

LIHNNK UP

by Health Libraries, For Health Libraries

ISSUE 31 JULY 2009



1999 – 2009: Ten years of the Health Care Libraries Unit

An issue packed with new things: new libraries, new services, new tweets (it has to be Kieran) and, for the first time, an Editorial by me.

It's normally the issue Editor's role to highlight the articles and flag some key points, but I'm not going to do that – all the articles are interesting and reflect on how well we in the North West do things. Just as we've all come to expect.

Instead I'm going to reflect on a couple of issues as HCLU celebrates the 10th anniversary of its establishment in June 1999.

You will all have seen organisational newsletters where almost every other picture has the Chief Executive in it – meeting people, opening something, announcing an initiative or two. My view has always been that LIHNNk-Up is about what all of you do and what your achievements are, rather than a place for HCLU to hold forth. From time to time the HCLU team has talked about a HCLU Newsletter, or a HCLU column in LIHNNk-Up and someone even suggested a "Director's

blog" but so far, we've resisted the temptation. HCLU has other ways of communicating with you all – let's not have lots of pictures of me and let's have lots more of all of you.

By the time this issue gets into print the HCLU-10 seminar in Lancaster will have been and gone. Two of the themes I intend to touch on during that day are our relationship with LIHNN and some of the things we have achieved over the last ten years.

I've always believed that there should be a strong, independent health librarians network in the North West. When HCLU was founded there were two sub-regional librarians groups (NoRWHSLA and the Merseyside and Cheshire Health Librarians Group); I made it clear that it would make things easier for everyone if there was a single organisation and the two Committees of the day got together to create LIHNN. In those very early days there were a lot of questions about the relationship between HCLU and LIHNN; was I going to be "LIHNN Chair"? Was HCLU going to manage all aspects of LIHNN? The answer was, and still is "no". HCLU is simply another LIHNN

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member. We pay our membership and we do as the Co-ordinating Committee says! The reason for this is a very simple one – HCLU is a regional organisation, with regional funding and history shows us that, from time-to-time, regional organisations are vulnerable (think about the current economic climate). I have always wanted to ensure that, should HCLU not exist, then there is a strong, well-developed regional organisation for NW health librarians – and there is.

Moving on from that slightly ominous thought, HCLU has achieved a great deal in the last ten years. There is certainly not space here to rehearse all of those successes – but I'd like you all to ponder the following points:

- Since 1999 the number of NHS library staff in the NW has increased by 76%
- Every NHS organisation in the NW now has its own library information service or a service via contract.
- We are on our second strategy for library information services.
- We have completed three full rounds of accreditation and we have clear evidence of very considerable improvements in the quality of our library information services.
- We have a free at the point of delivery, CILIP endorsed, CPD programme.
- We have excellent working relationships with all NW Universities and are developing links with public library services.

Above all, HCLU and all of you have created one of the strongest, friendliest, supportive and effective networks of health librarians in the country – something of which we should all be justifiably proud.

David Stewart

DIRECTOR OF HEALTH LIBRARIES
NORTH WEST

Recent successes and qualifications

Congratulations to all of the following:

Lynn Allan

from University Hospitals of Morecambe Bay NHS Trust was awarded a Masters in Information and Library Studies.

Catherine Eaves

from Uclan was awarded a BSc Econ (Hons) in Information and Library Studies.

Lauren Kay

from East Lancs Hospitals Trust passed the NVQ level 3 in Business and Administration.

Collette McKeever

from St Helens and Knowsley PCT passed the NVQ level 3 in Library and Information Services.

Jane Mitchell

from Pennine Acute Hospitals NHS Trust achieved ACLIP certification.

Stephen Molloy

from Liverpool Women's NHS Foundation Trust achieved the MCLIP chartership.

Clare Morton

from East Lancs Hospitals NHS Trust achieved ACLIP certification.

Tracy Owen

from Liverpool PCT Library Service achieved the MCLIP chartership.

Frances Sim

from University Hospitals of Morecambe Bay NHS Trust achieved ACLIP certification.

Ann Vickers

from the University of Chester achieved ACLIP certification.

Lorraine Webb

from Pennine Acute Hospitals NHS Trust achieved ACLIP certification.

Library and Knowledge Services

Opening of new "Learning Space" Education Centre Library, Cumberland Infirmary

THURSDAY 07 MAY 2009

New 'Learning Space' in the Library & Knowledge Services.

Carole Heatly, Chief Executive, North Cumbria University Hospitals NHS Trust, along with David Stewart, North West Director of NHS Health Care Libraries officially opened the new "Learning Space" in the Library and Knowledge Service at the Cumberland Infirmary on Thursday 07 May 2009.

The occasion provided an opportunity to thank all those involved in supporting this development, as part of the continuous improvement and modernisation of North Cumbria Library and Knowledge Services.

The 'Learning Space' came about as part of the building of the new Dental School and resulted in an extension of the existing library building. This has

allowed for the creation of a dedicated room equipped with 10 computers, additional study space and electronic whiteboard. Library and other staff will be able to use this room as a teaching facility and also as an independent learning space for groups or individuals.

Funding and support has been provided through the collaboration of a number of organisations and services, which included:

- North Cumbria University Hospitals NHS Trust, especially the Medical Education Department
- UCLAN Dental School
- NHS Cumbria
- North West NHS Healthcare Libraries Unit
- North Cumbria Informatics Service
- Interserve Facilities Management
- HTGL Architects

At the opening Sheila Marsh, Head of Library and Knowledge Services introduced everyone to the new facilities. This was followed by a demonstration of the new Electronic whiteboard by Mike Nunley from Mistco.

Carole Heatly, Chief Executive, North Cumbria University Hospitals NHS Trust and David Stewart, Director, North West Regional Library Service officially opened the 'Learning Space'.

Carole said "It is important to have new facilities such as these to help attract a new generation of students".

There was then an opportunity for questions and "hands-on" session with the new Smart Board. 

Sheila Marsh

NORTH CUMBRIA LIBRARY AND
KNOWLEDGE SERVICES



Below:
Cumberland
opening -
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Newspapers

How Tweet - The Twitter Option...

You can't avoid Twitter right now it's the micro-blogging platform that's kept Stephen Fry busy while trapped in a lift, 10 Downing Street are at it, Ian Hislop and even Gyles Brandreth too (that'll send a chill shiver down your spine).

It also led me to a gig (the Liverpool Twestival in support of charity:water www.charitywater.org) where I spent the night drinking exotic teas, avoiding any physical movement that could possibly be interpreted wrongly and lead me to bid for a pair of Stephen Fry's used socks. So it's even been good for a night out.

What is micro-blogging? Simple Twitter has its roots in SMS messaging and allows you to send messages 140 characters long (a tweet). It's the exception to the rule, where small is beautiful. Tweets can be posted direct from the web, via third party applications (I use the TwitterFox add in to Firefox heavily but there are plenty of others out there) or from a registered mobile phone (yes sadly I do this too!). URLs in messages are automatically shortened for you using tinyurl (www.tinyurl.com).

The social aspect is that you can use Twitter to follow the tweets of other members of the twitterati to stay up-to-date with thoughts and events elsewhere. You can also keep up-to-date with the most mundane of things, which either amuses you or doesn't! The downside is that there is an increasing amount of twitter spam, however this is simple to deal with don't follow the perpetrators or block them. The other downside is this is a public tool that the world can read.

So what can you do with it?

- Use it to disseminate information.
- You can follow twitter users that interest you or you know.
- If you have a Facebook (www.facebook.com) presence you can feed your tweets to your facebook account to keep it fresh – yes I know for most of us this is blocked at work but our users aren't at work all the time....

How can you use it in the library context?

- Latest news from the library
- Promote your blogs RSS feed with Twitterfeed (<http://www.twitterfeed.com>)
- Keep up to date with professional developments by following colleagues
- Ask the twitter community a question and wait for the answers to role in!

Twitter FAQ or Translating Strange Looking Tweets

@: A direct message (if you start the tweet with it) or referral to another twitter user.

RT: A request to retweet a message from someone you follow so that it is shared with those that follow your tweets.

#: The # allows you to designate topics that people might search for eg #TDAG in a message would allow people to search for tweets referring to TDAG using search.twitter.com.

OH: For the gossips amongst us, something you've overheard!

HT: Something you've heard through e.g. HT @fadelibrary
The Commissioner Volume 4 Issue 2 now available
<http://tinyurl.com/aztmn6>

Yammer

Yammer is Twitter for corporate bodies. Its main advantage is that only people that share the same e-mail domain can see the conversation (I'll come back to



and then there was Yammer

this shortly). It claims to be a Knowledge Management (KM) tool that allows you to see what people are up to in the organisation. To do this it makes extensive use of the # tags to create a visible tag cloud (see the redacted version of a portion of our cloud – yes we record user names to identify heavy users that we can follow up for marketing purposes, below)

As a library we got asked to have a look at Yammer by the PCT's KM Steering Group. Having the fade.nhs.uk e-mail domain made this easy and it must be said we have a better handle on what staff are doing work wise (and naturally because it's Fade there is the odd bit of silliness too) during the work day. From a management perspective the tag cloud provides rapid access to a content analysis of current workstreams and pressure points in the library.

The Positive Side of Yammer

1. Privacy – SSL security means no prying eyes seeing those corporate secrets!
2. Lightweight communication tool especially with browser add-in (YammerFox)
3. SMS friendly, I can share thoughts while on the move from my mobile!
4. Quick and dirty view of library workload and activity

The Problems with Yammer from a PCT Perspective!

1. E-mail domain reliance is a problem, the PCT as it moves to separate Provider Services and Commissioning still maintains a single e-mail domain. If the PCT were to adopt Yammer then both arms of the PCT would be able to see what everyone was up to – this could negate contestability.
2. Adoption, the Fade team is small, no one can escape the adoption of new

technology so it comes easy to us. With the best will in the world we can not perceive a point in time at which all of the PCT will adopt this technology. Instantly the PCT will divide between the technophobes and technophiles.

3. Browser issues, we are unusual in our use of Firefox, IE6 remains the norm in the PCT which means that IT would have to install a desktop tool based on Adobe Air (yet another install for the poor IT folk) or people would have to log in to Yammer to Yam. A barrier too far to adoption.
4. Won't work with NHS.net e-mail see e-mail domain issues!

The Price

See the table below to see the full extent of possible costs to the organisation and control features! Naturally we use the free service!

Conclusion

Probably not a tool for most of us – but if you claim your e-mail domain's Yammer account now it might be a useful team tool and it's unlikely the rest of the Trust know about Yammer yet! Alternatively it might be a solution to offer a key team in the Trust looking for a light communication tool. [\[1\]](#)

Kieran Lamb

FADE LIBRARY

| | Basic Free | Silver \$1/user/month | Gold \$5/user/month |
|-----------------------------|------------|--------------------------|------------------------|
| | Employees | Company | Company |
| Data Ownership | | | |
| Company Logo | ✓ | ✓ | ✓ |
| Custom Colour | ✓ | ✓ | ✓ |
| Statistics | ✓ | ✓ | ✓ |
| Bulk Account Management | - | ✓ | ✓ |
| Company Usage Policy | - | ✓ | ✓ |
| Customize Message Prompt | - | ✓ | ✓ |
| Guest Passes | - | ✓ | ✓ |
| IP Usage Restrictions | - | ✓ | ✓ |
| Manage Content | - | ✓ | ✓ |
| Manage Numbers | - | ✓ | ✓ |
| Multiple Admin Accounts | - | ✓ | ✓ |
| Password Policies | - | ✓ | ✓ |
| Receive SMS | - | ✓ | ✓ |
| Session Settings | - | ✓ | ✓ |
| Suspend Former Employees | - | ✓ | ✓ |
| Directory Integration | - | - | ✓ |
| Disable Client Applications | - | - | ✓ |
| Keyword Monitoring | - | - | ✓ |
| Message Data Export | - | - | ✓ |
| Multi-Domain Networks | - | - | ✓ |

A new service for the North West NWS Outreach Library Service

HSG(97)47 – remember that? For those of you relatively new to the NHS, it actioned NHS Trusts to have a library and information strategy covering all staff in place by Autumn 1998.

Sometimes things in the NHS take a little time to reach all its services, not helped of course by the re-configuration of Trusts; in the case of the ambulance service, from local to county then to regional which ended in the creation of the North West Ambulance Service.

The ambulance service has a history dating back to the 1880s with some large city hospitals providing transport after accidents in horse drawn carriages. In 1883 The Northern Hospital in Liverpool even had a telephonic connection to the police station to summon the ambulance, answering 1200 calls in the two years to 1885. The impetus for the modern service was driven by the advent of the NHS in 1948 and then the Millar report in 1964 which recommended that treatment as well as transport should be provided. NWS came into being on 1st July 2006 covering Greater Manchester, Cheshire, Merseyside, Cumbria, Lancashire, and some parts of Derbyshire, providing a service to over 7 million people with 4,500 staff.

In 2005 HCLU had set up partnerships in both Greater Manchester and North Cumbria to provide official access for ambulance service staff to established NHS library services. Before that, provision had been very much on an ad hoc basis with some Acute and Primary Care Trusts 'allowing' staff to access their services. In November 2007 a proposal was submitted to the NWS Executive Management Team with options to either extend the current access across the region or appoint a part-time Outreach Librarian. A further report was commissioned in June 2008, which recommended the appointment of a Library and Information Services Officer to develop an internal NWS Library service. The proximity of the NWS headquarters in Bolton to Royal Bolton Hospital led to a Service Level Agreement between NWS and RBH, part funded by HCLU, to provide professional library expertise for the new service and an entrée into the world of LHMN and all the support and collaboration provided by regional colleagues.

Matt Holland commenced in post in March 2009 and is a pioneer in his field as the first dedicated ambulance trust librarian in the country. He has already established a web site for his scattered community but I don't think he's visited all 114 NW ambulance stations just yet!

Jean Williams

LIBRARY SERVICES MANAGER
ROYAL BOLTON HOSPITAL NHS FOUNDATION TRUST

Introducing the new NWS library service

Are you new to the NHS? Well I am, and I'm also new to the North West Ambulance Service [NWS] and new to the North West, so what has all this newness taught me?

Well the NHS is very keen on induction for which I am very grateful as it gave me time to adapt while I learnt about the functions of various fire extinguishers. NHS librarians are very welcoming and collegiate which is both refreshing and surprising coming from an HE environment. Not that HE librarians don't co-operate, they do, but are very much of the view that my university is my castle! I do feel as though I am a branch library in a wider NW endeavour rather than a one person band. I would also like to thank all those who work in libraries I have visited and met at meetings for their welcome too.

Some themes are the same, the move to electronic resources from print and the emphasis on libraries as social spaces. Some things are different. HE is good at supporting the information needs of students but not so good at supporting the information needs of work colleagues. This is an area where I can see I have a lot to learn from best practice in other NHS libraries in the region. HE, despite what students say, is good at IT. I am still struggling with the labyrinthine access to IT in the NHS. Networks that are encrypted, networks that are only accessible in certain physical places and the few networks that are accessible outside the organisation. Hard to grasp is the idea that social networking/Web 2.0 tools are viewed with suspicion and are blocked in some cases. However, some universities are considering banning Facebook. There must be a balance somewhere in between.

More challenging are the personal differences in the move from big to small. From big budgets to small budgets, from a library of over a quarter of a million books to one that has a lot less! You also think a lot more carefully about how you spend your time when you have to do most things yourself and not pass them on to another department.

Refreshing is the real sense of purpose NHS library colleagues have. Having recently spent a 12 hour shift observing in an ambulance, it does focus your ideas on what is important. I am very lucky to join NWS now as the service is undergoing a revolution in the way patient transport and paramedics are trained, similar to the Project

2000 in nursing. Incredibly nearly a quarter of the workforce are undergoing some form of training to achieve the new Paramedic Diploma. Close links with HE in delivering these programmes should draw on some of my past work and experience, a view from both sides of the fence so to speak.



Matt Holland

OUTREACH LIBRARIAN, NORTH WEST
AMBULANCE SERVICE NHS TRUST

Re-launch of Calderstones Library

**On 11th May 2009
Calderstones relaunched
its library service following
a successful bid for funding
from the Libraries
Development Fund.
The Library had left its
existing premises and
moved to a bigger
space which could
accommodate more
stock and allow
more space for
study and research.**

The library left the Medical Directorate and joined the Workforce and Development Directorate under the direction of the new Chief Knowledge Officer Graham Jowett.

The move cemented the links with the training and development department who pitched in to help with the move. Anyone not training that day was on a three line whip to help in the library!

The move took place in mid February and Liz and Carol were supported by colleagues from East Lancashire Health Libraries, special thanks to Margaret Webster (library assistant ELHT) who came over and worked with Liz renewing the old Blackburn public library team.

The move has made the Library more visible and accessible to Trust staff as it is situated just off the restaurant. This is

proving problematic to Liz and Carol who, as we all know enjoy their food!!


As the Library is now situated on the training room corridor, independent study and research time in the library can be integrated into course content.

Alongside the main library we now have a drop in study room with 6 computers and room for private study and reading. This has been a great success and is in daily use.

Following our successful "Book Crossing" scheme to improve literacy and encourage reading in the Trust a new fiction collection based in the Library was launched on the 11th and again this has proved equally successful.

On the day we were joined by members of the Trust board and the Library was launched by Graham Parr Chair of our new Foundation Trust. David (Stewart) and Linda (Ferguson) attended from HCLU, Mike Hargreaves attended for UCLAN along with colleagues from all the health libraries in East Lancashire.

We had hoped that due to the new more visible venue that library use would increase, and this has been the case.

We would like to thank everybody who helped with the move including all our Lihnn colleagues who helped in the planning stages of the library move with lists of do's and don'ts for a successful move. 



*Top image: Calderstones opening day.
Bottom image: Calderstones helpers*

Liz Stitt

LIBRARY SERVICES MANAGER
CALDERSTONES NHS TRUST

Experimenting with E-Readers at Southport & Ormskirk

**“Libraries are finished”
said the Voice and Data
Services Manager sat next
to me in a meeting with
our Uclan partners.**

He was reading a novel on his mobile telephone prior to the start of the meeting, and informed me that he has no need to use libraries as all his reading needs are met by his mobile. This prompted further discussion with Jeremy Andrew (Uclan) who told me about experimenting with E readers in the University of Central Lancashire.

A few days later, the North West library managers were invited to submit bids for development funding, and an idea occurred to me – our library service had been loaning laptops successfully for a number of years; why not experiment with loaning E-readers? Anything on a PC can be downloaded on to an e-reader.

The portability of E-readers enables them to offer great potential for use with journal clubs and e-book and e-journal access. Instead of photocopying 12 copies of a journal article for a journal club, we could download the article on to 12 readers and loan the readers to the members. Journal Club members could annotate the article on the reader prior to and during the journal club meeting, and save the annotated version on their own PC for future reference. Another possibility would be to download e-books so that there would be no more




waiting lists for popular items – all we would need to do would be to download the books onto the readers, and offer them for loan alongside the printed books. After further discussion with our Voice and Data Services Manager, we settled on the Iliad, which seemed to have all the functions we required, and retailed at £500.

Our bid for funding was duly submitted, and this enabled us to purchase 12 Iliad E-readers for loan from the Hanley and Sanderson Libraries.

Then we hit a big problem. The issues with loss of data from NHS Trusts prompted our IT Department to ban the use of mass storage devices with Trust PCs, and the Iliads are a mass storage device! Consequently our original plan for the Iliads to interact with Trust PCs was temporarily shelved. Our current work around with this problem is to allow users to download from their home PCs or from the two staff machines which we were finally authorised to use with the Iliads.

Would I recommend the purchase of E-readers for other health library services? Well the jury is still out on this one. We are presently conducting a survey of all Iliad users to find out what they are using the Iliads for when they borrow them, and any problems they encounter in using them. Initial feedback suggests that users do like the idea of borrowing these items, and they do present the opportunity of carrying large numbers of documents and books around easily. Other possible suggested uses of the Iliads have included ward rounds, loading course materials for student use, and annotating agendas, minutes of meetings etc.

Some of our users have experienced difficulties in using the E-readers, but that has been solved by the library staff offering advice and help. Our own Trust is presently considering the purchase of E-readers for managers so that they can easily access Trust policies whilst working from home. An added advantage is that the Iliad screens are easy on the eye, and do not present the problems associated with screen glare on PCs.

We will continue to explore the potential of Iliads in a library environment, and I would be happy to speak to anyone considering Iliads for their own service. 

Michael A. Mason

LIBRARY SERVICES MANAGER
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST.



Iliad on the ward

LIHNN Supervising Staff Residential Conference

26th and 27th March 2009 Marriott Hotel, Preston

This two day conference covered a number of topics around supervising staff, including:

- identifying the role of the supervisor in a library and information service,
- discussing the key skills and personal qualities required to be an effective supervisor and
- reviewing some of the challenges that supervisors face and discussing ways to overcome them

This residential was funded by HCLU and was attended by a number of staff employed in a variety of different roles in Libraries. It was facilitated by Deborah Dalley and was delivered in a number of ways including, small and large group work.

DAY ONE

Tracy:

My day started off okay, driving to Preston; it was a good journey until I started to hear a funny noise coming from the car. Now, from my experiences of killing cars by not stopping when things aren't right, I have learnt my lesson and I stopped on the hard shoulder of the motorway as soon as I could. I then rang Green Flag and tried to explain the problem. Bear in mind I am a woman and don't have much clue about cars and engines this was a bit difficult!

Anyway after a few phone calls between me and my husband, me and Shan, and me and the rescue service, a flatbed truck came and took me and my car back to Winsford to the garage. My husband met me there and we took him back to work and I then drove his car back to Preston. After all this palaver I managed to get back to Preston in time to enjoy the lunch. As I had missed the morning of the course, everyone had to bring me up-to-date by remembering what they had learnt.



Deborah Dalley at the residential



Group work at the residential

Jan:

I'm relieved to say that the start of the Conference was a far less stressful affair for me. On arrival, I found the hotel to be a rather swish venue with staff on hand to carry my case and tend to my every need.

The welcome was continued by Shan and Deborah and we started off by being given an outline of what we hoped to cover in the two days available to us.

Deborah asked us to

- share our personal definitions of the role of the Supervisor
- identify what some of the difficulties of the role are for each of us.

Once we had an idea of the different perspectives of the members of the group

continued over...

LIHNN Supervising Staff Residential Conference

...continued

Deborah handed over to Steve Graham (North Cumbria Acute Hospitals NHS Trust) who talked to us about his experiences of 'bad supervisors'. Steve gave examples of some of the personality traits and behaviours of supervisors he has worked for in the past including: intimidation, imposition of sanctions, using bad language, dishonesty, passing the buck, unethical behaviour, public humiliation of staff, unaccountability, rigidity and lack of response to new ideas, poor communication skills and, *my favourite*, not learning from mistakes so that they make them again and again (and again).

Steve entertained us all with a wonderful story about a female boss of his whose attentions were, let's say, not always about getting the task done, however, he's lived to tell the tale, and very amusing it was too.

In true 'good-cop bad-cop' style, Lucy Anderson (NHS Bury) then took the stage and talked to us about her ideas and research into what constitutes a 'good supervisor'.

Lucy's research led her to consult;

1. Her local Administration Team
2. Her Trust's Occupational Health Department
3. An executive website.

Lucy led an exercise in which she read out a range of advice and asked us to identify the source that we thought it came from the options 1, 2 or 3 above.

We drew some important conclusions about what constitutes a 'good supervisor' from the exercise including

- good supervisors lead by example
- good supervisors understand their team members and the skills each of them has
- good supervisors take time to communicate.

Interestingly the 'executive' website recommended that supervisors should become part of their staff lives – go to weddings and funerals – but not to birthday parties (!) Whilst that advice might appeal to some, well, I'm not sure I'll be taking it.

For the rest of the morning we looked at:

- balancing the different demands of the individual, the team and the task and we discussed the strategy of 'STOP....then decide'.
- understanding what motivates us – and how that can be different for each team member.

During the afternoon on day one we covered:

- Learning styles – and discussed how these impact on the ways in which we communicate and train the staff we supervise.
- The stages of team development: Forming, Norming, Storming and Performing – and we learned that changes to a team results in the team reverting to the Forming stage and having to through the process all over again.
- The importance of Induction
- How vital effective communication is for a team

DAY TWO

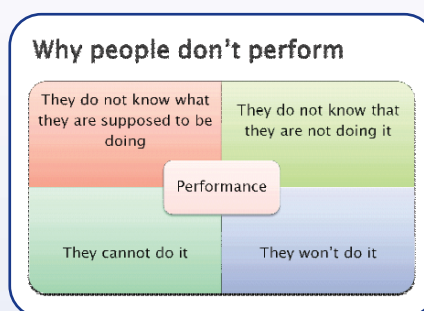
Tracy

On day two we looked at the difference between difficult people and difficult situations and asked the question:

Is it the person that is difficult or the situation that is causing the problems?

We looked at

"why people don't perform?"



Step one:

"They do not know what they are supposed to be doing"

Setting standards – for this we had to think of an area in which we felt that standards are not clear, e.g. e-mail, internet use, dress, shelf tidying, etc. We split into small groups and each group looked at one of these areas, my group

looked at the standards for "dress" and we found it hard to say what the standards should be. We then looked at "supervisory case studies" and discussed what actions we would take to solve them.

Step two:

"They do not know that they are not doing it"

Feedback (BEDS) – communication

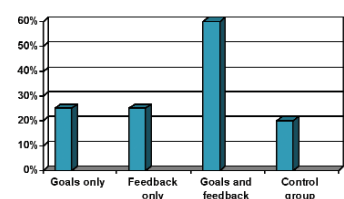
The definition of feedback:

- Feedback is information about performance that leads to action to affirm or develop performance.
- It is as much about reinforcing effective and strong performance as it is about identifying areas of potential improvement.

You need to ask the right questions to get their feedback. Good goals and feedback equals an increase in performance, this can be achieved by using the BEDS feedback model:

- B** – Behaviour, look at the behaviour not the person
E – Effect, what effect is the behaviour having on other people?
D – Discuss, talk about what is at stake and invite a response
S – Solution, agree on a solution and a way forward

% Increase in Performance



The questions used to invite a response to the feedback need to be open ended, i.e.:

- Can you say a little more about how you see things?
- How is that affecting you?
- What are you thinking?
- What do you want to happen?
- Tell me how you see the situation

It is important that this is done before moving on to the solution stage of the model.

In groups we looked at some different scenarios and used the BEDS model to solve them.

Step Three:

"They cannot do it"

Development – 25 ways to learn
Deborah talked us through the huge variety of ways in which people learn. Our task was to identify 25 ways to learn and the group came up with the following examples:

- Training course – not always the answer
- Shadowing
- Reading
- Job instruction
- Observation
- Coaching/mentoring/buddying
- On the job practice
- Logbook/ reflective journal

Step Four:

"They won't do it"

The course had led us through all the stages and elements necessary for effective supervision of staff. Once all the strategies have been employed supervisors need to know how to deal with those people who simply won't do the job for which they're employed despite having had all the support available. Step Four is the step to employ when 'they won't do it' and can only be used as a last stage action.

Deborah split us into small groups again and gave us the opportunity to look at cases that we were currently dealing with within our own teams and to get the advice of the other group members to enable us to devise a plan of action using the skills and techniques we'd learned on the course.

So, what did we get out of the Supervising Staff Conference?

Both Tracy and I agreed that we'd come away from the conference with a deeper understanding of the issues and challenges we face in our roles supervising staff. Our understanding was enhanced by the opportunities to engage with other supervisors, to share

our experiences and to begin applying some of the range of techniques the training provided.

We both agreed that we'd gained a greater appreciation of:

- the importance of effective communication
- how individual's different learning styles impact on how we and the staff we supervise learn to do our jobs
- how teams may have a variety of things that motivate them.

We agreed that if we are able to apply the learning we achieved on this two-day event we are likely

- to be better supervisors
- to have staff who understand their objectives and are motivated and equipped to achieve them
- to be active participants in the work of our respective organisations.

The 'highlights' – or what wasn't included in the programme...

Many of the group were treated to a bit of celebrity shoulder-rubbing when Frank Bruno made an appearance. Those who did benefit from this little bit of star-dust didn't let it get in the way of their participation in the course though.

And of course, the food! This was excellent and plentiful and served by smiling helpful staff. We had fabulous elevenses, lunches, afternoon snacks and the dinner on the evening of day one was superb!

Would we recommend the 2 day HCLU Residential Conference to other staff?

Definitely! 

Tracy Owen

LIVERPOOL PCT

Jan Rowe

WIRRAL UNIVERSITY TEACHING
HOSPITAL, NHS FOUNDATION TRUST

New starter at Macclesfield

Following the departure of Tom Hudson to NICE, and the secondment of Jan Read to another position within Learning & Development, we have a new member of staff at the Health Sciences Library.

Carole Keeling

started as our Clinical Teams Outreach Librarian in April.

She will be attending various LIHNN events this year and looks forward to tapping into good ideas from other services as well as sharing her own experiences.



Carole Keeling

“Open Your Mind” to delivering patient information:

In October 2008 the library had approximately 200 new books which had no home due to the proposed closure of our patients’ library at the Avondale Unit . Dr. John McKenna (our boss) suggested that we contact Mark Love (senior OT) to give the books a good home.

Mark invited me to visit the Therapeutic Resource Centre (TRC)and so I packed up the books and set off. When I arrived and started unpacking the books the staff were pleasantly surprised - they had expected some outdated uninspiring book stock. Mark then showed me the room that they were currently using to store donated books which they lent to the patients.

Initially it was a bonus that we had a room rather than a shelf but on entering the room it was obvious that it needed some attention. Consequently what initially started as just dropping off some books became an opportunity to create a stimulating, creative therapeutic library environment which would become a place where patients could unwind, relax, read, learn or just have a chat with the staff. The TRC department and the role of the OT’s are about enabling patients to develop functional abilities in the area of self care, productivity and leisure. With this in mind the library hoped to play some role in supporting the work of the OTs to the benefit of the patients. The enthusiastic response of the staff made this vision of creating a new library a reality.

The idea was born but now came the thorny question of funding. Library Manager Carmel Smith put in bid to David Stewart, Director of North West Health Care Libraries Unit for funding. This bid was successful and now the wheels had really started to turn.

Sarah Wilson volunteered to act as co-ordinator to work with the library and this proved to be the key to the successful partnership between the OT’s the library staff and the patients.

Sarah’s involvement was the catalyst which encouraged other OT staff to become involved in the project. Roger Slinger, Technical Instructor was first to come on board. His expertise in woodwork was invaluable, his skills in both woodwork and problem solving were again another key element to the smooth running of the project. Roger worked with the patients to produce new



shelving for the books, a study area and most impressively the table, which has been submitted for the Koestler prize. Roger was also responsible for re-cycling our old pink chairs, armed with £30 of bright orange vinyl Roger turned our chairs into designer furniture which matched perfectly with our ‘Tango’ chairs from Ikea.

Paul Hartley and Veronica Gornall worked with the patients on the production of the artwork. Paul came up with the idea of the 3D letters, using a variety of different materials which would spell out ‘Open your Mind’ and before we could blink Paul was off organising

the workshop for the patients to complete his idea. Veronica was responsible for quite a bold project to create a 3D window from fabric, Veronica and the patients started to construct fabric books from a variety of materials which were then filled with wadding to create the 3D effect and these would be eventually added in front of the fabric window. Paul and the patients also created our papier mache ‘library attendants’ who would keep a watchful eye on the library when we were not looking!

So, with everyone busy doing art projects and sawing wood, it was time Sarah and I to round up a group of willing patient volunteers to paint the library. The patient forum at Guild had decided with Sarah what colour they would like the library to be, so it was off to B&Q to buy the paint and brushes and get rolling! The painting was completed in a day and the library had gone from a very mucky pink to a sunshine yellow. One of the patients commented that it looked like a kitchen but I said yes but doesn’t everyone one want to be in the kitchen at parties?

The interior was developing nicely and it was now time to turn our attention to the book stock. In consultation with the OT staff and patients we came up with a list of needs and wants for the library stock. We decided to withdraw the old donated books purely because many were very old titles, pages were yellow and they weren’t being borrowed.

Sarah was invited on our book buying visit to Borders for books, coffee and cake. By the end of the day we realised how important it had been to have Sarah there with us advising and selecting stock which would be appropriate for the new library. The following week Sarah then took a patient on a special visit to Borders to select more books.

On the day we purchased over 700 new titles which were a mixture of popular fiction, and non-fiction. These included an extensive collection of self-help books

The BOOK STOP has arrived!

aimed at helping patients understand their condition in addition to a wide range of leisure and hobbies publications aimed at developing skills in cooking, woodwork, photography, gardening and just simply relaxation.

Jackie Turnbull and Eileen McKavanagh, our two wonderful library assistants, have played and continue to play an important role in the selection the book stock, helping the patients choose books and supporting the OTs in their work and study. As a consequence of the success of the BOOK STOP the patient library at the Avondale has been saved and this is as a direct result of Jackie's and Eileen's liaison with the OT staff and promoting the importance of keeping the library and giving patients access to up to date books and information.

Raj Tayya our library volunteer was responsible for processing all the new books. He worked tirelessly for months, backing and preparing the books ready to go on the shelves at the new library.

The library now needed a name and an identity. A competition was set to come up with a name and a logo for the library. Two patients successfully came up with the new name – BOOK STOP and a logo was designed around this title. In addition the patients came up with the idea of a newsletter which would capture what was happening in the library. This would include for example tips on healthy lifestyles, quizzes, poems written by the patients. The patients named this the Guild Gazette and the first issue was published to coincide with the official opening day.


The official opening date was set for May and we only had 4 weeks to solve the problem of the very mucky pink carpet! Like the scene from the 'Apprentice' Roger, Sarah and I were on the phones or on the pc trying

desperately to find the cheapest quote possible for new flooring to present to Tony Carradice, Assistant Network Director for Secure Services. With only a week remaining before the opening, Tony didn't fire us but he did say yes and what a difference the new

The big day duly arrived, the TRC had organised an Open Day where a display of patients' work was on view. This included everything from wood turned bowls, intricate metal work projects, art work, jewellery to floral displays and baskets. Many of the items were for sale at a very reasonable cost.

As 11 o'clock approached patients and staff gathered around excitedly for the grand opening. A patient had volunteered to do the opening speech which was delivered prior to David Stewart and Linda Ferguson cutting the ribbon to officially open the new library the BOOK STOP.

There were many good comments on the day, and it made all the hard work worthwhile, for example Tony Carradice, Assistant Network Director for Secure Services, said: "This will be an excellent resource for staff and service users alike. It is so different to the usual image one might have of a hospital library and is full of modern, entertaining and thought provoking books. The staff and patients who have worked on this have done an outstanding job!"

We look forward to this partnership continuing and developing in the future. 

Sue Jennings
OUTREACH LIBRARIAN

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TOP: Sue at the Guild library
BOTTOM: A happy customer at the Guild library

flooring made! The flooring was the icing on the cake and late Wednesday night, with everything finally in place, Sarah and I stepped back and said it just looks like Borders.

New Warrington Library

Although my professional skills should mean that I can categorise effectively, I'm never quite sure how to define the recent changes to the physical space here at Warrington Hospital Library.

Although it wasn't a rebuild, 'Refurbishment' or 'Redevelopment' doesn't seem to do justice to the effort that was put in by the team, the estates department and others. I think it's accurate to say that the library was gutted and rebuilt to provide so much more than existed before. We now have staff offices (yes there weren't any before! We had been squatting in a meeting room for 6 months and before that working at a desk in the library space), a small but perfectly formed training room, more PC workstations, 24hr swipe card access and a quiet study area. There are also many other words that were used frequently (mainly by me) over the last few months that I can't use in the respectable publication that is LIHNNK Up!

Rather than describe what we did, I thought it might be useful to outline what, on reflection, I believe to be the key aspects of a library development project including some detail around my own experiences to highlight some potential problems, issues and solutions. Not all of my experiences will relate to all development projects but hopefully my experience will be of some interest and / or use to future developers amongst us.

To give an idea of timescales; the bulk of the funding was confirmed in December 2008, I first met with Estates Department in January 2009 and the work started on February 25th 2009. The library reopened on 7th April 2009.

| | Lessons Learned |
|---|--|
| Project planning | <p>Include a few options for the development (e.g. range of furniture at different costs / variety of plans for the space) as the amount of available funding can change (see next section). You will then be prepared with Plan B and you will have a wish list should bids be required 'by the end of the week'.</p> <p>Identify actual costs for everything, don't estimate – I was amazed by the cost of some items.</p> <p>During the closure, when not staffing the enquiry desk at the Halton library site, the whole knowledge and library team re catalogued and classified and re-processed the Warrington stock. This worked well in terms of being productive during closure, however I felt that I didn't focus sufficiently on this / could have delegated responsibility more clearly. Next time I would devote more time to this aspect of the project to avoid uncertainty amongst the team and ensure that we had sufficient resources ready to complete the task.</p> |
| Give yourself plenty of time to bid for, secure and spend (for those of us still working to year end) the funds. | <p>Looking back, I think the uncertainty around funding, the constant changes in total funds available and the very short timescales were a good thing; it meant that I was generally too busy to panic! I wouldn't however recommend this approach!</p> <p>Include a few options as the amount of available funding can change especially around year end when I found money became available to bid for. I identified a date after which no more orders would be placed as I was concerned that the timescales were reducing for ensuring suppliers were paid before the end of the financial year. Next time I would resist the temptation to keep extending this (I secured £5K mid March) as there were a few sticky financial moments at the end!!</p> <p>Identify how your development aligns to the priorities of the organisation / supports all user groups, again so that you're always ready to submit bids that will be successful.</p> <p>Unexpected issues can arise – for example I was unable to buy PCs due to a stalemate in price negotiations between the Trust (possibly wider) and Dell. This had two implications, 1) I had a training room with no PCs and 2) I had funds spare which I then had to decide how to spend in 24hrs. It's clearly impossible to plan for every eventuality, but being ready for surprises and staying calm is a good tactic.</p> |
| Be calm but assertive! | <p>I was lucky enough to have a great working relationship with the estates manager responsible for the development. He was committed to making it as good as possible and was also very experienced. This made it relatively easy to discuss options and find solutions to problems that arose. I found that conceding in some areas, that weren't of paramount importance to me, but would make life easier for them (and therefore reduce time and costs – good for me!), was an effective strategy. This meant that when something that was vital to the service but was difficult for estates, they appreciated my perspective, understood that this was in fact important and we worked together to achieve this. If something is vital, stay calm but assertive and be involved in trying to find a solution.</p> |

Involving staff goes without saying and I found that as a team we did a better job at the planning stage than I would ever have done alone. Managers probably spend the least time of anyone in the team actually in the library space so make sure people are happy with their potential new environment.

User involvement as we all know is much trickier! I started off by thinking I needed to involve everyone, my opinion quickly changed! Whilst I still think it's important to involve people I would do it differently next time. I think it's probably unfair to outline the proposal for the new library and ask people what they think; we are after all the experts in our field and I admit this is an extreme example but I would feel uncomfortable if a ward manager asked me what I thought of their proposal for a new ward.

Next time I would ask questions like 'How can we improve?' What do you mainly use the library for? What do you like about the current space and services? Any responses would then be looked at alongside activity data and ideas from visits to build a picture of the direction in which we need to move.

Involving key people in the Trust affected most by the development was probably the most difficult challenge as I found the most conflict here between our vision and theirs. Concentrating on the benefits to them and reinforcing these regularly (as well as accepting that I couldn't keep everyone happy!) worked to a large extent for me.

Communicate regularly with users and any departments adjoining the library that will be disrupted by noise, as well as being courteous I found that this was well worth the effort as relationships were retained throughout and following the process! I also used bribe techniques such as painting the communal kitchen area and buying staplers in colours of their choice for colleagues in the Education Centre!

I really enjoyed the whole project and although I can see now that it took over my life for 4 months, I didn't feel anxious or tired at any time. However, immediately after the Open Day I was ill for a couple of weeks. If you're susceptible to crashing and burning after relatively long periods of intense work think about this before hand and make sure you take vitamins / take breaks / take it out on family!, whatever works for you to stay healthy.

I visited NHS and academic libraries, everyone I contacted was more than happy for me to visit, talk to staff and take photos. Walk around and take photos of things you think will and won't work for your service / space and make notes as soon as possible after you leave. Ask people what works well / not so well and what they would do differently next time – everyone I asked didn't seem to mind!

Think wider too, I got inspiration from Habitat, bars and restaurants, Waterstones and Borders bookshops and my Mum (Ahh, thanks Mum!)

Give yourselves at least 3 days to trouble shoot before inviting users back in. This was invaluable for us as we had to put two staff offices together, familiarise ourselves with the new training room including smart board, get to grips with the swipe card system and write procedures for use and involve IT due to initial problems with the PCs.

Involving library staff, users and stakeholders

New enquiry desk



Open day at Warrington - sadly the balloons were temporary!



Look after yourself!

Visit other libraries

Settling in time

There are many more experiences I could share but hopefully this gives a flavour of some considerations to bear in mind.

Finally, thank you very much indeed to members of LIHNN who I visited / asked for help / bored with my ideas! 🙏

Hannah Gray

KNOWLEDGE AND LIBRARY SERVICES MANAGER
WARRINGTON AND HALTON HOSPITALS NHS
FOUNDATION TRUST

Editor's Column

Notes for contributors

1. Articles and news items are welcome from all members of Lihnn, including support staff and staff in higher education institutions.

Lihnn members are actively encouraged to write up accounts of events and courses attended. Articles on new developments and projects successfully managed are also welcome.

2. News items and short pieces, which can range from factual to amusing, are also welcome.
3. All items should be submitted in electronic format.

Please abide by the following points:

Don't forget your name, location, title of article and date of article.

All acronyms should be written out in full for the first occasion they are used in the text. Please give full details of events, courses and conferences attended. This should include:

- The name of event and location
- Date of event
- Name of organizing or sponsoring body
- Details of how support materials can be obtained (where necessary)
- Full references to any published reports, articles, etc.

Items not submitted in time for the publication deadline will be published in the following edition.

Lihnn is on the web at:
www.lihnn.nhs.uk

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