL...

**I started as Librarian for Royal Manchester Children's Hospital (RMCH) and Booth Hall (BH) in 2003 and was greeted by the Library Assistant at Booth Hall, Carol McGrath.**

Carol was a friendly face known around the hospital, and I soon learnt that she was the person to go to for all local knowledge, library or otherwise!

Booth Hall Hospital was built in 1907 after Humphrey Booth's 17th century house was demolished on the site opposite Boggart Hole Clough in Blackley. It was pioneering in having the first children's burns unit in the country, and increased visiting hours for parents of sick children. It was also unusual in having open-air pavilions where up to 200 children had open-air cubicles and on-site Palamino ponies for rides after adopting them from the Palace Theatre! It was a hospital for recuperation and long-term care whereas RMCH was more for day cases and short-term stays.

1829 had previously seen the establishment of the General Dispensary for Sick Children in Manchester, making RMCH the first continuous service for children as well as the first paediatric teaching establishment in England. With various Manchester locations including Back King Street, Cross Street, North Parade and Bridge Street, it moved into Salford, first on Cheetham Hill and then to Pendlebury in 1873.

**Top: Booth Hall Children's Hospital, Charlestown Road**

**Right: Booth Hall Children's Hospital open air pavilions, 1927**

**(Both images from Royal Manchester Children's Hospital by Pamela Barnes)**

In a reorganisation in 1991, Booth Hall and RMCH were transferred to the management of Salford Health Authority, but became a conjoined separate Children's Trust in 1995. In 1999 the plans for a centralised site made up of the two children's hospitals, Manchester Royal Infirmary, St Mary's, and the Royal Eye Hospital started to be drawn up, and after many years of planning, Central Manchester University Hospitals opened fully in 2009 all based on Oxford Road.

It was sad to pack up from the old sites and the well-established library rooms at BH and RMCH, but Carol and I cleared out and packed the crates along with our library colleagues and moved our wares into the centre of the city.

So to conclude Carol's journey through the NHS, there have been several Trusts, a few sites and a lot of different 'owners' along the way, but the **Library** has been able to keep up with the changes through a solid team of staff and great regional colleagues. We wish Carol well in her retirement, and her library and wider hospital colleagues, including the original 'Booth Hallers', will all miss her.

**Michelle Dutton**

CENTRAL MANCHESTER UNIVERSITY  
HOSPITALS NHS FOUNDATION TRUST

**Carol stood next to some of the historical artefacts in RMCH atrium, Oxford Road**



# Human Library:

## Where reading is a conversation

**The aim of the Human Library movement (<http://humanlibraryuk.org> and <http://humanlibrary.org>) is to promote social inclusion, and challenge prejudice and stereotyping.**

The methodology and language of a library is used as a framework to promote respectful conversations between the “books” and “readers”. Library staff at Bolton NHS Foundation Trust recently helped organise and run three Human Library events funded by Health Education England.

### Acquisitions

Equality and Diversity staff and a Consultant Ophthalmologist acquired volunteer books through their contacts with local voluntary organisations and Trust staff. Books were invited to take part providing they could attend a training event.



*Student nurse talking to a Jewish book*

### Cataloguing and Classification

As part of the training session, books chose a title which briefly described the prejudice or stigma they had experienced, for example transgender, Jew, learning disability, married lesbian.

### Circulation

At each venue, there was a “bookshelf” where the books could relax whilst not “on loan”; an “issue desk” where loans and returns were logged; and a “reading room” where the conversations took place.



*Left to right: Dr Clare Inkster (Consultant Ophthalmologist), Paula Elliott (Library Manager), Sandra Johnson (Associate Clinical Librarian), Lenny St Jean (Equality and Diversity Manager), Dr Miriam Leach (Foundation Doctor)*



### Usage statistics

Total number of books = 38

Total number of loans = 78

Top 3 titles (most borrowed) =  
the prosecutor; Albanian;  
married lesbian

Book reviews (evaluations by  
readers) = 68

Top response to 'How would you rate  
your overall experience?' (books and  
readers) = It was excellent, I loved it

### Postscript

None of the organisers had taken part in a Human Library event before so we made good use of the material supplied on the web sites and the experience of a public library colleague (who very kindly also helped out at a Bolton One session). The hospital event was a useful rehearsal before the community events, which were much more of an unknown quantity. The team reviewed the feedback and have learned some lessons which should help make future events even more successful.

If you're interested in holding a Human Library event and would like to talk it through, please contact [paula.elliott@boltonft.nhs.uk](mailto:paula.elliott@boltonft.nhs.uk)

### Paula Elliott

BOLTON HOSPITAL FOUNDATION TRUST



# CILIP Conference 2016

## A Library Assistants' Perspective

**The Brighton CILIP Conference July 12-13 2016 was the first conference that I have had the good fortune to attend, having gained funding from Health Education England (HEE).**

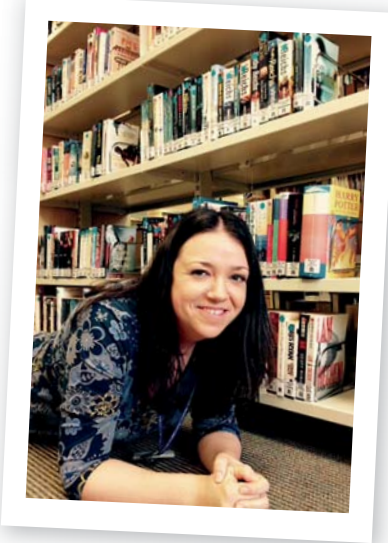
There are lots of people out there writing blogs and reports, telling people about the conference, so I thought it would be useful and a little bit different to hear about the experience of a library assistant at a conference, and what I gained from my days there.

Not being a member of CILIP many funded places that turned up were unavailable to me; so when HEE were offering funded places to non-CILIP members, I was excited to be able to apply. When my application was successful I was over the moon to be able to attend, leaping around the library, and hugging my colleagues, whilst library users must have thought I was insane.

As the day arrived the excitement had built and built, so I was there Tuesday morning 8.15am, keen, although a little nervous loitering by the coffee stall. There were very few people around and those that were seemed to be on a mission, so I hesitantly started to walk around and speak to the exhibitors. Surprisingly I found this to be extremely useful. I learnt about products that I had never heard of, advanced technologies that would be beyond the needs of our NHS Library, due to limited loans of electrical items and tough security, but none the less I found the information useful. I ended up speaking to every single exhibitor about their products and services, something that many may have considered a waste of time but I found to be very informative for a library assistant. These encounters have sparked ideas for a more relaxed area in the library, so we are submitting a bid for comfortable seating to realise this vision. It also made me rethink the

way we dispose of literature - as a result we are now exploring greener and more ethical approaches to disposing of our books.

The key note speaker Scotty Bonner was inspirational and his talk was truly moving, talking about himself and others' actions during riots over the shooting of Michael Brown by police in 2014. His message was to take risks and make mistakes rather than "turtling up", and I found his talk inspired me and made me feel my actions could make a difference - not just in a riot but at any point in time. I liked his idea of wearing polo shirts and ditching the ties to have a more informal look for work,



Rebecca Roylance

so as to be less intimidating to library users, an idea I have taken back to the team. Also, it got me thinking about what we do to help others and our community, and could we be doing more?

The other key messages I took from the conference, were from the parallel sessions. "Bringing the right knowledge to bear on everyday healthcare" highlighted the direction that NHS libraries should go, and what their focus needs to be. These included:

- Delivering care to the bedside
- Embedding best evidence in everyday practice
- Using high quality evidence to inform strategy, mobilising evidence
- Addressing patients' lack of health literacy

Hearing these issues was useful and it made it clearer why certain things are already happening in our Trust, like embedding UpToDate into our patient records system.

At first, I found many of the talks were not directly applicable to a health service library, however, I did identify some ideas that could be applied to an NHS setting. For example the "Walking out of the library" talk by Amy Hearn & Tiffany Haigh. Their discussion of story-walks and book-trails gave me ideas about how we could take our library outside, and how this could help to engage with our users.

I got yet more ideas from Laura Vennings' discussion on "Reading for pleasure and empowerment", which prompted me to think about our underused fiction collection. How can we encourage more staff to read for pleasure? Following discussions with the library team, I have now started a new project for this, with a "looking for something to read" display and posts on Facebook of books with a synopsis to entice potential readers.

The talk from Bath Spa University "Reads & Rights" highlighted similarities in our service and that of a higher education institute, as they too used a calendar of events to tie in with their publicity, and they used the 'pop-up library' concept in an attempt to engage with more people.

I also saw similarities to the approach our service takes, from the key points in Neil Infields' discussion on "Using a business approach to developing a



library service"; what are people asking for?; how can we deliver that?; and why should they choose our product/is it successful? These are the questions our service thinks about when we advertise our services.

My greatest accomplishment from the conference was during the debate I attended on "What is innovation?" I actually contributed to the discussion, with an example of innovation from our own library service, Clinical Librarians on Ward Round, and how this has helped us to achieve our purpose as a service. I then answered and responded to some questions and comments about this example of innovation. Speaking out and dealing with the subsequent interaction at the conference was a real achievement for me. As I sat there waiting for a moment to add my point, my stomach was churning, my pulse racing, and my hands were shaking. But I did it, and I was glad I did, as I feel I didn't let my anxiety win.

Once back from the conference I presented my ideas and reflections in our team meeting, to take the ideas forward and get the team on board with my suggestions. Presentations are yet another anxiety for me, even with just my team, but I challenged myself and it went well with lots of discussion, and many ideas being pursued.

Attending a conference alone can be a daunting experience, especially for a library assistant so I wanted to share some tips for others attending a conference. The two things I found helped me to overcome the lonely moments were; occupying my time, and Twitter. I occupied my time by visiting all of the exhibitors; speaking to them and asking them questions. I used Twitter, initially just as it was a one of the conditions of my funded place, but actually found it extremely useful. It was through Twitter I met another lonesome library assistant, with whom I attended the social, lunchtime and some

sightseeing after the conference; it was also a great place to record key thoughts throughout the conference. What I did notice was there was a distinct lack of library assistants, as was noted by Lauren Smith in the closing keynote presentation and it would be nice to see more involvement, encouragement to attend, and inclusion of library assistants at conferences as we do add value and we look at things from a different perspective.

What I feel I gained most from the conference, as a library assistant, was not just the information but a feeling of being inspired, accomplished and motivated. My mind was left, buzzing with ideas.

### **Rebecca Roylance**

LIBRARY ASSISTANT  
WIRRAL UNIVERSITY TEACHING HOSPITAL  
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rebecca.roylance@nhs.net

## **PREP 2016: Putting Research and Evidence into Practice Conference**

### **LIBRARY & HEALTH PROMOTION RESOURCES – BRADFORD DISTRICT CARE NHS FOUNDATION TRUST**

**On Thursday 5th May we held the biennial PREP 2016 conference at Bradford City Football Club.**

The day was organized by the library team with assistance from the Trust R&D department. The conference included a range of health research presentations and posters by both local and regional speakers. It provided a forum for individuals and teams to showcase their research activities to a wide audience.

The high quality and diversity of research and evidence-based practice projects was clear for all to see, with over 150 delegates from BDCFT, neighbouring NHS trusts and universities throughout the region attending.

This event has become one of the highlights of the BDCFT calendar and it was widely agreed that this year's conference was the best yet! The day

began with a speech by Professor Robbie Foy, University of Leeds, who talked about how to get 'real world evidence' into real world practice. Professor Foy was followed by Professor Simon Gilbody, University of York, who presented evidence in support of smoking cessation in mental health services. Professor Gilbody is leading a major research project into smoking cessation for adult mental health service users called SCIMITAR Plus - BDCFT is involved in recruiting to this trial.

Following lunch, the afternoon started with 'Bradford's Got Evidence-based Talent', during which four local research teams were given just three minutes each to present their projects to the audience (no-one was voted off)! The afternoon keynote was given by Dr Paul Galdas, University of York, who gave an innovative presentation of his research into how men with long-term conditions might

become more fully engaged in self-management.

There were breakout sessions in both the morning and afternoon, which gave Trust staff the opportunity to showcase their evidence based practice projects and support shared learning. Twenty-four high quality posters were also submitted with delegates having the opportunity to vote for their favourite. The poster competition was won by the "Young Dynamos" – a group of local young people with an interest in research who have been working with BDCFT.

The event was a huge success and reflects the continuing growth of BDCFT as a 'research active' organisation and an NHS Trust with whom universities look to collaborate. We hope to do it all again in 2018!

### **Rebecca Williams**

LIBRARY MANAGER

# Profile Questionnaire: **Kieran Lamb**

## **Stepping Hill Hospital**

### **What was your first job in libraries?**

I spent my pre-professional year at the Cairns Library in Headington at the John Radcliffe. I started off doing the book processing and requisitioning. They'd saved the 'Colour Atlas of Venereology' for me. First inter-library loans I ever did were 'Death, Dissection and the Destitute' and the 'Microwave Cookbook of Pathology'. Having spent three years over in Ulster at the height of 'The Troubles' studying history I'd come away with a very dark and sick sense of humour, so I immediately felt at home!

### **How have things changed since then?**

Birth of the world wide web, introduction and death of databases on CD-ROM (you wouldn't believe how liberating that technology was when it first arrived), the notion of metadata, death of teletext, cheap computer storage, several NHS restructures and Secretaries of State for Health. However at its core the job remains the same, Ranganathan's five laws of library science still apply!

### **When did you start your current job?**

April 2016! Mind you that was after 20 odd years serving the health economy in Liverpool with the Fade crew in all its iterations!

### **What are you most proud of in your professional career?**

Right now it'll be providing the evidence for the consultation that allowed Liverpool to finally stop commissioning homeopathy! Ask me another day it'll probably be something different!

### **And what would you do differently if you could go back in time?**

So many gigs I could have gone to and didn't! If there was one band I should have seen but didn't it'd be The Prisoners - any of their gigs with The Dentists would have been fine!

### **If you had a magic wand what single change would you make to improve NHS libraries?**

A transparent and equitable funding system for NHS Libraries that recognises the exceptional value we offer the NHS!

### **What advice would you give to someone starting out in NHS libraries today?**

Have fun! We have fabulous networks full of good folk who will support you, some of whom will go drinking with you and some will even put up with you insisting they come see a band they've never heard of whose drummer wears homemade gaffer tape nipple tassels!

### **Desert Island Discs: You can have eight records, one book and a luxury item. What would they be?**

**Luxury item:** A camera

**Book:** The Historian's Craft by Marc Bloch, it's probably the one book that has influenced me more than any other.

#### **Records:**

Fegmania – Robyn Hitchcock & The Egyptians  
The Last Fourfathers – The Prisoners  
Some People Are On The Pitch They Think It's All Over It Is Now – The Dentists  
Europe – Allo Darlin'  
Try To Be Hopeful – The Spook School  
George Best – The Wedding Present  
Where'd You Learn To Kiss That Way? – The Field Mice  
Submarine Bells – The Chills  
Ask me in five minutes' time and it'll probably be different.



**I graduated in 2014 with a BA in Classical Literature and English from the University of Leeds, feeling as though I had been flung into the world beyond education with no direction.**

## **New Starter** **Kathryn Graham**

I worked as a copywriter for a year before abandoning all familiarity and moving to Vancouver, British Columbia for ten months. I saw Canada as a huge, exciting adventure, intended to push me out of my comfort zone – which it certainly did. I worked part-time in a bakery, which I enjoyed, and spent the rest of my time travelling around North America, which I enjoyed even more.

I moved back to Manchester in April, to become the best aunty in the world to my very first nephew. After a few months of

unemployment and part-time work, I began my career at the Trust Library – the second thing to push me out of my comfort zone since leaving university. I only started at the Library in August, but I already feel as though I have learned a lot. Although I don't have any qualifications in Library Studies, I am hoping to attend courses throughout my time at The Trust, possibly even including a post-graduate degree one day.

#### **Kathryn Graham**

LIBRARY ASSISTANT, CENTRAL  
MANCHESTER UNIVERSITY HOSPITALS  
NHS FOUNDATION TRUST



# Mental Health Librarians: Xtra

## Collaboration is coming!

**WARNING** this article includes needless references to Game of Thrones

**In May this year the LIHNN Mental Health Librarians group helped to arrange a collaborative working day with colleagues from the mental health networks in the North West, Yorkshire & Humber and North East.**

Mental Health Librarians: Xtra brought staff together from across the North to discuss two themes, working with public libraries and our roles within the patient/public information agenda. The day was also an opportunity to network, share best practice and discuss ideas for future collaboration.

Feeling like a collective army of Northern houses and drawing no comparisons with certain areas of the North and 'wildlings'... we marched on to Leeds to combine our strengths. With the threat of a 'Red Wedding' scenario if they did not attend, 15 mental health Trusts were represented on the day, 24 staff in total made the journey to Yorkshire.

The choice of theme was something which all three networks agreed upon. The patient and public information agenda and links with Knowledge for Healthcare present some real opportunities and challenges for all LKS but we were particularly interested in how we might approach these as LKS in the North.

### Reference Free Zone

Ensuring that patients and members of the public have access to high quality, reliable health information is essential.

Supporting individuals to manage their own care and make informed decisions about their individual need can be enhanced by LKS skills sets. The right knowledge and evidence for patients and the public is core to the Knowledge for Healthcare Vision and working with key stakeholders such as public libraries presents genuine opportunities.



**Carol-Ann Regan**

Our first speaker for the day was Carol-Ann Regan, Taunton and Somerset NHS Foundation Trust LKS Manager and chair of the Patient and Public Information group. Carol-Ann presented some of the work which the PPI group has been involved with so far including the Ideas Bank, collated case studies and guidance. Carol-Ann then went on to talk about her work on the National Cancer Survivorship Initiative.

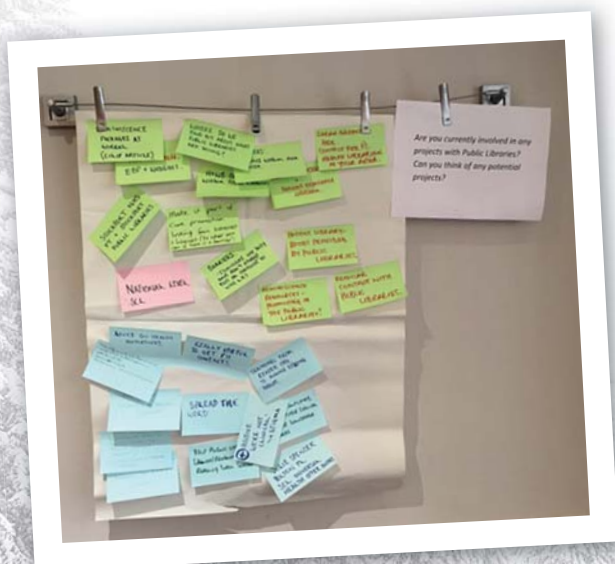
To find out more about the Patient and Public Information work stream visit our page: <http://kfh.libraryservices.nhs.uk/patient-and-public-information/>

Our second speaker was Sheelaugh Greenslade, Patient Information Manager at Alder Hey Children's NHS Foundation Trust. Sheelaugh's work with Liverpool City Libraries is a fantastic example of collaborative working. The 'Word on the Ward' project supported a series of activities which aimed to provide patients and parents with access to story books whilst they were waiting at the hospital. Many of the books were provided by Liverpool City Libraries and often tackled topics such as worries, fears or anxieties in accessible ways.

Sheelaugh collated a number of reviews from some of the young patients and feedback from parents. They showed that the project helped reduced boredom and enabled families to have conversations about being in hospital.

Our final speaker was invited because of the work they are already doing in terms of collaborative working in mental

*Continued over...*







health. Helene Gorring is Library Services Manager Birmingham & Solihull Mental Health Foundation Trust but she is also the current chair for Psychiatric Libraries Co-operative Scheme (PLCS). Helene explained that the PLCS is much more than an interlibrary loan scheme.

PLCS now has cross-sectoral membership from around 70 organisations including NHS LKS, higher education institutions, special libraries such as RCPsych and charities like MIND. They support a variety of networking and training events throughout the year and are looking at collating a series of cases studies around projects such as recovery colleges and film clubs.

Helene's presentation was really informative and prompted group discussion around our future as a group of mental health libraries.

To see all of the presentations from the event, visit the LIHNN Mental Health Librarians webpage.

[www.lihnn.nhs.uk/index.php/lihnn/lihnn-groups/mental-health-libraries](http://www.lihnn.nhs.uk/index.php/lihnn/lihnn-groups/mental-health-libraries)

During the afternoon session, we held a Knowledge Café. Knowledge Café's are really useful models for enabling knowledge sharing and collaborative dialogue around a set of issues or themes. We asked our group to identify any of the perceived barriers to engaging in patient and public information and working with public libraries. We also asked for examples of projects that may have worked well.

These discussions have been extremely useful and many of the issues around perceived barriers have been fed back to the Knowledge For Healthcare group. As a result of this, a measure for 2016-2017 Patient and Public Information work

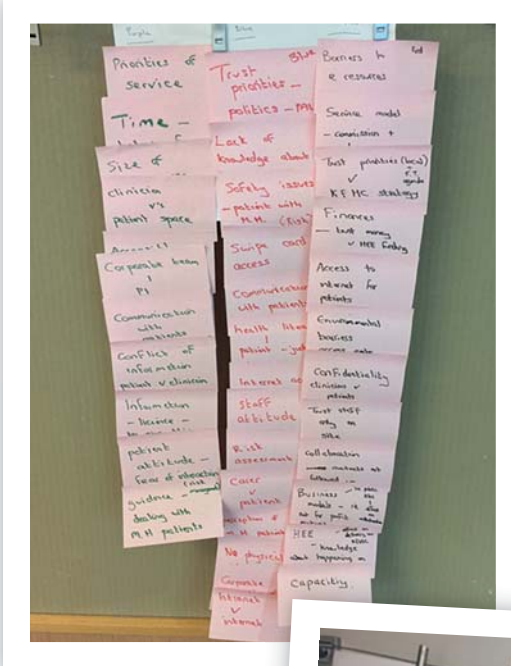
stream will be around communicating the added value of LKS involvement in PPI.

We have received some really positive feedback from the Mental Health Librarians: Xtra event. Many reported that the Knowledge Café had been useful and that hearing success stories from colleagues was motivational and encouraging. The organisation of the day also showed what we could achieve by working across regional boundaries. Becky Williams and her team at Bradford and District Care were invaluable and we hope that we can run similar events in the near future.

As for now, it is clear that collaboration is coming! And we all know that there is most definitely only one King in the North!

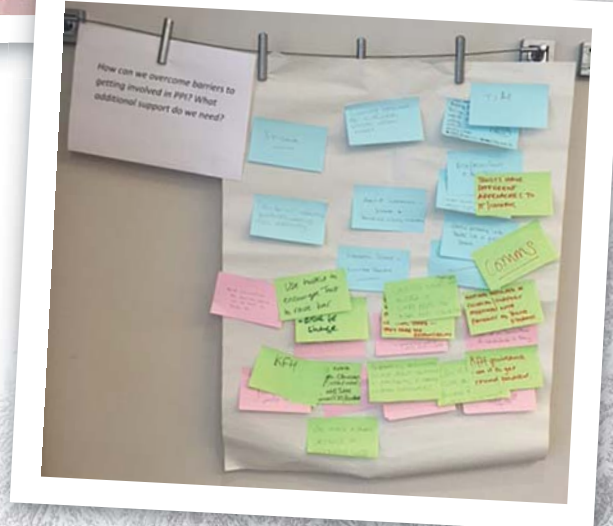
*For copyright reasons an image of Jon Snow with David's face expertly Photoshopped in to place has been removed.*

To see this incredible image for yourself speak to our LIHNN Chair- Jo Whitcombe.



## Dan Livesey

KNOWLEDGE SERVICE MANAGER  
MANCHESTER MENTAL HEALTH  
AND SOCIAL CARE TRUST





# How to Deliver a **Memorable Induction** with Deborah Dalley

**Inductions are a staple of Library and Knowledge Services (LKS). That said, the specifics of the content, the inductee group, the time, place and facilities available, can and do vary widely.**

They are a chance for us to tell people about the importance of LKS to their role, service, development and wellbeing.

I give group induction sessions on the main Trust induction, to nursing students and to junior doctors and they are all different, but need to share a similar message. I attended the training to see where my inductions could be improved and also to find out about different ways of doing things.

Day One of the training was about what we (the participants) thought made a good induction – and what didn't! As well as this, there was a lot of discussion about how different inductions were, despite the fact that we were all talking about very similar subjects.

Two of the first and important ideas that we focused on were:

- What do we want people to remember/know from our induction?
- How do we want them to feel?

This brought home to me the fact that induction really isn't about trying to tell people everything that you do and shove it into the allotted time you have. In fact, sometimes less can be more, if you give your audience clear, concise and relevant information. Some ideas we came up with for getting our messages across were:

- 3 key points that we wanted the audience to know
- Visual connections/Strong images
- Use stories/examples (real if possible)
- If possible, make it interactive
- Ask and invite questions

The most important lesson I learnt from Day One though was, it's about them, not us. About what they need and

what we can offer them.

Our task after the first day was to prepare an induction session that we would share on Day Two, to be reviewed by the rest of the group. I'll admit I was nervous at the thought, but also enthused by all of the new ideas that had come to mind. I prepared three short inductions for:

- Nursing students – a five minute session, usually for 10 people
- Junior doctors – a session a few minutes long, usually for between 20-60 people
- Trust induction – a short marketplace scenario

I quite quickly decided how I wanted to structure two of them. I tried to make sure that the "theme" of all of the inductions was how we could help them.

For the Junior doctors, I chose the overarching theme of Evidence-based practice and chose 3 key areas; Athens accounts, Resources and Training, and how these could be used to help them during their time at the

*Continued over...*

A mountain to represent the fact that the library will help you "climbing" through your information need

Trust. Currently I wait for them to sit down with their lunch and give them a brief overview of the LKS.

For the general Trust induction, which would be a short conversation with people, I chose key topics that I could use to direct conversation if the inductee had no questions, these were; how we could help them in their role, resources and services, and, how to get in touch with us.

Currently, at our Trust induction, we are part of workshops where inductees spend 13 minutes at each one. We have a deck of cards on a table that we have themed with FAQs from the Library and ask users to "pick a card". It is a popular and a different and more interactive way of getting the information across rather than just presenting to users.

My manager suggested that a smaller version of this could be used for the short conversation, so I chose three questions - that could be turned into conversations about any of the initial points I had thought of - and put them on the back of "old" library accession cards - so again, the cards were a focus point and something a little different.

For the final induction, for the Nursing students, I found it a little harder to decide what to focus on but in the end, again on the advice of colleagues, I decided to focus on the "theme" of - "You don't have to go to university to use the library" - including the benefits and differences of using our Library compared to the one at university.

When Day Two came and it was time to actually present the inductions I was still enthused about something which can, if we're not careful, become routine and rote.

On the day, watching other people's presentations, it was great to see how different they were, even with a similar subject matter and a similar audience in mind in some cases. No two presentations were anything like the same.

When it came to my turn, I didn't feel like I would be doing the same thing as others, which I did find a little surprising. We had all managed to use what we'd learnt from the first day in different ways.

The comments from the group were positive, thank goodness (!), and really supportive and helpful. One of the most surprising pieces of feedback, to me, was the different tone I used for one of the presentations.

For the nursing students and general induction, I used the same conversational, more relaxed tone, but for the Junior doctors my tone was more official and formal - which was all the more obvious and striking because of the three presentations coming one after the other.

On reflection, and discussion with the others, I realised it was because I wanted to make sure I captured my audience's attention and was afraid that I wouldn't. After talking it through, we thought that if I could adopt the same tone as I had for my other inductions, they would likely still listen and I would be more relaxed and

confident about what I was saying to them.

The rest of the group had picked up on something that I hadn't even realised I was doing, and that was just one of the reasons I really enjoyed this course.

It wasn't just full of lots of ideas and tips but also it was a friendly and good place to try out new ideas and get constructive and useful feedback about changes you'd made and things you might not even notice, going over and over something yourself. At the end of the two days I had not one but three new inductions that I can go forward and use and use with confidence. Thanks Deborah, and everyone else who attended!

Lynda Cotterill - Library Services Manager (East Cheshire NHS Trust)

I attended this event as no-one else at MDGH LKS was available! To be fair, I did think it was important that one of us attend as I wasn't entirely convinced that our induction presentation was the best. We had tweaked around the edges but not done a real revamp since before I started with the Trust nearly 3 years ago now.

On the first day I learnt practically everything not to do in a presentation, courtesy of Victoria Treadway who delivered a highly amusing one for all the wrong reasons. Deadpan voice, lots of negative messages, boring list of services provided etc. Believe me, you would have had to be desperate to join the library after that presentation. How she did it without laughing I don't know.



A maze to represent the complexity of a literature search process and how the library can help guiding through it



I also learnt key things that should go into a presentation particularly

- Don't give a list of services, show people the benefits of using your service
- We 'sell' best emotionally – through feelings, pictures, quotes (use faces for quotes to add realism and for recognition)
- Tell a story e.g. ...what did they want to know, what did you do, what was the benefit
- Think of the three key messages that you want to get across and base the presentation around this
- 10 slides maximum
- Maybe use something quirky eg Paula told us that she was going to tell three lies in her presentation and we had to guess what they were – made you listen!
- Refresh the presentation at least once a year to ensure the information is up to date
- Use lots of images, little text
- Put useful supplementary information into a booklet to take away eg list of services provided, charges, opening hours

I learnt that we all have different presentation styles but they all work as long as you stick to the key points that we learnt, and enthusiasm and belief in your service was key for me. While I concentrated on a presentation for Corporate Induction it was also useful to see presentations to introduce Royal Marsden to nurses, to engage people

at outreach events, for specific staff groups eg doctors or where there is no 'formal' induction event. It is all about engaging with the user and demonstrating that we have something really useful to offer them.

After attending the first day of the course I realised that our presentation was entirely service led and not the most inspiring! As a result we have rewritten our presentation, including making some further tweaks in light of the feedback received. As a variety of staff deliver the presentation at Corporate Induction they have each been given the opportunity to feedback. The new presentation will be used on 18th July and I look forward to hearing how it goes.

**Federica Bianchini –  
Services Librarian  
(Bradford Teaching Hospitals  
NHS Foundation Trust)**

During the first day we examined and investigated the basics of a good presentation. On the second day we had to create and deliver a presentation in front of our group in order to get feedback and comments.

Library inductions have usually common characteristics: librarians have a maximum of 10 minutes space; they need to compress all the services/resources in that given time; they need to impress a very mixed audience (senior staff, new qualified staff, clinical staff, non-clinical staff etc); they need to attract new users. That is a big task!

What I learnt from this course is that a good library induction should follow these principles:

- Be benefit-led (as opposed to service-led). It's useless to list endless e-resources without showing real benefit. We need to demonstrate the true value of a service.
- Less is more. Just forget fully text slides and endless bullet points. Keep it simple: one or two concepts on each slide.
- Stick to three key concepts. It so tempting to compress EVERY SINGLE SERVICE that the library can offer on a presentation, but this structure simply does not work. We need to select a maximum of three concepts. If we focus on these people will remember them.
- Use images / graphics. Visual aids can be a very powerful tool to enhance the impact of your induction. Have you ever heard about the 'dual coding' theory? If we synchronise verbal associations and visual imagery you become really persuasive

This workshop was really useful and I applied these principles to a presentation: *Find Use Access the Royal Marsden Manual*. I wrote a post on this presentation - if you are interested and want to see the result this is the link

<https://errandovia.wordpress.com/2016/06/03/testing-a-presentation-find-use-access-the-royal-marsden-manual/>

**Sarah Cross,  
Federica Bianchini  
and Lynda Cotterill**



A picture of the Parthenon to represent the Open Athens account (genius!)

Acknowledgement: Thanks to Federica for the pictures.

# NICE Evidence search:

## Searching in specific fields

**Following feedback from people who wanted to be able to focus their searches in NICE Evidence search, you can now specify a number of fields to search in so that your results more precisely match your search query.**

The fields that can be used are title, URL and tags. They can be used with other searching functions (such as phrase searching, wildcards, Boolean operators, nesting, filters) to build up your search query. You have to type intitle: or inurl: or intags: into the search box, along with your search terms. The table below gives you examples of how the fields can be used:

If you have any comments on these searching features, questions or suggestions for additional materials that you would like to see developed centrally, please do get in touch.

**Fran Wilkie**

OUTREACH PROJECT MANAGER

NICE EVIDENCE INFORMATION SERVICES

[fran.wilkie@nice.org.uk](mailto:fran.wilkie@nice.org.uk);

<http://www.nice.org.uk/evidence-feedback>

Search	Example	Expected results
Word in document field	intitle:hypertension inurl:hypertension intags:hypertension	Search results all contain the word hypertension in their title, url, or tag
Exact phrase in document field	intitle:"childhood nutrition" inurl:"childhood nutrition" intags:"childhood nutrition"	Search results all contain the phrase "childhood nutrition" in their title, url or tag
Multiple words in document field	intitle:schizophrenia psychosis children inurl:schizophrenia psychosis children intags:schizophrenia psychosis children	Search results contain all of the words schizophrenia, psychosis and children in their title, url, or tags
Truncated word in document field	intitle:fractur* intags:fractur*	Search results contain words beginning with the characters 'fractur' in their title or tags. NOTE: this doesn't work for the URL field
Word in document field combined with another word	(intitle:epidural) labour	Search results contain the word in a field with another word anywhere in the document, eg the word epidural in the title with the word labour anywhere else in the document
Exact phrase in document field combined with another word or words	(intitle:"organ donation") consent	Search results contain the phrase in the field and another word anywhere in the document
Multiple words in document field combined with another word or words	(intitle:mental health) antenatal postnatal	Search results contain the words in the field and also contain both of the other words anywhere in the document (because of the implied AND between antenatal and postnatal)
Truncated word in document field combined with another word or words	(intitle:matern*) midwife staffing	Search results contain words beginning with the characters 'matern' in the title field with the other words
Nested searches involving queries that include word or words in one or more document fields combined with another word or words	((intitle:"mental health" OR intitle:depression) AND (antenatal OR postnatal)) AND inurl:nhs.uk	Search is processed using existing FAST logic - in this case results are processed for the first 2 parts of the search and are then combined with the search for the characters NHS.UK in the url
Appended field search to existing search	pain 250mg (intitle:ciprofloxacin)	An existing search would be limited further to results that include only the term specified in the document field



## THERE'S A HASHTAG FOR THAT...

**There is a story that when Arthur Nielsen first presented his ideas on a scientific approach to market research and advertising to the British advertising industry c1950 he only made three mistakes.**

He talked *during lunch*, he talked for *50 minutes* and he used a *flip chart with statistics*. Outrageous.

The world of analytics has moved on a lot. After Web analytics and Twitter analytics there is now Hashtag analytics. Statistics have won the day and hashtags generate a lot of them. They also represent a handy view of Twitter - a good hashtag cuts through the clutter.

### What is a hashtag, really...

Experienced social media users can skip this next bit.

Can't stay away huh. If you have been a little lazy in using hashtags, or not using hashtags or just taking them for granted, this handy 10-point summary should bring you up to speed.

**1** hashtags are used widely on all social media, not just Twitter but Instagram, Flickr Facebook to name a few

**2** hashtags start with, you guessed it, a # (hash character)

**3** hashtags have no spaces or punctuation. However, underscores\_ are allowed

**4** hashtags have no owner. You create them and reuse them as you want.

**5** very popular hashtags are said to "trend" or the subjects of hashtags are said to be "trending"

**6** even modestly popular hashtags can improve your Twitter/social media stats (See Below)

**7** hashtags generally slot into broad categories: Subjects, People, Events, Places, Things, Verbs. If you are thinking up your own hashtags fitting into this typology is a useful aid

**8** hashtags count towards your 140 character Tweets. Creative placement and judicious use are advised

**9** hashtags can create awkward juxtapositions of content, occasionally awkward juxtapositions of people in the content. Try before you use to avoid embarrassment

**10** using hashtags is a basic social media skill, so you need to add them to your social media for professional/research purposes tool kit

### Tools for hashtags...

To (over)simplify Hashtag tools come in three flavours: those that analyse hashtags, those that present a hashtag view of Twitter or other social media and those that do both. The tools mentioned here are Freemium. You have to pay for more tools and features. Sadly neither my personal nor corporate budget extends to paying for all but essential subscriptions. So there are opportunities to explore further.

### Let's get together...

#### #tagboard

[ <https://tagboard.com> ]

Freemium

Create free tagboards for individual tags that collate information across social media (Twitter, Facebook, Instagram, Google +, Vine, Flickr). Tagboards are customizable - add a graphic for example and you can share. Content can be filtered by social network or content type.

#### #Twubs

[ <http://twubs.com> ]

Freemium

Create a Twub and tweets with that hashtag are fed into a ticker-tape-style stream. Register with your Twitter account and you can Tweet direct with that hashtag. Designed for events it's a handy tool to Tweet to, or about, conferences or other professional gatherings. Twubs has an Embed Tool, if your website can cope with that.

### Analyse those tags ...

#### Hashtags.org

[ <https://www.hashtags.org> ]

Freemium

Analyses hashtags by sampling 1% over the last 24 hours. Impressive but even my simple maths tells me that home grown tags are not going to figure unless you have really hit the big time. However, more generic tags will have a profile. You get a 24-hour profile, recent Users and Tweets and related tags.

#### Keyhole

[ <http://keyhole.co> ]

Freemium

Analyses a sample of Twitter or Instagram over 24 hours. Again only really effective for tags that have some profile. Very good statistical summary though with clear graphics. More on offer than hashtag.org and if you share your hashtag report on Twitter you get to download it as a.pdf. They know their marketing.

#### RiteTag

[ <https://ritetag.com> ]

Freemium

Analyse your hashtag with a view to checking its value or choosing a better one. RiteTag gives you a really neat organogram to show how your tag relates to other tags. A colour coding tells you if it's hot now, long life, overused or underused. A simple statistical summary. You can also store and track tags. Simple and useful.

... and start counting ...

#### Twitonomy

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

Freemium

Login with your Twitter account and it gives you a basic rundown of Twitter stats for your account. You can search for other accounts too. Most of the interesting features are Freemium. It will show your Twitter timeline and tweets. The display is a bit messy though and you might be better using a tool like Tweetdeck [ <https://weetdeck.twitter.com> ] for this.

#### Twitter Analytics

[ <https://analytics.twitter.com> ]

Free

Every Twitter account has this and it's free. Gives you a basic rundown of your account in numbers and month by month summary.

#### Matt Holland

NWAS LKS LIBRARIAN. NWAS LKS IS SUPPORTED BY HCLU NORTH.

# 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:  
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