

Agenda

9:30-10:00am - Registration 10:00-11:00am - LIHNN Chair welcome and Quality Awards 11:00-11:15 - Break

11:15-12:00 - Minutes of Mayhem
12:00-13:30 - Lunch, voting and quiz
13:30-14:00 - Julia Hoffman
14:00-14:30 - Break and chocolate
roulette networking

14:30-15:00 - Awards



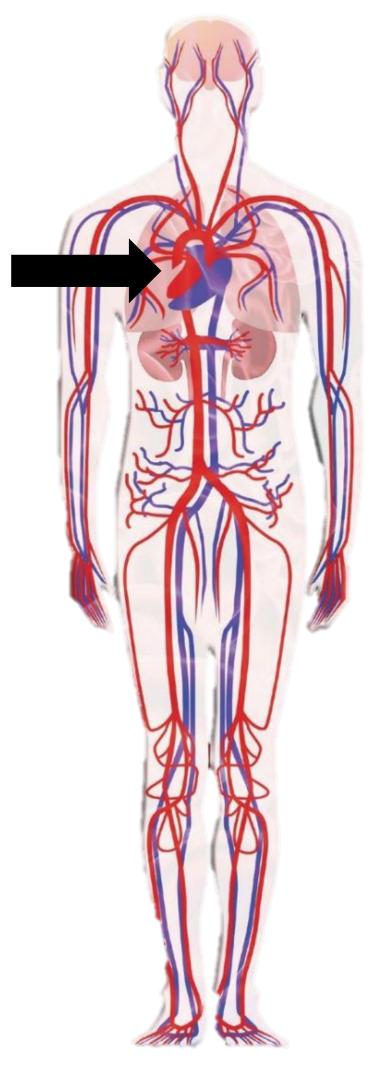
Welcome from the Chair





The Heart:

- LIHNN is a network and helps connect people
- Helped me build a sense of professional identity
- Fond memories
- A sense of community!
- A sense of belonging
- A sense of ownership that I don't get with NHS E or CILIP
- Not as large and disparate/intimidating as the national group
- Friendships that have sustained me
- Like-minded, friendly people who completely understand what you do in your role, and the issues you might face

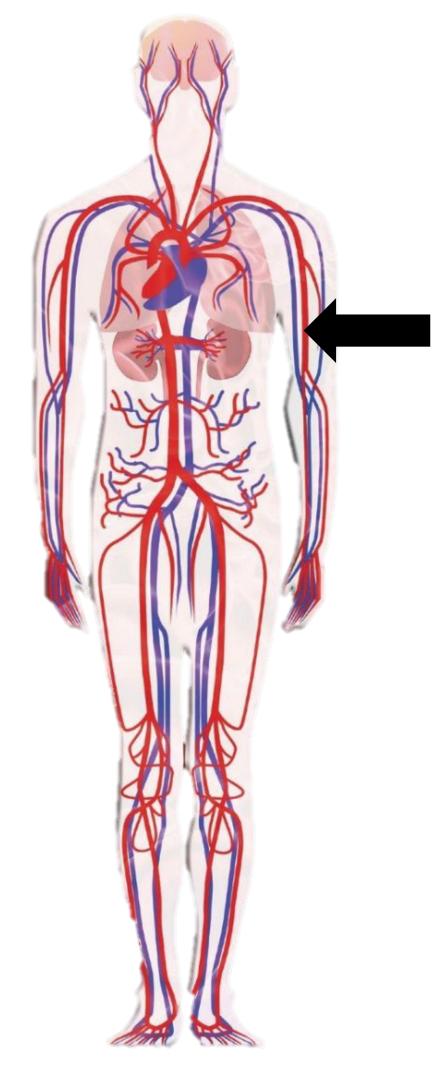


Response:

- Created a social secretary
- Continuing the Xmas study day in person
- Run the new starters events
- Have a buddy system
- Patch groups exist for sharing local knowledge and expertise

Response:

- Email list has been reviewed and updated
- Committee list has been reviewed and updated
- Northern lights is still there
- A review of the website is underway – Current awareness resource created as Phase I
- We will be reviewing the LIHNN offer
- New national networks leads group has formed

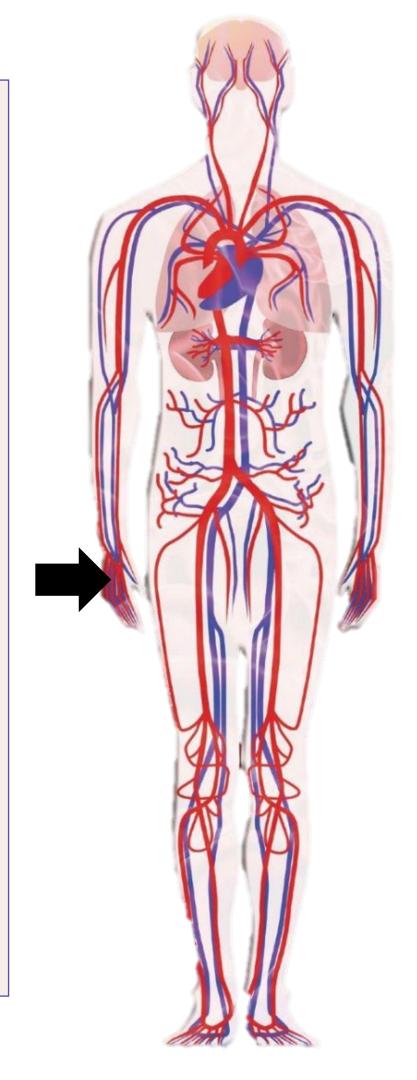


Circulation:

- I find Northern Lights useful
- Putting faces to names from e-mails meant a lot
- Real discussion and engagement with services that we could share even if only marketing
- ILL opportunities
- Keep up to date with developments in the NHS library world and NHS in general
- More partnership working to reduce duplication.
- Face to face meetings are a priority for me.
- A reminder of what LIHNN does as I think its identity has been lost.
- Knowing the team more-do not know who members are or what they do
- I wonder what other regional groups are doing at the moment?

The Hand:

- Share problems and receive answers
- Share ideas and ask for help from colleagues
- Engage with colleagues and to become comfortable in my new role
- Helped me build a sense of professional identity
- Supportive clinical librarian meetings
- Supported me when I was new to Health Libraries and a safe space to ask questions
- Training sessions through LIHNN have helped me
- Received bursaries in the past to attend conferences



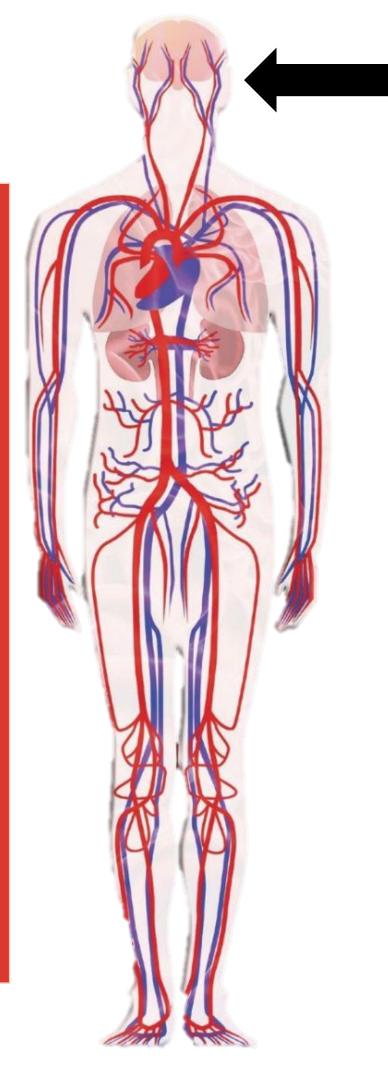
Response:

- Your actions create this culture
- We have recruited a CPD officer to help plan training
- We are working in partnership to extend opportunities
- We welcome all levels of experience on to the committee to support skills development

Response:

- Leavers gifts now stopped
- Networks can help save time you need to think how to make time and make the best of opportunities
- Everyone from a partner organisation can be a member!
- Looking at how to support all roles and improve development opportunities
- The Committee is large to spread the workload, to share ideas. Same issues exist across all networks merging goes against the identified local value.

LIHNN is building back but needs you!



The Head:

- Stop leavers gifts
- I simply don't have enough hours in the day for sustained extra curricular activities
- Time is an issue at the moment.
- I am retiring this year so maybe my comments are not valid
- Seems to be more for than managers than band 3s
- I connect with but not bothered about the rest
- We can't all be released to attend meetings etc.
- NHS WE & T has robbed LIHNN of a role. This I suspect is about to change, again.
- I am not a member of CILIP anymore.
- Do you really need a big committee structure why not run it more as a COP with volunteers to lead on things that they are interested in.

The Lungs:

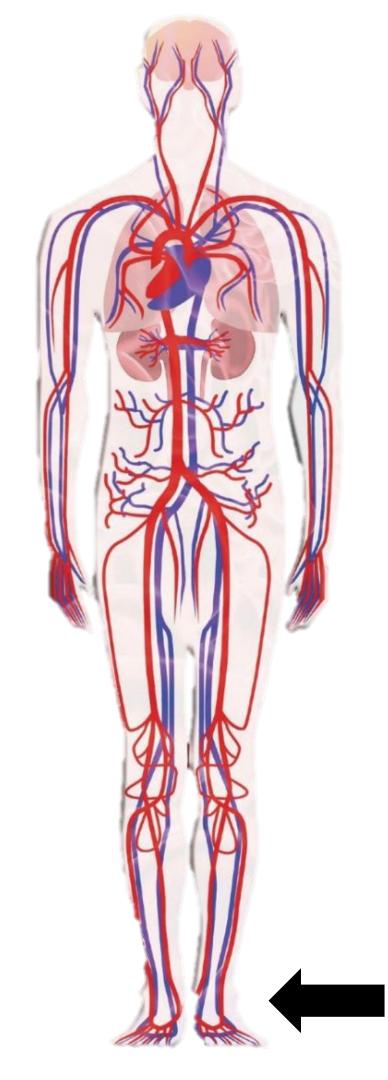
- Susan Smith The Chair
- Vice Chair vacant
- Karen Storms The Secretary
- Tracy Owen Treasurer
- John Gale Social Secretary
- Paul Tickner CPD Officer
- Alison Thornley Webmaster

General Members

- Emma Dent
- Sinead English
- Katie Nicholas NHS England
- Julia Hoffman Libraries Connected
- Gil Young NHS England

Additional thanks

- Siobhan Linsey
- Andreya Platia

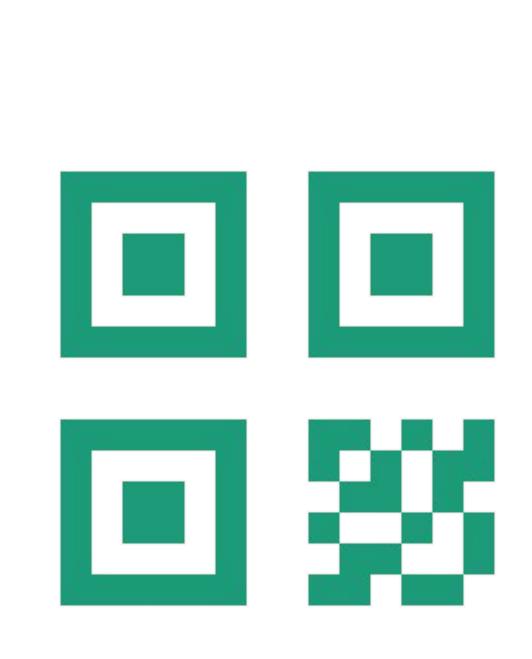


The Feet:

- Watch out for new starters event
- Collaborative conferences with the Academic Libraries North set
- Library visits planned for new year
- Joint initiatives with other regional networks have begun
- Review of funding model
- Review of website



Quality Awards



Creating a Gastroenterology Patient Information Database Using QR Codes

Holly Cook: Clinical Librarian

East Cheshire NHS Trust

How it started...

- Targeted Gastroenterology Department as 'low library users'
- Created a Gastroenterology Update
- •Chance encounter over OpenAthens enquiry led to literature search on improving patient information for gastroenterology patients
- •Library involvement in the patient information process enabled suggestion of project

Patient information



Written



Video files



Audio files



Readable software

Background

- Convoluted process for creating and sharing patient information
- Majority of the Trust relies on internally generated (paper) content
- Lots of effort spent duplicating what is already online
- •No standardised way in Gastro of sending patients information about their condition (some paper, some texts, some calls)

What we wanted...

- •A simplified workflow for medical secretaries & all other health care professionals sharing 'patient information' with patients via their letter of primary diagnosis
- An increase in web-based information being shared with patients
- A decrease in internally generated content
- •A single point for Gastro patient information

What we did...

- •Conducted an evidence search and found that 'Good online patient information and improved outcomes and reduced appointment time'
- Created a master list of required leaflets/information
- •Found equivalent information from trusted sources online
- •Used this to build a 'proof of concept' database of online patient information using QR codes
- •Testing...

Sources

- British Liver Trust
- Crohn's and Colitis
- •Guts
- Macmillan
- •NHS
- Pancreatic Cancer Action Netwo
- Patient Info

1	American Liver Foundation	https://liverfoundation.org/
2	AMMF Charity	https://ammf.org.uk/
3	Barrett's Oesophagus UK	http://www.barrettscampaign.org.uk/
4	Bowel Cancer UK	https://www.bowelcanceruk.org.uk/
5	British Liver Trust	https://britishlivertrust.org.uk/
6	Canadian Liver Foundation	https://www.liver.ca/
7	CARD	https://www.cardcharity.co.uk/
8	Children's Liver Disease	https://childliverdisease.org/
9	CICRA	https://www.cicra.org/
10	Coeliac UK	https://www.coeliac.org.uk/home/
11	Colostomy Association	http://www.colostomyuk.org/support/tidings/
12	Continence Foundation	http://www.continence-foundation.org.uk/
13	Crohn's & Colitis UK	https://www.crohnsandcolitis.org.uk/
14	EFCCA	https://www.efcca.org/
15	ELPA	https://elpa.eu/
16	Eosinophilic Oesophagitis	https://www.allergy.org.au/patients/food-other-adverse-reactions/eosinophilic-oesophagitis
17	Euroliver Foundation	http://www.euroliver.org/
18	Guts UK	https://gutscharity.org.uk/
19	Haemochromatosis Society	https://haemochromatosis.org.uk/
20	Hepatitis B Foundation	https://www.hepb.org/
21	Hepatitis C Trust	http://www.hepctrust.org.uk/
22	IBS Network	https://www.theibsnetwork.org/
23	IFFGD	https://www.iffgd.org/
24	ILEOstomy Support Group	https://iasupport.org/
25	Macmillan cancer support	https://www.macmillan.org.uk/
26	MASIC	https://masic.org.uk/who-we-are
27	NORD	https://rarediseases.org/organizations/crohns-and-colitis-foundation-of-america/
28	Oesophageal Association	https://www.opa.org.uk/
29	Pancreatic Cancer UK	https://www.pancreaticcancer.org.uk/
30	Patients on IV and Nutritional	https://pinnt.com/Home.aspx
31	PBC	https://www.livingwithpbc.com/pbc-groups-and-organizations/
32	Pelvic Radiation Disease	https://www.prda.org.uk/
33	Pernicious Anemia Society	https://pernicious-anaemia-society.org/pernicious-anaemia/
34		

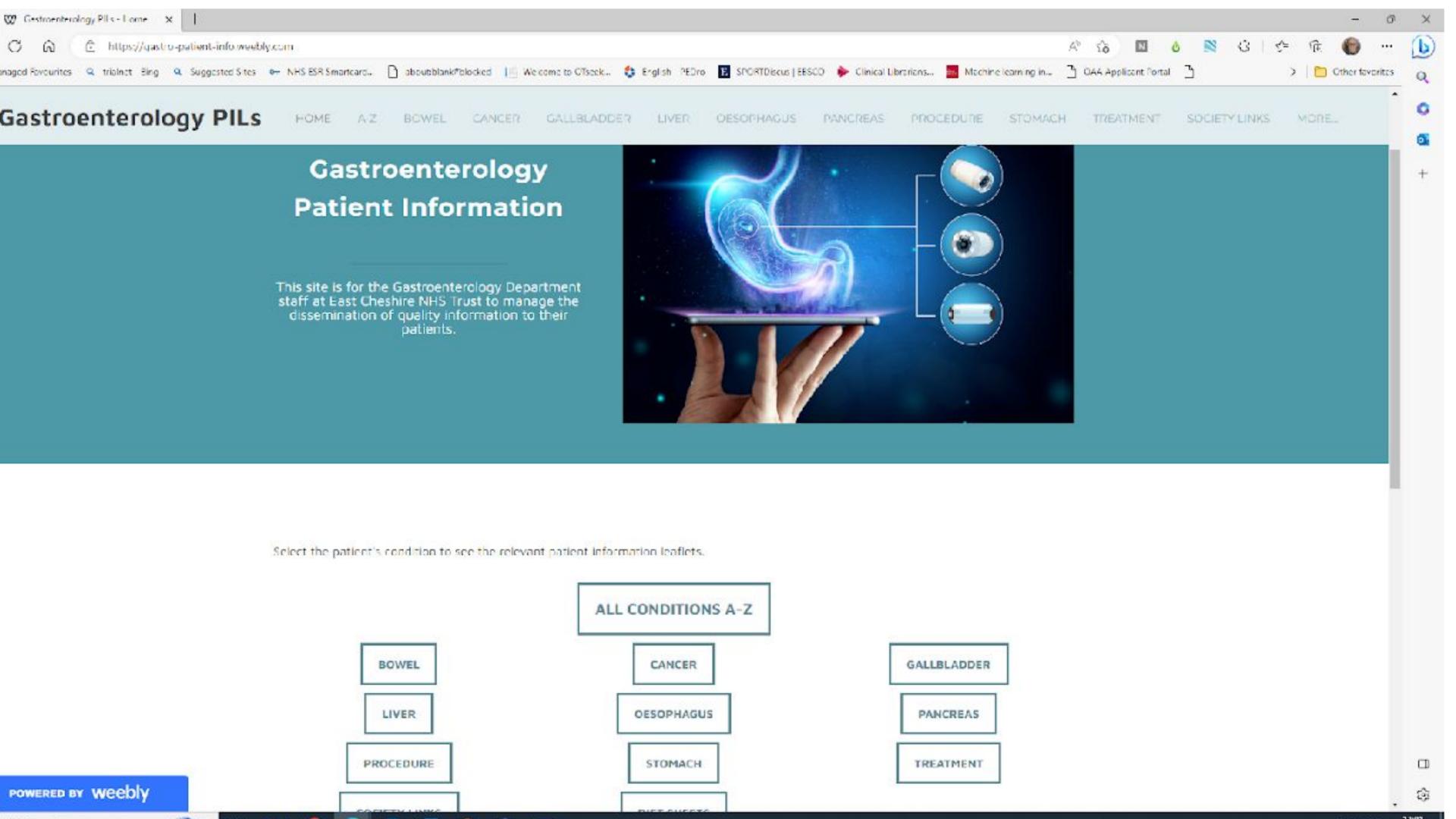
Technology

- •Used QR Monkey to create a QR code for each 'leaflet'
- •Built a website using (free) Weebly platform

https://bit.ly/gastro-patient-info

A-Z Patient Information leaflets





is 42 years old with known IBD. She had received our recent communication about the SeHCAT result which confirmed evidence of mild bile salt malabsorption. As The is continuing with increased frequency she has made the decision to try the medication. Following confirmation with Gastro Consultant Dr Saravanan we have now issued a prescription to collect from the hospital pharmacy of Colesevelam 1.25 g 3 times a day. She has been advised to take one hour prior to taking other medications or 4 hours after taking other medications. We have provided an information QR code about bile salt malabsorption- see the bottom of this letter.

Action for GP: please prescribe Colesevelam 1.25 g 3 times a day. Please add this to her regular prescription.

Yours sincerely

JRM aut ford.

Joanne Mountford IBD Nurse Specialist



QR code for patient information leaflet on Bile salt malabsorption

Chief Executive: Ged Murphy Chair: Aislinn O'Dwye

QR codes in clinic letters

- •ECT Gastro goes smart with utilisation of QR codes and expanding soon into other areas endoscopyLetters will be getting smarter
- Can add multiple codes including procedures

Advantages

- No duplication of effort
- •Updated in real time
- Better infection control
- •Patient can use as a portal to further resources such as forums

Issues

- •Is the information good enough? i.e. Evidence based
- •Is it updated regularly?
- Broken links
- Digital literacy
- Complaints about lack of physical leaflets
- No contact/local information

Impact

- •Increased health literacy in Patients
- •Simpler and consistent process for the Health Secretaries
- Better relationship between the Library Service and Gastroenterology
- •Library team seen as innovators/achievers within the Trust

Any questions?



Clinical Librarian Project

Kathryn Graham-Shuttleworth, Clinical Librarian, The Christie NHS Foundation Trust

Clinical Librarian project

- •In January 2023 I began working as the Clinical Librarian at The Christie NHS Foundation Trust
- •It was established as a trial position: 12 months fixed-term, 0.5FT hours
- •This was a brand-new position to the Trust and the LKS service, though previous funding had been secured and lost



The need for a Clinical Librarian

- •Interest expressed by various clinical and educational departments, before the role was established
- •I was initially integrated into the Radiotherapy Education team
- •I was also integrated into a clinical project
- •The role was required for the LKS to be fully compliant with staffing ratio guidelines (HEE, 2019)

The data

- •The focus from the beginning was to establish the service, but also to collect impact data
- •Collated and analysed 6 months of data to put a business case together
- •I've increased this to 11 months data for this presentation

The data

Key Performance Indicator (KPI)

Evidence searches conducted by CL

Percentage of LKS search output

CL time spent on evidence searches

Hours of Christie staff time saved*

Potential efficiency saving#

Training sessions delivered

Christie staff trained

Measured between January – November 2023

93 searches (192 total for LKS)

49% of all LKS searches completed by CL

122.83 hours

282.52 hours (none-LKS staff time: 405.35hrs)

£4,122.09

28 sessions

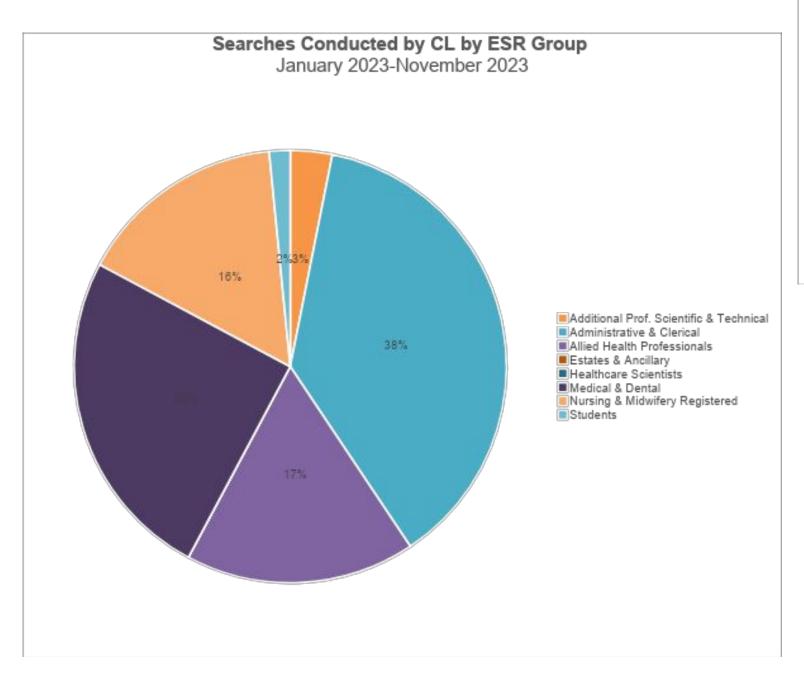
36 Christie staff or students trained in Advanced Literature

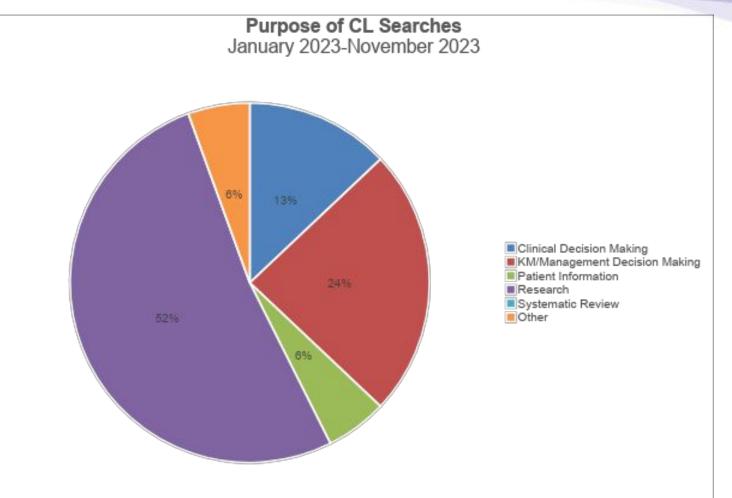
Searching, Reference Management or Introduction to

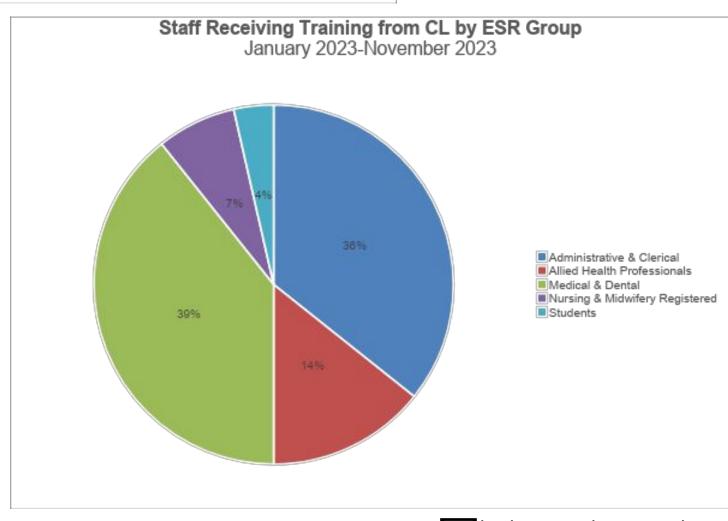
Electronic Resources.

^{*}Efficiency calculation based on Edwards et al., 2022 #Cost of self-completed searches versus Clinical Librarian completed searches

The data







kathryn.graham5@nhs.net

Qualitative data

- "Everything has got the patient right at the heart of it [...] the information that we are taking out of the literature searches and putting into our learning modules will directly influence what happens to a patient when that person goes away and does what we've told them to do. That is a direct impact, that is the whole point of education." (Ben Heyworth Christie Education Project Manager)
- •"Clinical Librarians are immensely valuable for researchers. They can also be beneficial for people within clinical roles to see what evidence-based practice is out there and make sure that that is reflected in their own practice. Also for those in mixed roles, such as clinical academics." (Grant Punnett Research Associate in Patient-Centred Christie Research)
- "The Clinical Librarian's knowledge, and accessibility is so important. There is more stress on writing up projects, doing research analysis, creating bibliographies [...] not many people are taught those skills. It will be very helpful for the Clinical Librarian to be an established service at The Christie. And I welcome that." (Dr Vidya Kasipandian Consultant in Critical Care and Anaesthesia)

The restrictions

- Time restraints
- Schedule restraints
- Unrealistic expectations from teams
- •2024 planning

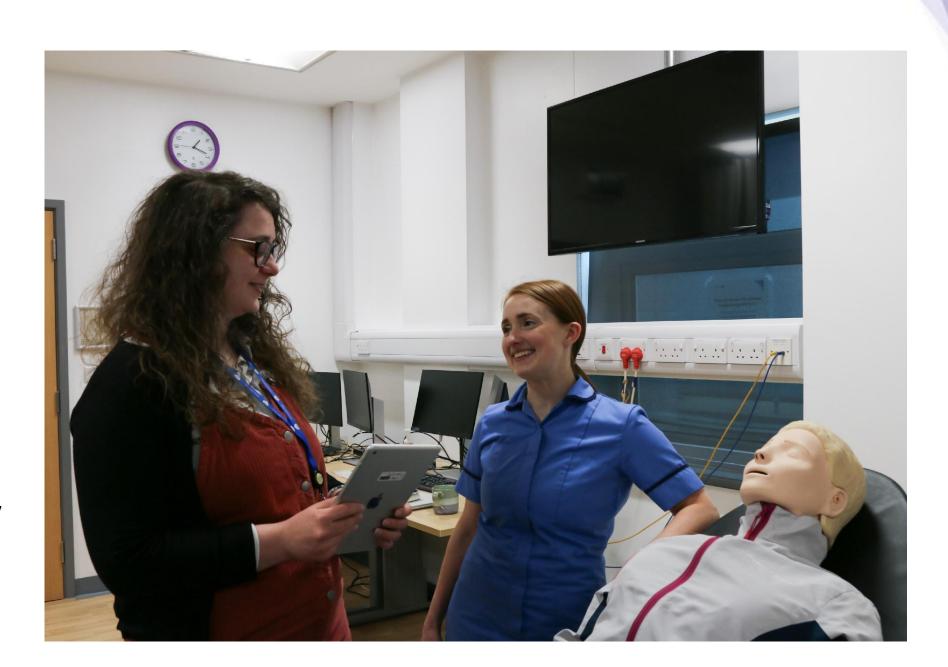


Looking to the future

- •If this post is made permanent and/or full-time I aim to:
 - Expand on projects already involved in
 - Complete outreach to further clinical/education/admin teams
 - Complete outreach to satellite sites
- •It will also free up even more time for my LKS colleagues

Lessons for Clinical Librarians

- •Be willing to demonstrate your impact and worth
- •Take chances on fixed-term roles
- •Be flexible and willing, BUT;
- •Be honest with expectations of your time and skills
- Utilise Teams and virtual communication tools
- •Take all opportunities, even if they don't seem completely relevant
- •Tell people how great you are at every opportunity!

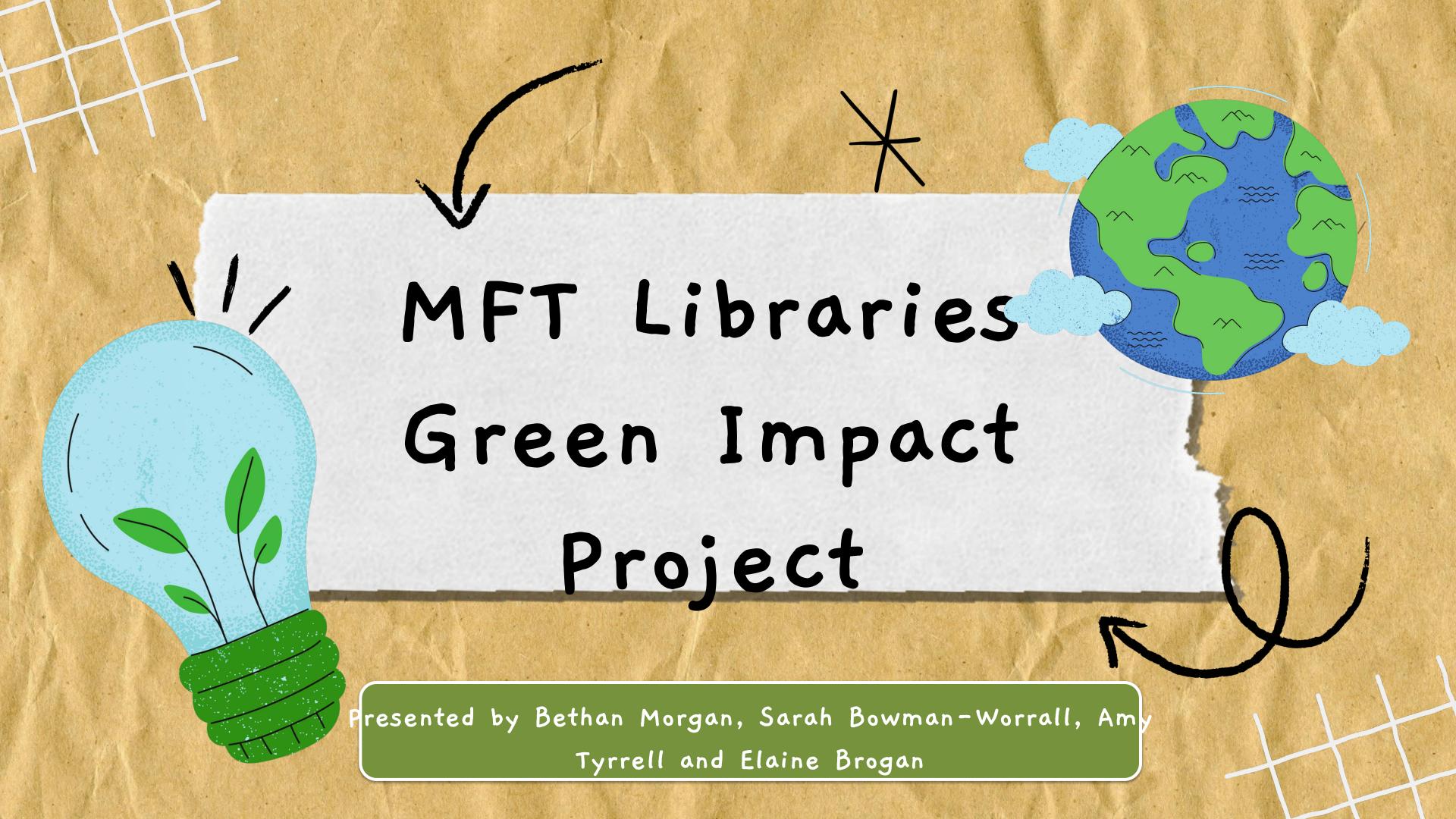


References

- •Edwards, C., Gilroy, D. and Mallender, J. (2022) 'Evidence Searches Undertaken by Knowledge and Library Specialists Save the Time of Health Care Professionals and Produce an Economic Benefit to the NHS in England.' Journal of Hospital Librarianship, 22(4) pp. 284–298.
- •Health Education England (HEE) (2019) NHS Library and Knowledge Services in England.

Any questions?





Introduction

greenimpact

- •MFT's sustainability awards programme.
- •Teams embed a sustainability project within their department, with the aim to get accreditation at the end.

Opportunity to apply for a microgrant to help fund



> Cross-site greener libraries initiative

<u>Greener</u> <u>Marketing</u>

- No more branded plastic pens.
- •Electronic communications and QR codes instead of leaflets, flyers and paper forms.

Supporting Research & Education

- •Develop book collection on sustainability.
- •Current awareness bulletin & literature searching service.
- •Increase engagement in our sustainability resources.

Library sustainability policy:

Service Charges

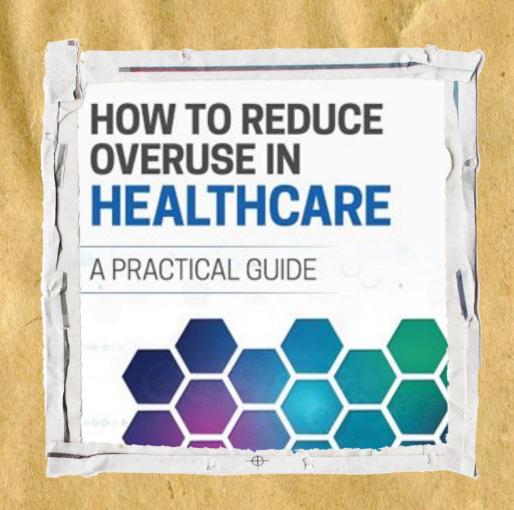
- •Increase printing charge for single-sided/colour.
- •'E-book first' approach to requests.

https://mft.nhs.uk/medical-education/trust-library/guides-and-forms/

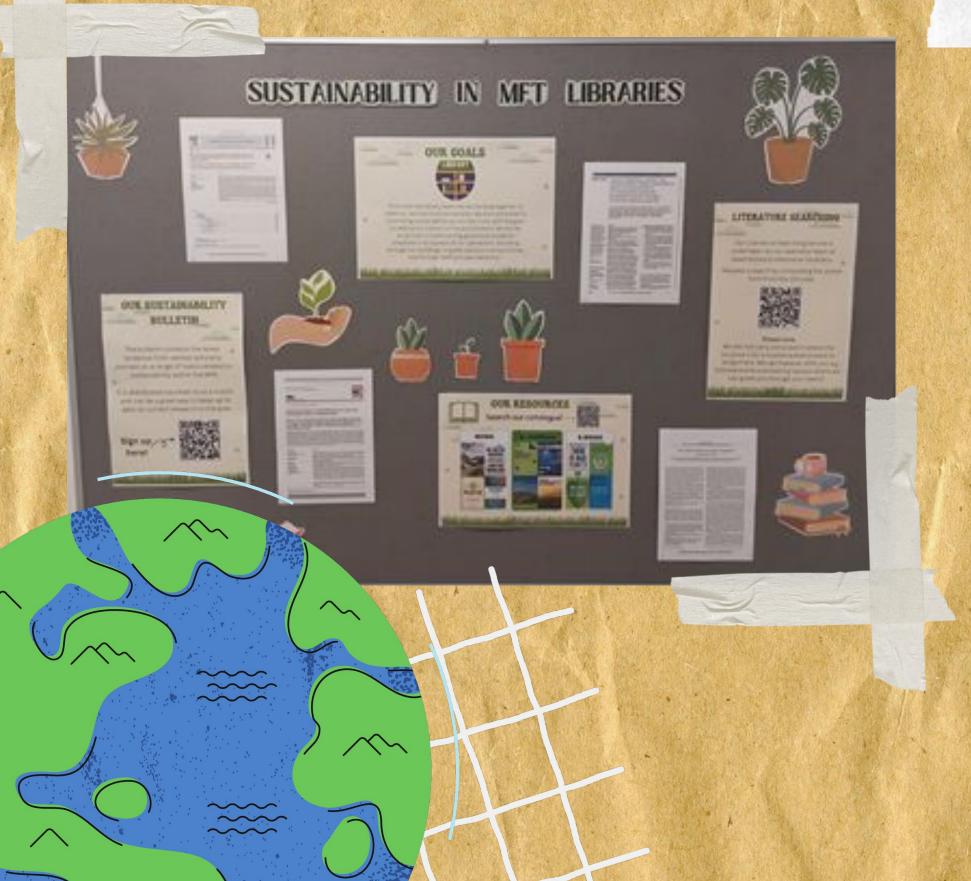


Microgrant

•Awarded £765 to purchase e-books.



•We purchased titles from the 'core-books' list and on sustainability in healthcare.



Promotional Displays

 We now have permanent displays at each library site to promote all of our books and resources that we have on the topic of sustainability.

 We have also significantly updated our book collection with recent titles such as 'How to reduce overuse in healthcare: a practical guide'.



North Manchester Wythenshawe





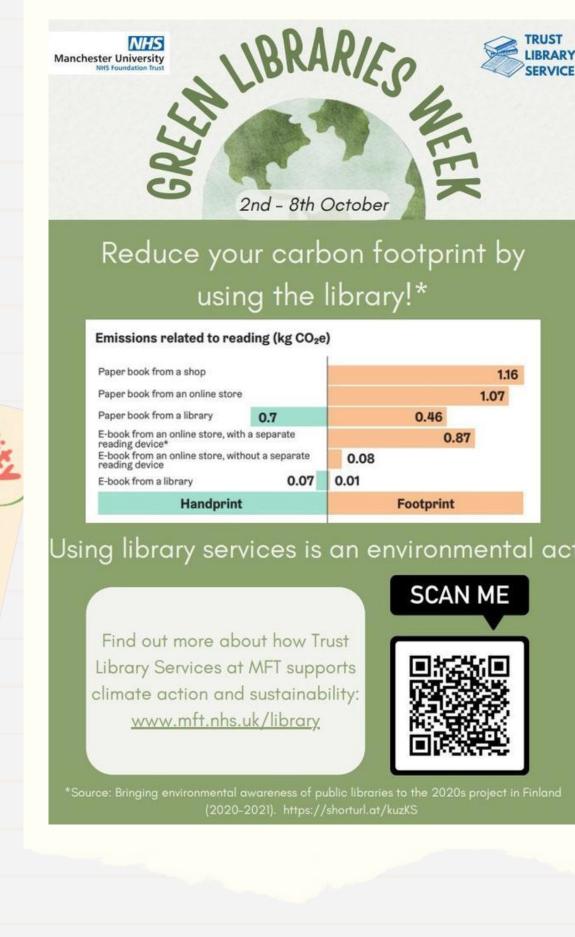
Trafford

Green Libraries

Week

• In October we participated in 'Green Libraries Week' - the first national campaign focused on sustainability in libraries.

• We decided to highlight the positive impact using the library has on the environment and promote our sustainability resources.



library team wil

more sustainable

Sustainability Research

PSP

- MFT Library Services carried out searches for a priority setting partnership about greener surgery.
- Olivia Schaff, Clinical Librarian, was named as an author on the subsequent published paper pictured.
- Example question: "What can healthcare organisations learn from healthcare systems in other countries about sustainable surgical pathways?"

BMJ Open Greener Operations: a James Lind **Alliance Priority Setting Partnership to** define research priorities in environmentally sustainable perioperative practice through a structured consensus approach

Max Clayton-Smith, 1 Hrishi Narayanan, 2 Clifford Shelton , 3,4 Louise Bates, 5 Fiona Brennan, ⁶ Beck Diedo, ⁷ Mike Donnellon, ⁸ Jenny Dorey, ⁹ Bob Evans, ¹⁰ Jonathan Gower, 11 Yasmina Hamdaoui, 12 John Hitchman, 13 S Michael Kinsella, 14 Rebecca Knagg, ¹⁵ Cathy Lawson, ¹⁶ Daniel Morris, ¹⁷ Victoria Pegna, ¹⁸ Tracey Radcliffe, ¹² Olivia Schaff, ¹⁹ Tim Sheppard, ²⁰ Jennifer Strong, ¹⁹ David Jones (9)

Narayanan H, Shelton C, et al. Greener Operations: a James Lind Alliance Priority Setting

http://dx.doi.org/10.1136/

MC-S and HN are joint firs

Received 15 July 2022 Accepted 03 March 2023

O Author(s) (or their

Objectives To agree on the 'top 10' research priorities for environmentally sustainable perioperative practice. Design Surveys and literature review; final consensus workshop using a nominal group technique. Setting UK-based setting.

Participants Healthcare professionals, patients, carers Outcome measures Initial survey—suggested research and the public.

questions; interim survey—shortlist of 'indicative' questions (the 20 most frequently nominated by patients, carers and the public, and healthcare professionals); final workshop-ranked research priorities. Results Initial survey—1926 suggestions by 296 respondents, refined into 60 indicative questions. Interim survey—325 respondents. Final workshop—21 participants agreed the 'top 10': (1) How can more

sustainable reusable equipment safely be used during and around the time of an operation? (2) How can healthcare organisations more sustainably procure (obtain) medicines, equipment and items used during and around the time of an operation? (3) How can healthcare professionals who deliver care during and around the time of an operation be encouraged to adopt sustainable actions in practice? (4) Can more efficient use of operating theatres and associated practices reduce the environmental impact of

STRENGTHS AND LIMITATIONS OF THIS STUDY

Original research

- The James Lind Alliance process is consensusbased and transparent, and it includes measures to ensure that patient, carer and public opinions are
- proportion than in many priority setting partnerships. This may have been because of the online methods used (due in part to the COVID-19 pandemic) or the novel subject matter
- We ensured that 'healthcare professional' and 'patient, carer and public' priorities were given equal weighting at the interim priority setting stage.
- The scope of our work was limited to 'care provided from or in the hospital setting to patients who may benefit from surgical management' so does not include the full patient journey; future sustainabilityfocused priority setting partnerships would be
- In common with all priority setting partnerships, our methodology relied on active and voluntary participation, so it is possible that self-selection bias may have affected the results.

MIT I LIDITATIES: Sustainability in Healthcare Bulletin

GREENER MEDICINE DECARBONISATION GREENER SURGER

CLIMATE CHANGE/NET ZERO SURGICAL EQUIPMENT



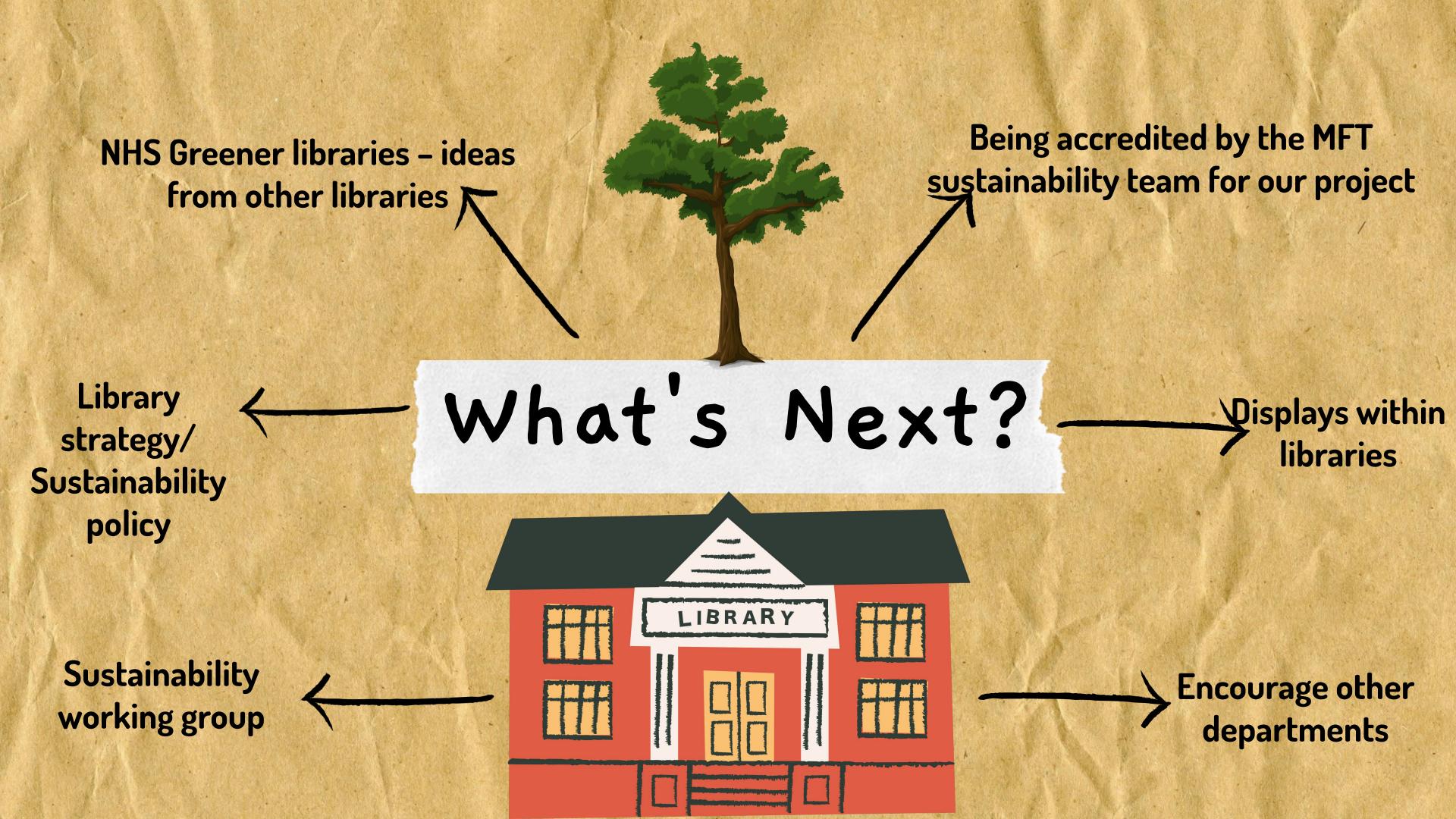
Category: Greener Surgery



COMMENT

Bulletin

- •MFT Libraries Sustainability in Healthcare bulletin inspired by our previous research into greener surgery.
- •New publications on the topics of greener surgery, climate change/net zero, and surgical equipment (and the recycling/reuse of it) are searched for within Medline via EBSCO and uploaded at the end of each month.
- Listed on LIHNN website for you to view
- •MFT Libraries: Sustainability in Healthcare Bulletin [wordpress.com]

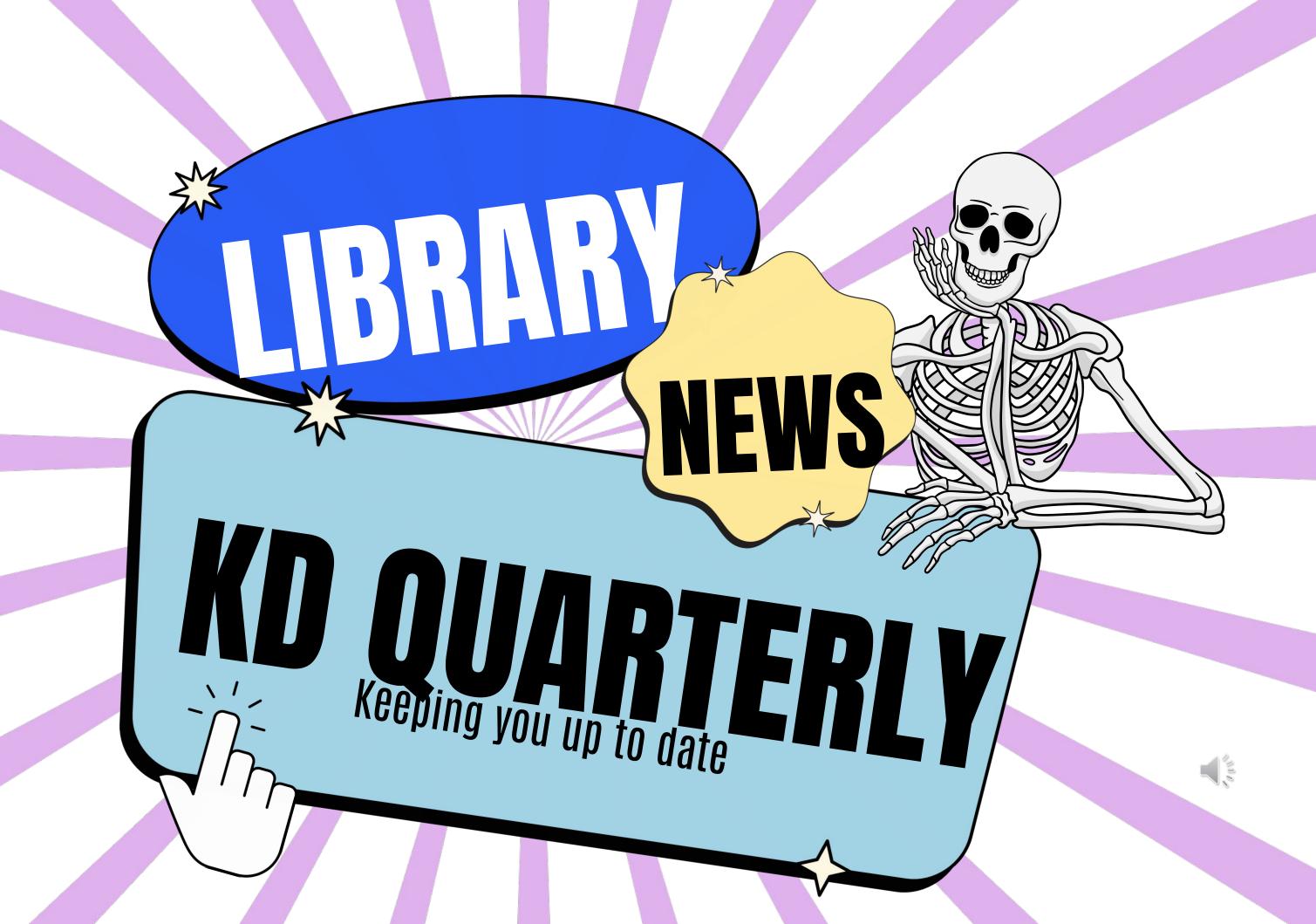






Minutes of Mayhem







WHAT'S NEW AT THE LIBRARY?

KD QUARTERLY



Keep up to date with what's going on at Keyll Darree Library – information about resources, promotions, events, and more!

Any questions? Contact: librarykeylldarree@gov.im or 642993

Contents

Bitesize training	2
A Day in the Life	
Library Christmas Photo	
Spotlight: Winter book promotion	
How to get productive (and comfy) in the Library	6
Prison healthcare resource recommendations	7
Book requests	8
Resource refresher	9
Staff updates	
Staff recommendations	11
Recipe	13
Coming up and feedback	



Bob showcases our top book pick:

Prison medicine and health



Find us on Social Media:

@KeyllDarree

and Contract of the second sec

Estive Sem
Library Shoots, and Scores
(91%)

Parking Changes In Effect

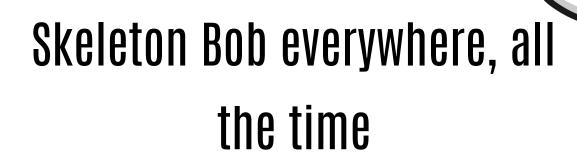




Engaging

Useful

Insightful

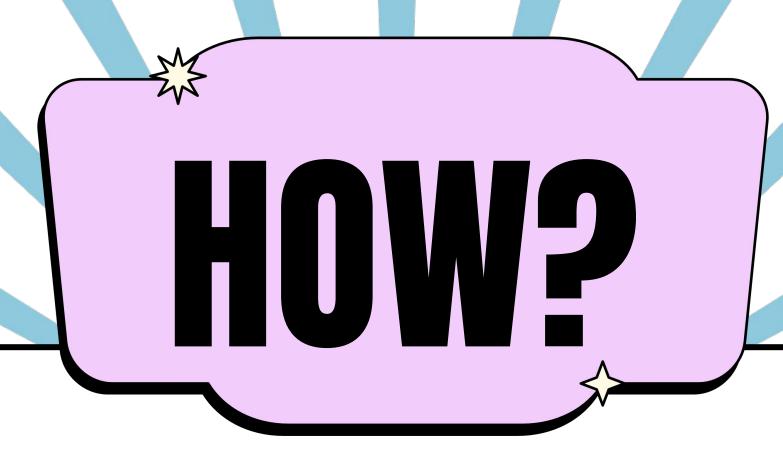


Bright and fun

People actually reading it...







Considered user survey feedback
Built slowly
Asked for more feedback
Took it on board
Considered circulation
Worked together



In the spotlight... New Arrivals







This quarter we've put together displays for our new foundation doctors and nursing students. We're always excited to welcome new professionals, new learners, and new staff.

Are you new to Manx Care/DHSC?

Does your team need a refresher?

Are you returning to research or study?

Get in touch!

We're always happy to schedule tailored inductions to physical and online resources and will travel to your work place for your convenience (off-site sessions focus on online resources, but we can bring a small range of books/journals.)

Passports and sandwiches are at the ready for trips to Ramsey and Port Erin.

Email librarykeylldarree@gov.im or ring 642993

Any feedback on our newsletter?



Please here: tinyurl.com/KDNLsurvey

Coming up...

Watch out for the Winter Book
Promotion in the coming months - we
want to hear from you! Every year we
use your expertise to help shape our
stock, your expert recommendations
become part of the collection.

International Men's Day is the 19th of November with the theme "Zero Male Suicide" - we'll be creating a library display to highlight the event.

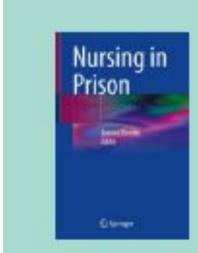
Remember our library catalogue: kdonline.gov.im

- View our stock!
- Renew!

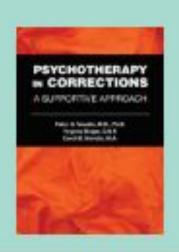
- Reserve!

- Recommend!

Prison Healthcare books recommendations from KD library!



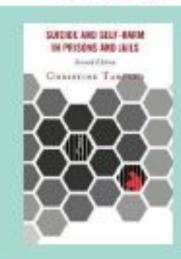


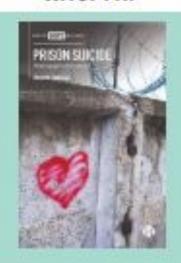


WY 274 BRO

WA 97 PHI

WM 30.5 NOV



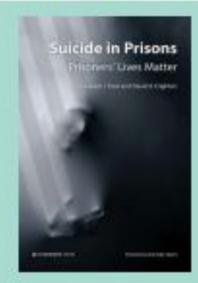


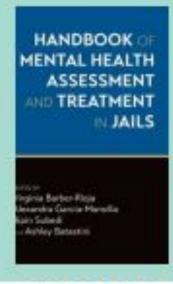


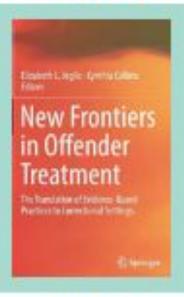
WM 30.5 TAR

WM 30.5 TOM

WM 30.5 PRA







WM 30.5 TOW WM 30.5 BAR

WA 97 JEG

Staff recommendations

Mand's rec is in the library. We don't stock the other two titles, but we enjoyed reading them! You may be able to find them at your local public library.



Stacey — What if Vegas was in space and had no rules? What if you weren't a boy anymore but got invited to a boys weekend anyway? What if there's a ritualistic cult dismembering people at your hotel and no one else seems to have noticed?

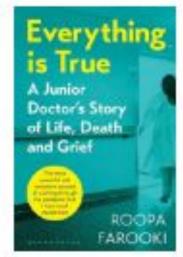
It's a graphic novel which is beautifully drawn and there's so much detail in every panel of the city. It's a fun and funny combination of horror and satire and great to look at to boot!

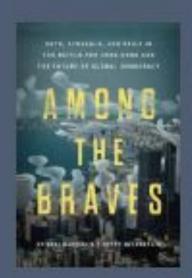
My favourite summary is from Joseph Fink (Welcome to Nightvale cocreator!): "A hitarious satire about capitalism, gender, sea monsters, the slow dissolution of old friendships... and most importantly how much bachelor parties suck."

Mand — Everything is True: A junior doctor's story of life, death and grief in a time of pandemic

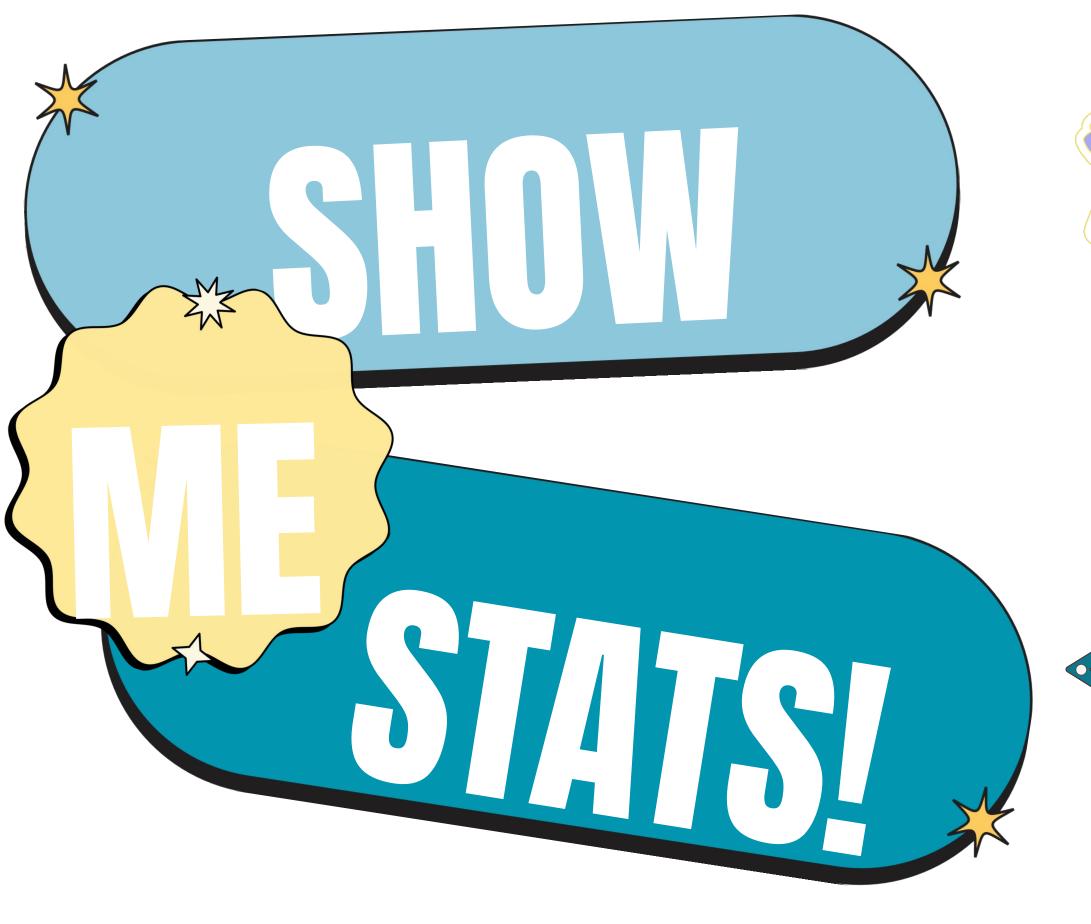
In early 2020, junior doctor Roopa Farooki tost her sister to cancer. But just weeks later, she found herself plunged into another kind of crisis, fighting on the frontline of the battle taking place in her hospital, and in hospitals across the country.

Everything is True is the story of Roopa's first forty days of the COVID-19 crisis from the frontlines of A&E and the acute medical wards, as struggling through her grief, she battles for her patients' and colleagues' survival. Working thirteen-hour shifts, she returns home each evening to write through her exhaustion, chronicling the devastating losses and slowly eroding dehumanisation happening in real time on the ward.





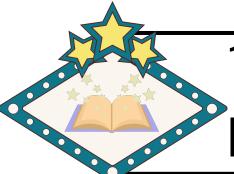
Alan — Just published! Among the Braves: Hope, Struggle, and Exile in the Battle for Hong Kong and the Future of Global Democracy contextualises and portrays the 2019-2020 Hong Kong protests through four main characters: a pastor who led Hong Kong's decadeslong pro-democracy movement; a fine art student who made the widest) escape from Hong Kong on a Zodiac boat; a surveyor a week, online-activist who managed to fundraise for and place, within a week, online-activist who managed to fundraise in major newspapers in daring 320-km (for comparison, the English Channel is 240 km at its virtually all G28 nations during the G28 meeting; and a woman journalist (ivecasting solo a government-orchestrated (the book reveals) mob attack on train passengers. My friends Shibani Mahtani (former Hong Kong bureau chief of the Washington Post) and Tim McLaughlin (contributing writer of The Atlantic) braved more than teargas and rubber bullets to write this well-researched and gripping account of the struggle of a people who wanted nothing more than the freedom and autonomy they had been promised to them when the British left 26 years ago.



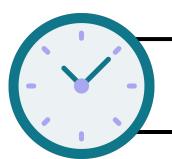


78% rate the newsletter and its content as excellent

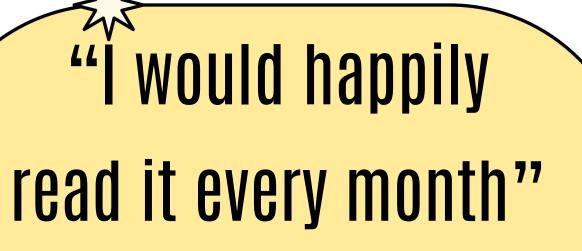
804 clicks since April, 556 clicks on last quarter's edition alone.



16% of users found out about the library via the newsletter.



100% happy with the frequency



"most interractive, readable, engaging and friendly newsletter Iv ever had"

"love the news letter"

"i like how recently there has been a focus on the newsletter"



"I had no idea you offered so much and it has made me happy just reading it. It hits the right note; all the information in a friendly, approachable manner and the book recommendations and recipes are just such a great personal touch. You sound such a welcoming team and the library looks like a industrious but relaxing haven amidst the chaos."



Readership increases

Engagement

Spreading awareness of library

Tool to communicate important information

informally





tinyurl.com/KDquarterly8



Who cares about E,D&I?

How library searches are challenging policy and procedures



"The PNA policy had **previously been approved with minimal EIA information**, the policy holder would select yes/ no based on single opinion only. Following an update in policy holder and minimal changes the PNA policy was presented to the Workforce policy Group.

It was highlighted **at the policy Group** that the EIA section required further input and **I was advised to contact Susan Smith**. With little knowledge on completing EIA, when presenting the policy, I saw this as sufficiently completed. Following discussion and review by Susan, it has identified the **EIA section can be much more comprehensive and relevant to the policy**. As a result, I have **now identified a further policy which requires EIA review**.

The support offered has been extremely valuable, this standard of EIA completion was not something I was aware of, and I would not have the capacity to complete within my role at present, resulting in delays in policy updates/ renewal and an inadequate EIA."

Laura McVeigh, Head of Nursing, Wellbeing and Engagement

EIA Equality
Impact
Assessme
nt

PNA –
Professio
nal Nurse
Advocates

Spot the difference



POLICY/DOCUMENT/SERVICE.....

SECTION A

A	Does the document, proposal or service affect one group less or more favourably than another on the basis of:	Yes/ No	Justification & data sources. Include nature of impact. Also record provisions already in place to mitigate impact.
1	Race, ethnic origins or nationality	N	
2	Sex	N	
3	Transgender	N	
4	Pregnancy or maternity	N	
5	Marriage or civil partnership	N	
6	Sexual orientation including lesbian, gay and bisexual people	N	
7	Religion or belief	N	
8	Age	у	This SOP is for adults working within MCHFT
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
10	Economic/social background	N	
В	Human Rights – are there any issues which may affect human rights		:
1	Right to Life	N	
2	Freedom from Degrading Treatment	N	
3	Right to Privacy or Family Life	N	
4	Other Human Rights (see guidance note)	N	

Date...17.08.2023...... Name...Laura McVeigh

Signature...Laura McVeigh Job Title.. Head of Nursing Engagement & Wellbeing.

SECTION A

A	Does the document, proposal or service affect one group less or more favourably than another on the basis of:	Yes/ No	Justification & data sources. Include nature of impact. Also record provisions already in place to mitigate impact.
1	Race, ethnic origins or nationality	N	Supervision and mentoring are well established way of recruitment and retention of staff from different ethnic and racial backgrounds. There is a duty for PNA to challenge organisational issues and raise awareness of biases as well as supporting staff. Machachi, LC (2021) When we banish bias, staff and patients win. BME colleagues are more likely to be victim of bullying and harassment NHS Providers (2023) Tools to address bullying and harassment. The PNA role can help mitigate the issues.
2	Sex	Y	NMC (2023) Ambitious for change has found more black men are referred to their regulatory processes. A US survey over Covid 19 pandemic indicates that females may experience a higher rate of burn out than men. Prasad et al (2021) Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. Studies suggest this may be due to higher level of work-family balance. The PNA role can help mitigate the issues.
3	Transgender	N	There is a gap in knowledge and understanding in transhealth. The PNA role can support with raising awareness of problems commonly experienced by patients and their families. RCN (2022) Care for transpatients: what nursing staff need to know
4	Pregnancy or matemity	N	
5	Marriage or civil partnership	N	
6	Sexual orientation including lesbian, gay and bisexual people	N	LGBTQ+ colleagues are more likely to be victim of bullying and harassment NHS Employers (2022) Tackling bullying and harassment





81 6			in the NHS. The PNA role can help mitigate the issues.
7	Religion or belief	N	All nurses need to be aware of the NMC Code to make sure personal beliefs are not expressed in an inappropriate way.
8	Age	У	This SOP is for adults working within MCHFT. Ageism exists in the supervision of younger and older colleagues in nursing. PNAs should be aware and mitigate against personal biases. Helass, M et. Al. (2022) Age stereotypes towards younger and older colleagues in registered nurses and supervisors in a university hospital: A generic qualitative study.
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	Colleagues with disabilities are more likely to be victim of bullying and harassment NHS Employers (2022) Tackling bullying and harassment in the NHS. The PNA role can help mitigate the issues.
10	Economic/social background	N	Health inequalities can be driven by socio-economic reasons for some further description see The King's Fund (2022) What are health inequalities. Through the work of improvement and advocacy PNA should aspire to reduce this gap.
В	Human Rights – are there any issues which may affect human rights		
1	Right to Life	N	PNAs should seek to raise awareness around avoidable mortality
2	Freedom from Degrading Treatment	N	PNAs need to champion the RCN stance on human rights
3	Right to Privacy or Family Life	N	
4	Other Human Rights (see guidance note)	N	Note that RCN (2023) produces standards for PNA education which covers equality, diversity & inclusion expectation and human rights.



"Susan from the library service supported me with an **extensive information review** for the Equality Impact Assessment (EIA) of the Trusts Supporting Alcohol and Substance Dependency Policy. Susan's input to review of EIA for this policy was significant. Susan provided data and research which evidenced how those with a protected characteristic may be impacted by the policy, or in accessing the policy. The information provided by Susan was then **used to identify actions, stakeholders and the level of risk** associated with impact of the policy on those accessing it. It changed my viewpoint on EIAs and improved subsequent reports."

Dawn Bradbury, Deputy Workforce Business Partner

"I am currently reviewing two policies and having looked at the Equality Impact Assessment sections, thought they looked ok. However, Susan's suggestions have really made me think about potential impacts I had not really considered, and I certainly would not have known where to look to find these. I really think this service will help us to ensure we consider how our policies and procedures can affect all staff groups and lead to changes, with a more

considered, inclusive approach. Thank you!"

Sarah Powell, Workforce Business Partner

Update: They are thinking about another policy group purely to look at the impact of the ED&I on policies and procedures!

Impact quote

Because you Matter

The searches



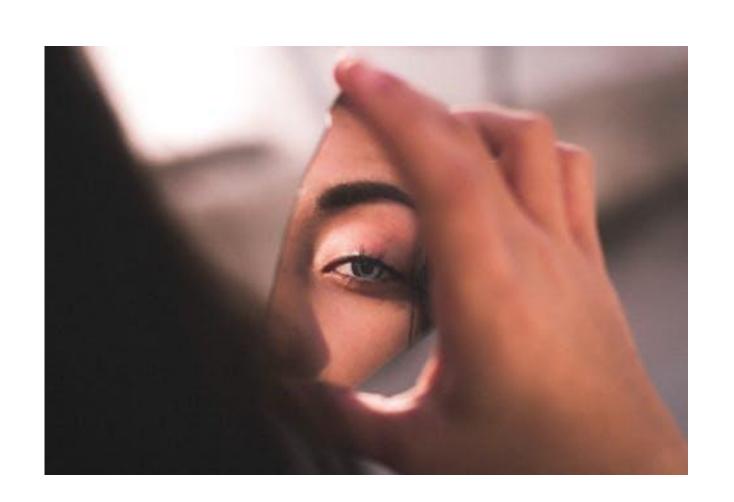
- Pragmatic approach quick searches on each section
- Need to read the policy and use judgement on what aspects to focus e.g. supervi* OR mentor*
- Grey literature good, but cross reference with research if unsure.
- ACAS, Unions tend to be useful, some campaigns are less evidence based [for HR searches]
- If nothing jumps out do a database search.
- Sometimes involves a bit of lateral thinking i.e.
 "through the lens of someone else"



Reflections



- How much work does it create?
- Who to share it with?
- How to evidence common sense?
- Great for building relations between HR and staff side and library
- There is potential to roll out to other policy groups
- Would like to do long term impact of this



Evolving – Library written policies



Navigation

Purpose / Scope

The Basics

Safety Checklist

<u>Tracheostomy</u> Algorithm (adult)

<u>Fracheostomy</u> Algorithm (child)

<u>Maintenance</u>

Patient Discharge

Responsibilitie <u>Stakeholders</u>

References

ocument Details Version Control

Equality Assessment

Human Rights

Standard Operating Procedure: Tracheostomy and laryngectomy

Introduction

Purpose: To improve patient safety with the insertion and maintenance of a tracheostomy or laryngectomy.

Tracheostomy is the creation of a small hole (stoma) in the trachea (windpipe) for a tracheostomy tube to support breathing. This is normally carried out if there is a blockage at the top of the throat, following head and neck surgery, when connected to a ventilator or if there is damage to nerves involved with swallowing (paresis). There are risks that in not properly inserted and maintained that there may be infection, damage to the trachea, tube dislodgement, blockages (mucus, blood or sputum), pneumothorax or additional complications.

Laryngectomy is the removal of the larynx and diversion of the lower trachea to a permanent stoma on the lower neck, is carried out in cases of advanced laryngeal cancer which cannot be controlled with radiation therapy.

Scope

Provides links to full procedural guidelines for adult and paediatric cases, emergency algorithms and maintenance process for both in-hospital and home care.

FULL List of Algorithms and Bedhead templates available HERE

Referral

- Mechanical ventilation & weaning
- (10-13% of all level 3 patients require tracheostomy)
- Airway obstruction or surgery
- Post ventilation:-
 - Neurological compromise
 - · Unable to clear secretions
 - Aspiration risk
 - · Tracheal stenosis

Tracheostomy and laryngectomy | Version: 1.1 | Date: 29th Nov 2023

Click here to access

Royal Marsden procedure

Mid Cheshire Hospitals

NHS Foundation Trust

DEFINITIONS

Mid Cheshire Hospitals

- **ABCDE** Airway. Breathing, Circulation, Disability, Exposure
- CPR Cardiopulmonary resuscitation

NHS

- **EQGG** Executive Quality Governance Group
- ETCO₂ End-tidal carbon dioxide
- · ETT Endotracheal Tube
- FiO₂ Fraction of inspired oxygen
- LMA Laryngeal mask airway
- LocSSIPs Local Safety Standards for Invasive Procedures
- · NG Nasogastric
- · PEEP Positive end-
- expiratory pressure
- SGA Supraglottic
- · TDPG The Deteriorating Patient Group

uman Rights

Because you Vatter

Equality statement and assessment POLICY/DOCUMENT/SERVICE - Tracheostomy and laryngectomy

Mid Cheshire Hospitals

It is the policy of MCHFT that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil artnership pregnancy and maternity race religion or belief sex or sexual orientation. The Trust will provide interpretation services or ocumentation in other mediums as requested and necessary to ensure natural justice and equality of access.

How does this affect me if I have a different ethnic origin, racial, religion or cultural background?

Performance of a tracheostomy or laryngectomy is a clinical decision based on patient condition. A US study found a higher rate of temporary tracheostomy and increased tracheostomy dependence compared to white or Latinx cohorts <u>Plocienniczak</u> (2023). It may have an impact on weaning and risk of ventilator associated pneumonia, but Mesfin (2018) found no evidence of racial disparity and tracheostomy timings.

How does this affect me in relation to gender, sexual orientation & partners?

e.g. think biological gender, what gender a person identifies as (LGBT+), sexual relations or marriage / civil partnership

Not applicable

ocument Detai ersion Control

quality Asses

How does this affect me in relation to my capability and time of life?

The procedure is likely to cause voice impairment and may hinder re-integration into society. Personalised speech synthesis should be considered. Mental health may be affected in the early phases of adaptation with feelings of depression and despair. Mertl (2018). Increased hospital mortality in younger male patients (under 1 year) Schemm (2023).

How does this affect me in relation to social and economic background?

the US, Smith (2021) found that children with poor socioeconomic status, had delayed decannulation. Mitchell (2023) found no association between decannulation or mortality. Initial findings are likely to be linked with healthcare insurance and it is unlikely to translate to the UK.

Tracheostomy and laryngectomy | Version: 1.1 | Date: 29th Nov 2023

Because you Matter

Human rights

POLICY/DOCUMENT/SERVICE - Tracheostomy and laryngectomy



It is the policy of MCHFT that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access

Have you taken into consideration my right to life?

e.g. you do not have the right to end life, have the appropriate measures been taken to safeguard, does a decision affect my life expectancy. NB This does not include right to

In cases of Do Not Attempt Cardiopulmonary Resuscitation, it is appropriate to perform CPR whilst fixing a reversable cause e.g. a displaced or blocked tracheal tube, or blocked tracheostomy tube. Make it clear to patients, families and carers that DNACPR is only applicable in context of unexpected death and not an unforeseen event. British Medical Association (2014).

Have you considered by right to freedom from degrading treatment?

e.g. physical and emotional safety (including forcing treatment), deprivation of liberty, access to food, water and opportunities for social interaction, tment is humiliating or undignified. Also includes seeking consent for treatment, participation in experimentation and withholding or denying access to treatment for serious or terminal illness.

It is impossible to hide the procedure and there is a danger of being stigmatised. People are often avoided and can impact on social life and mental health. In some instances, there may be concerns over job loss. Mertl (2018)

Have you considered my right to privacy or family life?

e.g. permission to touch an individual, being left undress on a busy ward, take blood samples without permission, data protection and right to live with or have regular contact with family. Permission is also required to enter a family home

Any additional considerations? https://www.un.org/en/about-us/universal-declaration-of-human-rights

Because you Matter

Fracheostomy and larvngectomy | Version: 1.1 | Date: 29th Nov 2023

Liverpool Heart & Chest

Library
Champions





Functional Fridays

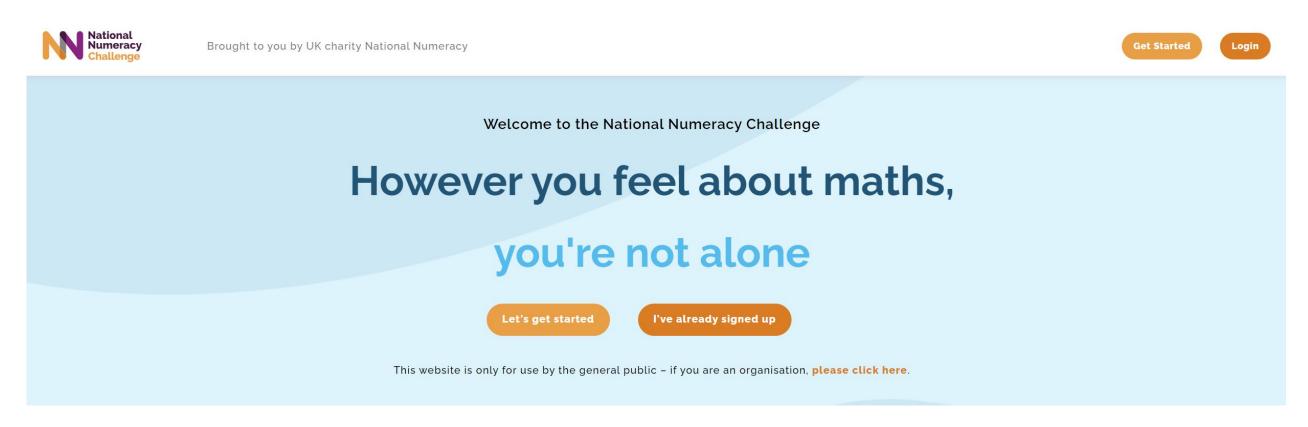
Functional Skills & Conversational English

Functional Fridays



- Working with the Inspiring Futures Team & Workforce Development
- No local conversational English classes offered by public libraries
- Growing need for basic Maths (Multiply) & English Skills
- Local college courses require 3-year residency before enrolling an international colleague on a course
- Two Reaseheath lecturers deliver 18 week course (varies with candidate), on-site in the library







English

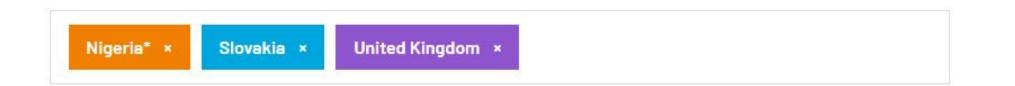
- 5 learners ready to sit the written exam (8th Dec), speaking and listening to be confirmed
- 1 drop out for personal reasons
- 1 on course but has delayed enrolment (needs 3 years in UK to sit exams)
- Radiography assistants, HCA
- 2 want to progress careers, 3 to access university and 1 to improve confidence

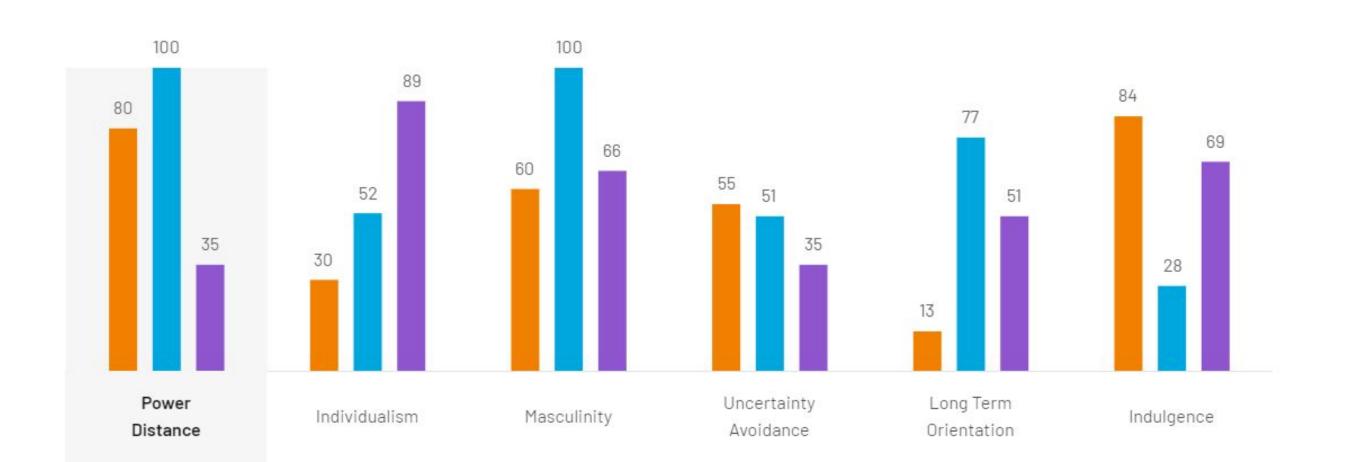
Maths

- 14 learners (2 ready for exam, 4 have missed and need to restart, 7 progressing well)
- HCAs, managers, nurses, radiography assistants, estates and facilities
- 28 on waiting list
- To progress careers, access apprenticeships, build confidence

Culture Comparison







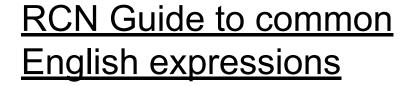


What does that mean?



- Local words, phrases and sayings
- Words that don't translate
- It shouldn't go in reports
- Generational gap
- Acronyms







Acronym Buster App





- Where do we speed up conversations?
- What do we add apostrophes to words to shorten?
- Where do we run words together or shorten the word?
- What tips do you have that help?

Based on TALC & Healthy English by Robert Chambers





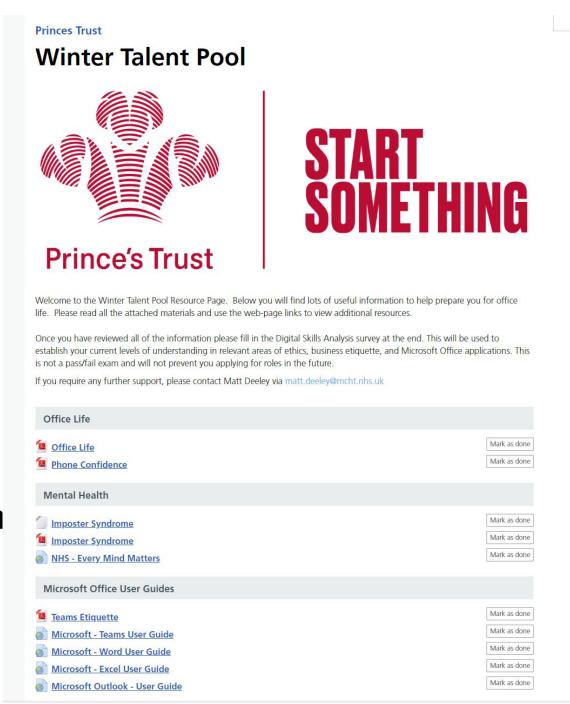
What has changed?



 Re-thinking how we deliver of literacy programmes – step up strategy. Now tracking learning journeys.

[Functional skills – Digital literacy – Health Literacy – Data literacy].

- It has generated other work we have developed other basic courses now included in a new training app.
- We have membership from some hard-to-reach areas.
- Growing spread of Conversational English with PAs, departments and groups
- We have some anecdotal stories e.g., have changed communication practices to support a new member of the team because of sharing the presentation and discussing.
- Already some people on the course have built the confidence to apply for new jobs or courses.





- Flexible training model for use in teams.
- Purposefully targeted everyone and not specific groups, for improved conversation.
- Buy-in cultural buy-in from senior managers was instant, but it was a different matter getting wider engagement.
- How do you evaluate cultural pieces are difficult and generally a slow change?
- Risk of perceived professionalism some examples of misunderstanding were deemed inappropriate for inclusion in the presentation and any resource created needs curation.
- Trust some conversations are difficult to have as people don't like admitting failure. This is aimed at lived examples and not necessarily personal.
- Loss of face for signing up to functional skills courses, which adds links to civility agenda in the Trust.

Lessons learnt



- We started reactionary and now getting strategic.
- Didn't get the correct data at the start of enrolment for the taught courses e.g. eligibility, exams, options for extended programmes.
- Two separate reports on the project have gone to Learning & OD Working Group for long term monitoring and assurance. Should have started there.
- It was a homeless need that as a collaborative group we can fill, without stepping on toes.
- Building blocks for other literacies, and some learning has fed into the new digital literacy group, especially around flexibly adapting to learner pace.
- Clinical staff like formal structure, needed explanation that there was no sign up, or certificate of completion.
- It felt most successful when using existing departmental meetings and training courses and library facilitation, but having a facilitation guide is useful.
- It was OK to let Conversational English go feral it got wider reach than library run with limited staff.

Next steps



- Already have departmental roll-out planned for the Estates and Facilities Team and it has been requested to be added to the Health Care Assistant Training.
- Scale up with organisational needs analysis and improved monitoring and assurance.
- Will look to develop the learner stories, tracking over time and encourage the journey through the literacies.
- Start to plan from lessons learned to strategically approach health literacy and consider raising as an organisational risk.
- Patient Experience Team would like this to be part of induction, organisational development are also interested.

HCA Skill Sessions Dates / Times

Session Name	Date	Time	Length	Venue
Care Certificate Assessor Training **	Wednesday 13 March	1400-1600	2 hrs	Learning Hub 5
End of Life Training	Wednesday 20 March	1400-1500	1 hr	Learning Hub 5
Resilience Training	Tuesday 26 March	1330-1630	3 hrs	MS Teams (Virtual)
Demystifying the Morgue	Wednesday 3 April	1400-1500	1 hr	Learning Hub 5
Conversational English	Thursday 11 April	1400-1500	1 hr	Learning Hub 5
Diabetes Training for HCAs	Wednesday 24 April	1300-1400	1 hr	Ward 14 Dayroom
Mouthcare Matters	Thursday 18 April	1400-1500	1 hr	Learning Hub 5
Sepsis Awareness	Thursday 25 April	1400-1600	2 hrs	Learning Hub
Bereavement	Thursday 2 May	1400-1500	1 hr	Learning Hub 5
Standard Precautions	Thursday 9 May	1400-1500	1 hr	Learning Hub 5
Fluid Balance	Thursday 16 May	1400-1500	1 hr	Learning Hub 5
Care Certificate Assessor Training **	Wednesday 29 May	1400-1600	2 hrs	Learning Hub 5

^{**} Please note that to be eligible for the Care Certificate Assessor training, you must have been working as a HCA for greater than 12 months, have completed your Care Certificate, and have line manager approval to be an assessor





Adventures in drugs, museums and herbs

It started with a book



- A pharmacist was interested in outreach to encourage children to engage with science to encourage future careers
- Opportunity came up to participate in a Science programme at Nantwich Museum
- Some funding was received from the Trust Charity to support the event
- The library was contacted initially based on the work for the Divisional Championships
- The request was to track a copy of a book that has been going since 1864.

Huge thanks to: Stockport – Mary Bearden Sheffield Teaching Hospital – John McLaughlin

Exhibits



- We worked with the Liverpool Medical Institute to borrow some exhibits with an old doctor's bag, with equipment and apothecary glass jars
- We helped source maggots and leeches





Old knowledge

Mid Cheshire Hospitals
NHS Foundation Trust

- I became a herbalist for two days
- Sourced the plants (most I had in my garden)
- Compared the old remedy to modern drugs





Health literacy



We created a health literacy handout

Does grapefruit affect my medicine?

Eating grapefruit or drinking grapefruit juice can affect some medicines. In most cases, it increases the level of the medicine in your blood. This can increase the risk of side effects or alter the effect the medicine has.

If your usual diet includes grapefruit or grapefruit juice and you've been prescribed a medicine that's affected by grapefruit, speak to your GP or pharmacist. Do not stop taking your medicine without advice.





Anyone can post information on the internet. How do you know if the source is reliable and useful for supporting discussions and decisions about your healthcare?

- 1. First port of call is the NHS Website. www.nhs.uk or NHS App.
- 2. Always consult with your GP, clinician, or pharmacist to ensure advice is right for you!
- 3. If in the news, check reputable fact-finding services:
- . BBC Reality Check

https://www.bbc.co.uk/news /reality_check

· Channel 4 Fact Check

https://www.channel4.com/ news/factcheck Full Fact

https://fullfact.org/
• Snopes

https://www.snopes.com/

4. Be critical of the information you find:

Currency:

- When was it published / posted / updated? Try to use information published in the last 5 years or within 1 year if it is about a drug / medicine.
- . Check to see if there is a newer version or if it has bee, revised.

Relevance:

- . Who does the information relate to? Think about age, gender and culture.
- . Are you intended audience? Is it for sales, health professional or specialist group?

uthority:

- Who is the owner / sponsor / publishers / source? They don't always have your best interests at head.
- Are credentials given and does the author have experience in the appropriate field to comment?
- Check the web address for clues
 e.g. nhs.uk (NHS), gov.uk (Government), ac.uk (Academic or Royal Society), org.uk (non-profit).

ccuracy:

- Is there a reference list or bibliography to show any resources they have consulted?
- Has the information been reviewed by a credible source?
- Is written in a language that is free from emotion?
- · Are there lots of grammatical errors?

Purpose

- Does it intend to sell, persuade, entertain, teach or inform?
- Is it fact or opinion?
- · Are the authors intentions clear and any biases evidence?

Knowledge & Library Service Contact: jet.library2@mcht.nhs.uk or 01270 277898 Aug 2023

The event











The event

Because you Matter

Was it worth my time?

- Amy has now been asked to present to RAF
 Cadets and schools in Liverpool, with a couple
 of other requests pending.
- It feeds into the Trust's social value and anchor institute agenda – so when invited, I also brought Amy along to share her work.
- Got to introduce health literacy is a really fun engaging way for adults as well as children
- Now working on D-Day celebrations for the Veterans Network.
- Makes new connections and refreshes the soul

5:43





Mid Cheshire Hospitals

NHS Foundation Trust

Thought there might be people on here who would appreciate this feedback on the Nantwich FB page.

Mid Cheshire Hospitals Staff

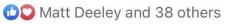


I would like to thank all the scientists from Leighton hospital who did the science workshop this week - and Nantwich museum for hosting it.

My 2 granddaughters thoroughly enjoyed the workshop and are eagerly watching the growth on their petri dishes from their fingers and hair!

They also enjoyed the exhibits they saw on the way.

They also enjoyed the exhibits they saw on the way out. The 5 year old wants to go back to look at 'all the cool things' she saw in the museum! Not totally sure of her motivation as she was most interested in the guns and soldiers' stuff.

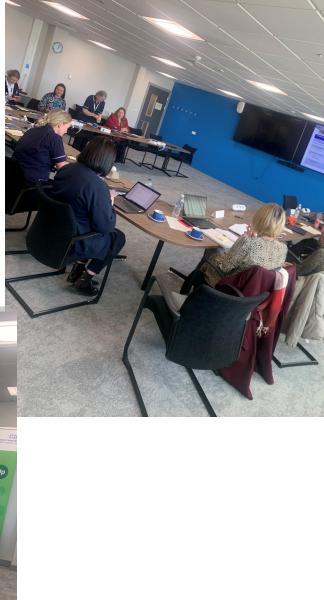


4 comments









Fun, but was it worth my time

Because you Watter





Inclusive approach to competition

The Library Role



- Engaged as part of the Health & Wellbeing Board as part of the sub-group.
- Specifically tasked to look at inclusive activities for those who couldn't participate in the It's a Knockout Event
- We ran a Digital Treasure Hunt, Divisional Quiz & Acts of Kindness
- Treasure Hunt was adapted from an Easter Egg Hunt at Rotherham (thanks to Kim Moore)

		4.0	I .	I		1.1			4.1	L	LLL	1111			11111		111		1 1 1	1 1 1 1	
	Activities			W	ho		29/03/23	05/0	04/23	1:	2/04/23	19/04/23	26/04/23	03/05/23	10/05/23	17/05/23	24/05/23		31/05/23	07/06/23	14/06/23
	Set up Eventbrite Page for colleagues to get tickets	Complete		X														ПП			
	Set up MS Forms for colleagues to sign up teams for IKO	Complete		X													2 3 3				
	Email out to teams instructions for IKO	5		X	3																
	Reminders for teams for IKO			X	X					* *											
	Charge for iKO teams (prevoulsy £3 pp)			X																	
	Confirm layout plan for venue																				
	Additional Events																				
A1	Decide on additional events for divisional championships / how many	Complete	20000		X					îï			0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
A2	Launch treasure hunt into communiations		24th April		X																
A3	Work on activities included in the treasure hunt and communications to incorporate gems		SF & SS to work on activities and pulling together sites. Georgia to work with communications around where we can put the gems (e.g, on poster, on desktop screen saver, within the intranet.)	x																	
A4	Acts of Kindess Launch		to the second back of the second seco														15 1 21				
A5	Quiz Launch																				
A6	Crossroads to promote Div Champs		roadshow across Leighton, IH, VIN, Eagle Bridge and Elmhurst to promote events																		

Acts of Kindness



- Points allocated per entry
- Online and post box submission options
- Linked to Civility workstream some confusion with other schemes
- Permission was sought retrospectively to share with named individuals or include in Trust Communications.







Acts of Kindness

Divisional Quiz



- Points allocated per entry, apportioned by size of division v overall number of staff
- We bought choccies for the winners to share
- Each Division chose x5 general knowledge & x5 about the division

Top score	Team	eRostering Rockets Reassemble	Recruitment (elite)	Double vision	DOUBLE	Johnny's Jets	doublevision	
		W&C	Corporate	S&C	S&C	Corporate	S&C	
84	Overall	32	24	43	35	37	39	
48	General knowledge	19	15	35	21	26	31	
36	Trust knowledge	13	9	8	14	11	8	

DDT) Mid Charbins Tr laft the chat

Can't attend on the 25th but want to try and get some last minute points for your division?

Why not take part in some of our other activities such as the Team Quiz which you can access HERE. You download the quiz and print it by clicking HERE. Just make sure that if you print it, you don't forget to submit by internal mail to JET Library at Leighton Hospital or scan and send to jet.library2@mcht.nhs.uk.

Look out for further communications on our Hospital Radio challenge that launches later this week!

Kind regards,

The Health & Wellbeing Team

Digital Treasure Hunt



Digital Treasure Hunt









Because you Matter

It's a Knockout



- Held at Bentley Sports ground
- **Commissioned Totally Wiped Out**
- Organised indoor wellbeing stalls
- Booked additional food stalls
- Tickets free, but had to be booked
- Cost included ice cream or ice lolly
- Friends and family welcome



Ist Place

Divisional Championships

This Award Is Proudly Presented To The

Surgery & Cancer Team

The Health & Wellbeing Team proudly present this certificate in recognition of their achievement.

Signature



It's a Knockout

Because you Matter

Final Report



Executive Summary

- The newly added activities saw 200 submissions across the Trust with Surgery and Cancer, Corporate and CCICP being the most engaged divisions.
- Low engagement came from Medicine and Emergency Care and Women's and Childrens in the newly added activities, as well as participation in the It's a Knockout tournament.
- There were approximately 559 1,120 attendees at the It's a Knockout family fun day (including staff, family, and friends.) The exact number of attendees is unknown as the 559 was based off ice cream vouchers being used and the 1,120 is based of tickets registered online to attend.
- 98% of survey respondents would attend a similar event next year with a comment on improvements to make the event more wheelchair accessible and removing any activity that caused two minor injuries.
- 6. 93% of respondents believed the event has had a positive impact on their wellbeing with 33% of survey respondents saying they are more likely to exercise in the future following the event. One respondent said, 'the event made me realise how much I have missed working out and has spurred me to get back into a fitness routine.'
- Survey respondents rated the event enjoyment as 4.7 out of 5 with 98% recommending the event to other colleagues.
- 8. The Divisional Championships in total came to circa £19k. The majority of the spend went to the Family Fun Day as the additional activities brought into this year's event had no cost associated with them. Using the low estimate of attendees at the family fun day the event cost the Trust £33.73 per attendee and using the high estimate of attendees would cost the Trust £16.83 per attendee.

Recommendations

- 20. Future event evaluation surveys should look to include demographics such as banding, gender and ethnicity to look at which colleagues are engaging in these types of activities and what we can do to further make the events we hold more inclusive to all.
- Consider how future events can be more inclusive to disabled colleagues, ensuring accessible equipment, accessible facilities and health and safety is present.
- Consider with future events how the Trust can record levels of attendance to inform a better, more accurate evaluation.
- Considerations would need to be made as to what the long-term benefits are to running these
 events and if there is enough evidence to continue to hold this type of event.







Lunch, voting and quiz

Voting
www.slido.com
#2445846



Quality Award voting #4247188



Guest speaker

Julia Hoffman (Librarian, Lead LiveWire Advisor, LiveWire Warrington)

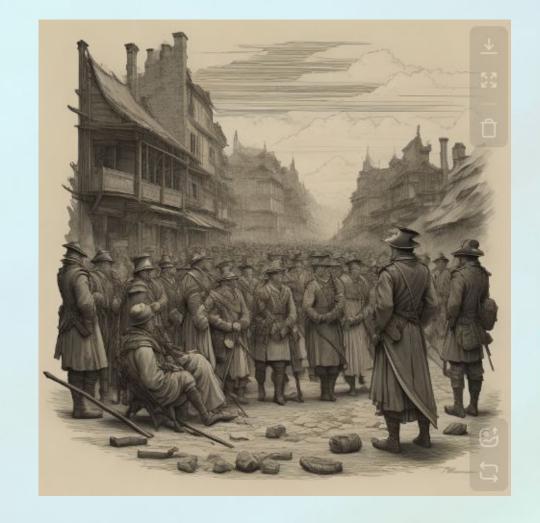
Health Literacy Work in the North West

Julia Hoffman, LiveWire Warrington

15th December 2023

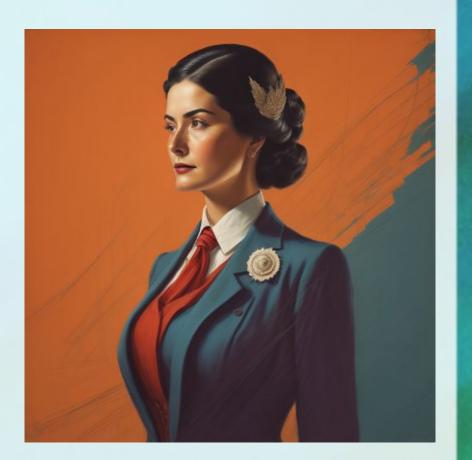
Background

- LiveWire CIC Warrington Libraries, Leisure, Lifestyles
- Public libraries since 2014
- MSc in Library and Information 2015
- Digital, Health & Prison Librarian 2021
- Organised/Attended Health Literacy & Information training by Warrington & Halton Teaching Hospitals NHS Foundation Trust 2022
- Mental Health First Aider (MHFA England) 2023



Ambassador Role

- Libraries Connected, The Universal Health
 Offer group with national NHS Knowledge and
 Library Services team at NHS England, CILIP,
 and ACE
- Aim: Support public library services in developing their health and digital literacy offer to local communities
- Deliver training accredited by the Royal Society for Public Health (RSPH)



Ambassador Role

Tasks:

- Train colleagues in public libraries
- Support Health Information Week
- Liaise with Universal Health and Wellbeing Library Offer Group, including regional Libraries Connected representatives
- Promote best practice in health and digital literacy within library service. Share with public library services across the region
- Liaise with local health librarians and to act as broker of partnerships with local public libraries



Training

- Health Literacy Training, June 2023
- Train the Trainer Training, June 2023
- How to Run Online Training,
 September 2023
- Meetings, May, July, September,
 December 2023



Planning

- Train the Trainer Claire Gorton (NW Supporting Officer)
- Claire to train Salford authority
- Contact NW public library leads to Health Literacy train
- Warrington Train on Health Literacy
- NW public libraries Train on Health Literacy
- NW public libraries ID potential trainers to train



Obstacles













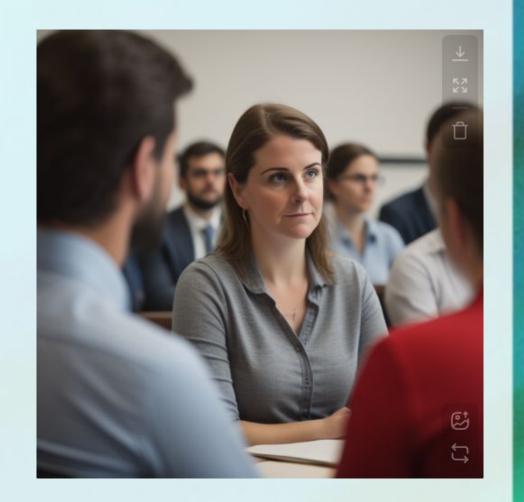
- Health literacy defined
- Statistics
- Impact on health outcomes
- Geography Health Literacy, Digital Connectivity
- Costs of health literacy, health outcomes



- Health misinformation/disinformation
- Trustworthy/Reliable websites
- Improving health literacy
 - Simplify
 - Teach Back
 - Chunk and Check



- Helpful links, including health and mental health websites
- Review of public libraries health offer



Public Libraries and Health

What we do in the public libraries for the Health Offer

Reading Well and Mood Boosting book stock collections Effective and friendly signposting to trusted information

Places of Welcome, Bereavement Hubs, Reading Groups, Knit and Natter

Community health points

Drop-ins from local health & wellbeing partners

Help Public Health and other County Council departments promote health & wellbeing campaigns

IT Buddies, IT classes, Blue Badges, and bus passes Work with partners on projects and long-term initiatives to support local health & wellbeing needs

Interactive exercises:

- Typical day's interactions
- Consequences of poor health literacy
- Why improve health literacy
- Practicing Simplify
- Practicing Teach Back, Chunk and Check



Statistics

- •47 attendees across 18 library authorities, 4 online 2 hour sessions
- Attended: Blackburn, Blackpool, Bolton, Bury, Chester West and Chester, Halton, Isle of Man, Liverpool, Manchester, Oldham, Salford, Sefton, St Helens, Stockport, Tameside, Trafford, Wigan, Wirral





No Response

- •NW Public Library Authorities:
 - Cheshire East
 - Cumbria
 - Knowsley
 - Rochdale
 - Lancashire



No Response

- Warrington Volunteers and Community Groups:
 - Warrington Disability Partnership
 - Warrington Good Neighbours
 - Alzheimer's UK
 - Warrington Voluntary Action (WVA)
 - Warrington Speakup
 - Warrington Home Instead
 - Lymm Sanctuary Hub

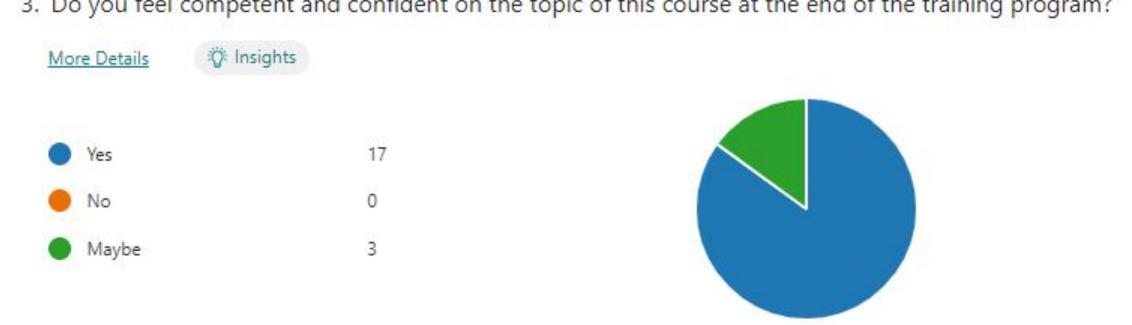




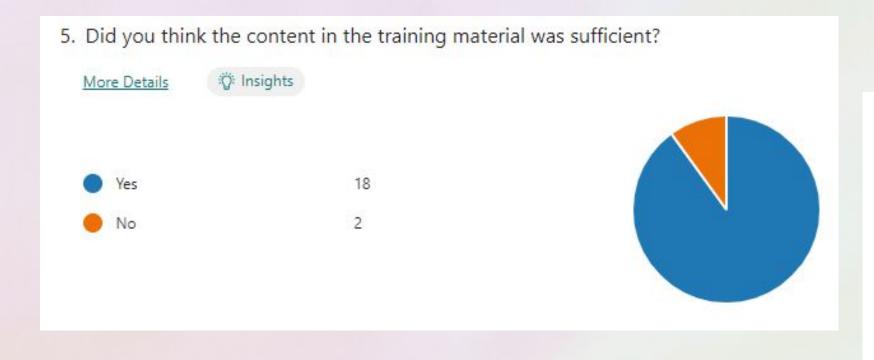


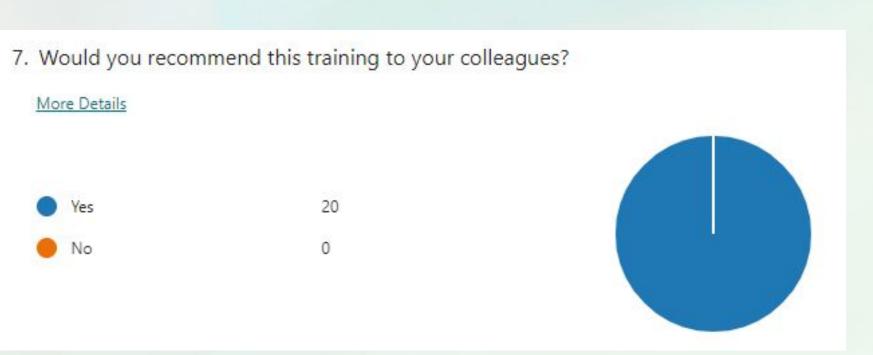


3. Do you feel competent and confident on the topic of this course at the end of the training program?









- 4. Please share any concerns or knowledge gaps.
- 5 Responses

ID ↑	Name	Responses
1	anonymous	I felt that some of the course was targeted at nhs patients/staff, with prescription/ medication scenarios. Maybe be more realistic library scenarios.
2	anonymous	no concerns
3	anonymous	All ok
4	anonymous	I would have liked to explore strategies for supporting those with literacy and numeracy problems further, with more relevant working examples for library services, rather than NHS ones.
5	anonymous	Perhaps more support to be able to put the knowledge into practice?



2 respondents (40%) answered nhs for this question.

realistic

strategies

practice

problems NHS ones

nhs patients nhs support to be able

literacy and numeracy examples no concerns

supportingcourse

library scenarios relevant patients/staff library services

medication scenarios

able to put the knowledge

- 6. What could be added or improved?
- 9 Responses

ID ↑	Name	Responses
1	anonymous	I felt the course was very useful an informative but i would add more library content.
2	anonymous	Truthfully, this course was actually a lot better than I expected
3	anonymous	Staff may not relate to examples set in medical situations, maybe easier for them if examples are library based examples and using words such as customer rather than patient. Maybe more information about the dangers of misinformation and disinformation and maybe show some of the recommended/trusted sources of information as opposed to bad information online for the same scenarios.
4	anonymous	A small tea break!
5	anonymous	Can't think of anything
6	anonymous	Customer focus training, or how to train our own staff to support customers with literacy and numeracy issues around health
7	anonymous	More emphasis on what libraries do/could do as some of the slides were very NHS orientated.
8	anonymous	Maybe a bit more specific to libraries
9	anonymous	More sharing of experiences and ideas with attendees



4 respondents (44%) answered library for this question.

medical situations misinformation and disinformation sharing of experiences lot better bad information examples sources of information

words such as customer course library

NHS orientated specific to libraries library content information about the dangers

Staff Customer focus

customer rather than patient literacy and numeracy

8. Do you have any suggestions to help us improve the learning experience or environment for future training workshops?

11 Responses

ID ↑	Name	Responses
1	anonymous	This is a test
2	anonymous	The training was excellent. Julia is a fantastic facilitator, the information was delivered clearly and at a comfortable pace.
3	anonymous	Just would like to say thankyou to Julia, as i felt she delivered the course really well.
4	anonymous	No, it was pretty good. Very interesting.
5	anonymous	No, all good, very helpful course
6	anonymous	Not at the moment
7	anonymous	I do think having the capacity to break out into smaller groups would have generated more discussion and further ideas. I do think doing it as one group meant we only got so far with disucssion
8	anonymous	Not really, session was very informative and quite interactive too
9	anonymous	Could possibly be condensed.
10	anonymous	It was a shame the break out rooms didn't work but that was a technical issue
11	anonymous	the session worked really well, good that it was interactive and we were able to have a discussion on the subject. one thing I've taken away: ensure our health webpages are up to date and relevant



3 respondents (27%) answered good for this question.

got so far

training was excellent

possibly be condensed

session delivered clearly

taken away discussion good

fantastic facilitator smaller groups course discussion on the subject

discussion and further ideas

Julia break break out rooms able to have a discussion interactive

health webpages comfortable pace

Other Feedback

- 'Thank you for all you have done to prepare and run the sessions. I found it very informative and your delivery was perfect'
- 'Very Informative and thought provoking'
- 'It was really good'
- 'It was a very interesting course and much better than I thought it was going to be.'
- 'Thanks, really useful. We'll have some discussion about how we can use this knowledge in our service'
- · 'Thanks Julia. Very interesting and useful session'
- 'A very informative presentation'
- 'That was incredibly helpful, Julia. Thank you so much for the training today and for the slides too'
- 'Thanks for the eye opening training Julia!'



Improvements to Make

- Add more library examples
- Add more discussion about health and public libraries
- Fix MS Teams to allow Breakout Rooms



Future Plans - 2024

Warrington Library Staff

Refresher Training

Lifestyles Training

Leisure Staff Training

Warrington Borough Council Staff Training

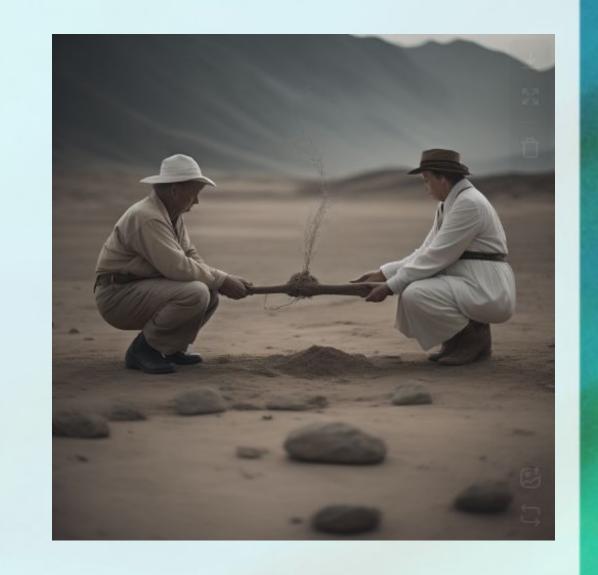
Warrington Community Organisations

North West public libraries – continue training + re-contact non-responding authorities

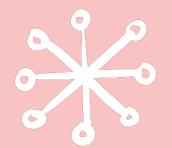


Synergies?

Questions?
Ideas?
Contact me at:

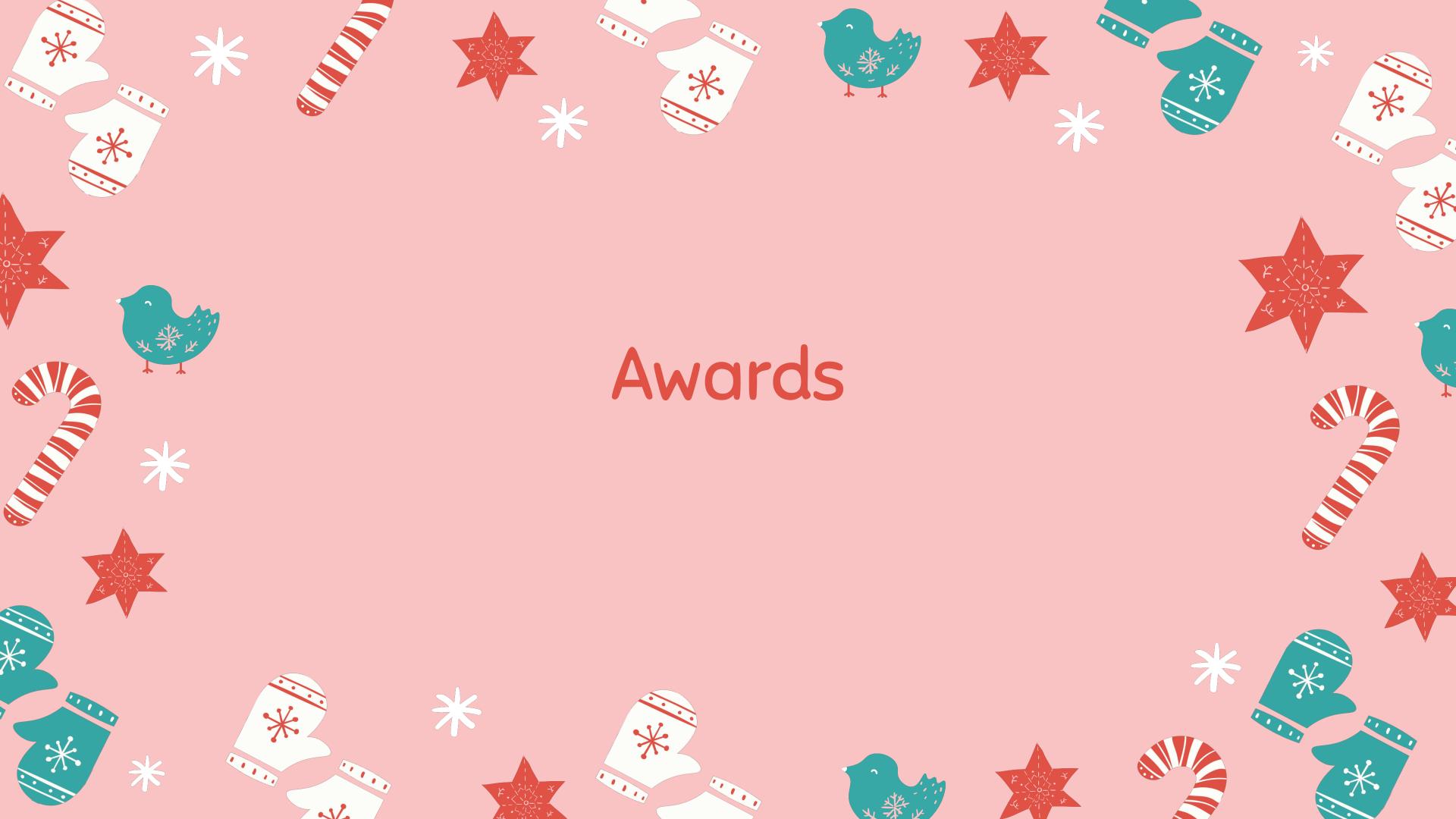


jhoffman@livewirewarrington.org



Break and chocolate roulette networking







Thank you