

Knowledge for Healthcare: business critical

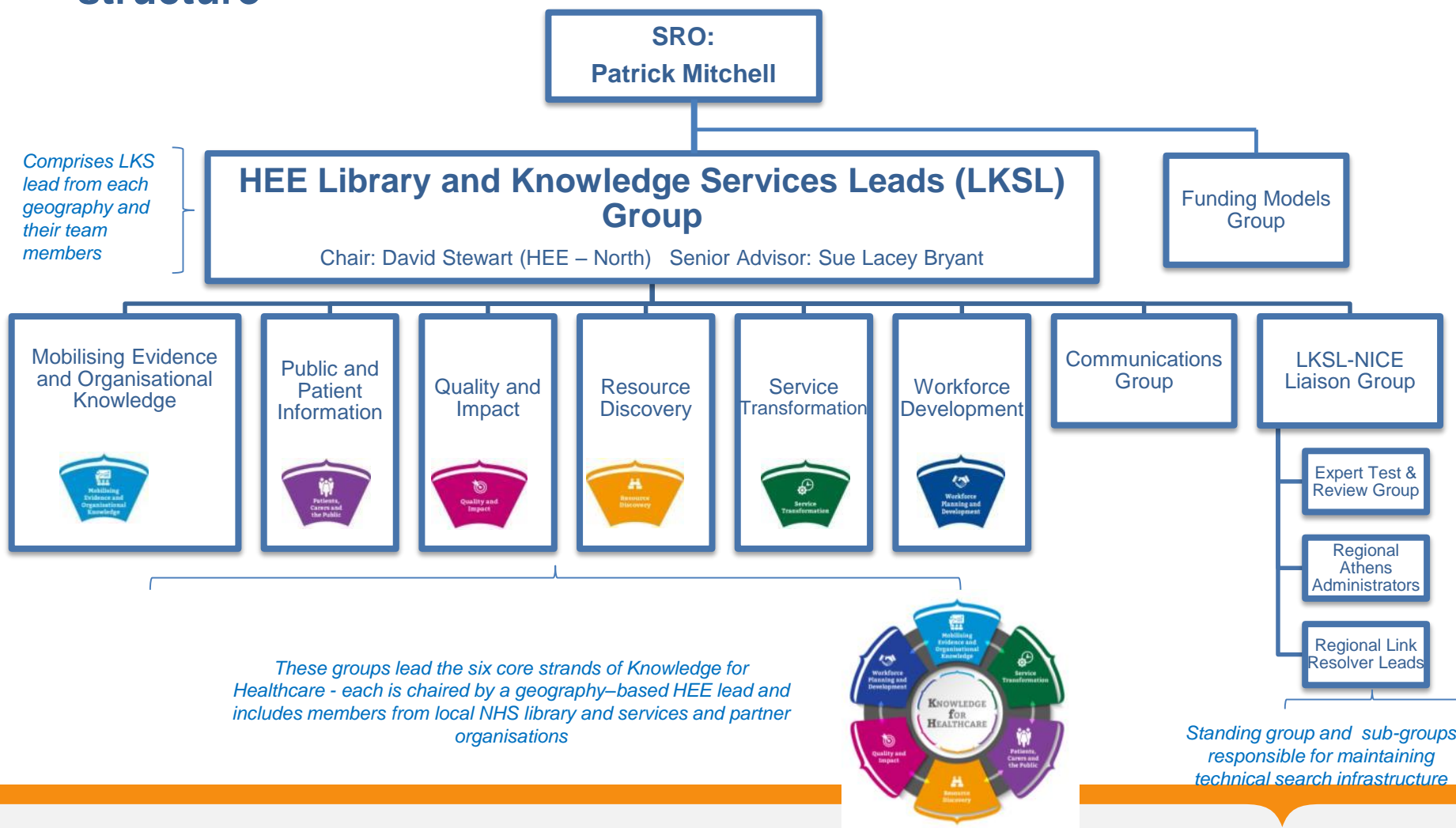


David Stewart

Developing people
for health and
healthcare

www.hee.nhs.uk

HEE Knowledge for Healthcare programme and governance structure





NHS England Research Plan

NHS
Health Education England

OFFICIAL

Our commitments:



Alignment of research assets to support delivery and increasing capacity and capability in the use of evidence and knowledge exchange (cont'd)

We will continue to build on the partnership work undertaken to support the use of evidence in decision making working in a supporting role with:

- NICE, NIHR CLAHRC Yorkshire & Humber and the Innovation Agency (North West AHSN) to identify and develop appropriate hosting of evidence and tools to support STPs and local systems in their decision making.
- NIHR CLAHRCs, AHSNs, NHS Library and Knowledge Services and local health economies in development of communities of practice to build capability and enable the translation of evidence into practice including evaluation.
- HEE in support of the NHS Library and Knowledge Services in England policy, ensuring best evidence underpins research and that researchers freely access library and knowledge services including training in advanced search and information handling skills.



"If you want to know the answer, ask a librarian! Library and knowledge services are a hidden gem in our NHS. They can play a crucial role in making sure we always make decisions based on evidence. As a CEO and an STP lead, I know they are a useful partner to help drive transformation in health and care outcomes."

Rob Webster, STP Lead for West Yorkshire,
Chief Executive of South West Yorkshire
Partnership NHS Foundation Trust

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Engaging with policy-makers, partners, employers

- All Party Parliamentary Group, House of Lords January 31; MPs; the Libraries Minister
- Partnerships: NIHR and NICE

Post Purdah:

DH, Secretary of State

Briefing meeting

NHS England, PHE, NHS Digital, NICE, NIHR, CPOs, Carter Team, NHS Confederation, NHS Clinical Commissioners



Mobilising organisations

Leadership	1. Nothing in Place Yet	2. In Early Stages	3. Pockets of Good Practice	4. Business as Usual
Use of externally generated evidence →	No demonstrable use of external research evidence and best practice. 1 2 3	Makes best use of the knowledge they already have. 4 5 6	Relevant research evidence has been accessed and evaluated. 7 8 9	Decisions are underpinned by robust evidence which has been evaluated. 10 11 12
Taking a strategic view of using external evidence and organisational knowledge →	There is no strategic commitment to using external evidence or organisational knowledge. 1 2 3	There is some strategic commitment to optimising the use of evidence and organisational knowledge. 4 5 6	The expectation to apply evidence and knowledge is explicit and embedded within strategic documents. 7 8 9	There is a nominated strategic lead, committed resource and established effective processes. 10 11 12
Leadership to support the use of external evidence and organisational knowledge →	There is no visible leadership or support. 1 2 3	Some leaders ensure staff are encouraged and supported. 4 5 6	Some leaders set an example in accessing evidence, sharing and learning from each other. 7 8 9	There is strong leadership from the top at Board level, all leaders act as role models. 10 11 12
Approach to innovation →	There is no process in place to scan and consider innovation. 1 2 3	Teams consider innovations they are aware of. 4 5 6	Some teams seek, assess and adopt innovations. 7 8 9	There is an established process to identify, review and adopt innovations. 10 11 12
Approach to keeping up to date →	Staff are focussed on the internal agenda. 1 2 3	Staff make best use of news and updating services with which they are familiar. 4 5 6	Staff are proactive in requesting alerts on priority areas. 7 8 9	Proactive targeted alerts are routinely distributed to the right people at the right time. 10 11 12
Demonstrating the impact →	People are sceptical as to the benefits of knowledge sharing and reluctant to commit time. 1 2 3	Anecdotal stories demonstrate that sharing knowledge adds value. 4 5 6	Some readily acknowledge ways in which access to the evidence base and sharing knowledge add value. 7 8 9	Formal processes to gather and opportunities to showcase, the impact of knowledge sharing are in place. 10 11 12

"Really useful as an exemplar of best practice and as a way of setting up expectations and methods to support this"
Director HR/OD Poole Hospital

"The library team should be our knowledge stewards in the same way as microbiology are the antibiotic stewards for the Trust."
Ben Mearns, Chief of Medicine SASH

Board self-assessment tool

Knowledge for Healthcare Service Transformation

PRIMARY DRIVER



Proactive, customer focussed services are provided and used

SECONDARY DRIVERS

Understand customer needs

Extend reach

Release LKS staff time for customer-facing services

Promote awareness and use

TERTIARY DRIVERS

Understand customer needs

Engage with stakeholder organisations

Equitable access to universal service offer

Develop targeted service offers

Implement collaborative delivery models

Streamline back office functions

Develop national products for local use

Design common promotional materials

Promote digital literacy of healthcare workforce

User needs analysis

Understand current provision, variation, gaps & good practice

Build universal service offer

Standard SLA for HE

LKS to PH teams

Resources/services for commissioners

LKS for NHS England, Senates, etc

LKS for HEE

LKS for Ambulance Services

Mergers & collaboratives

CAS collaboration

DD streamlining

HEE LKS back office functions

Promotional materials

STEP e-learning

Partner with TEL workstream

Collaborative current awareness

- Best practice guidelines
 - Collaboration portal
 - join a scheme,
 - find a collaborator,
 - share with pride...
- will be on the KfH blog





Health information for the public & patients

- Health Literacy: 42% of working-age adults (16-65) are unable to understand or make use of everyday health information
- Patients are being encouraged to self-manage, share decision-making and be partners in their own care
- Powerful legal, moral, ethical & financial incentives for providing quality information to enable people to better manage their health & wellbeing & make informed decisions about their treatment & care
- NHS libraries uniquely positioned to help throughout the patient journey

Partnership working

Strategically:

Membership has expanded into four task and finish groups with an overarching steering group with representatives from:

- NHS England
- Health Education England
- Macmillan
- The Society of Chief Librarians
- Patient Information Forum (PiF)
- Public Health England
- NHS Digital

Locally

- Encouraging the development of local networks of health information providers.



Impact Evaluation Framework



IMPACT OBJECTIVES

Where We Want to Make an Impact

Organisations are more effective in mobilising evidence and internally generated knowledge

Patients, carers and the public are empowered to use information to make health and well-being choices

Improved consistency and increased productivity and efficiency of Healthcare Library and Knowledge Services

IMPACT INDICATORS

How We Will Know a Change has Occurred

- Organisations make active use of LKS expertise and value added services in mobilising evidence and organisational knowledge
- Decisions are routinely informed by LKS provided evidence and best practice information
- Tools, techniques and processes are used to capture and share organisational knowledge effectively
- LKS staff are competent to articulate and deliver knowledge management effectively as part of everyday practice

- Healthcare staff draw on healthcare LKS expertise to inform the choices of patients and carers
- Public library and third sector information staff draw on healthcare LKS expertise to empower patients, carers and the public
- Healthcare LKS staff are competent in their role and activities related to patient, health and well-being information

- Proportion of resources are pooled centrally to deliver healthcare LKS
- Streamlined library and knowledge services and systems

PROCESSES/ACTIVITIES

How We Might Demonstrate This

- Work with the executive team and across the organisation to identify needs and priorities
- Implement an Action Plan to make better use of knowledge as an asset with the organisation or across the system
- LKS provide evidence and best practice information to decision makers
- Promote research enquiries; literature searches; synthesis and summaries; horizon scanning and briefings; alerting services to decision makers
- Promote information products and knowledge sharing tools and techniques to develop awareness to decision makers
- Individual librarians and knowledge specialists complete appropriate training and continuing professional development

- Raise awareness of available training on high quality information sources on health and wellbeing to healthcare staff
- Signpost high quality information sources on health and wellbeing to healthcare staff, public library and third sector
- Establish local networks of health information providers to promote training opportunities and enable sharing of guidance, experience and resources around health and wellbeing information
- Individual librarians and knowledge specialists complete appropriate training and continuing professional development

- Pool regional and local budgets for e-resources
- Develop consistent e-resource portfolio through increased national procurement
- Undertake collaborative procurement, with partners
- Centralise and streamline functions at national level to avoid duplication
- Establish and/or contribute to collaborative systems and mechanisms to deliver local library and knowledge services.
- Develop a business case to procure a national library management system
- Develop training and marketing materials nationally for local use
- Establish a collaborative nationwide interlibrary loan and document supply service
- Collaborative systems and mechanisms deliver current awareness and alerting services

Good quality LKS

- Developing a new tool for self-assessment
- Some links with the *KfH Evaluation Framework*
- Consulted Sharon Markless
- Outcomes rather than process based
- Thinking about evidence collection mechanisms
- Trying to link statistics, quality assessment, impact and user needs assessment in to one overarching entity



**Resource
Discovery**

Key developments

- Link Resolver (Wolters Kluwer) from 1st October 2017
 - will include functionality for a union list of journals.
- Core Content contracts (managed by NICE) end 31st March 2018
 - quotes to extend until 31st March 2019
- OpenAthens (Eduserv) renewed

Optimising funding



1. Group has met three times
2. Early stages of creating some financial models which can respond to changes within NHS structures
1. Move on to maximising spend on online resources later

Rationalise & centralise LKS systems

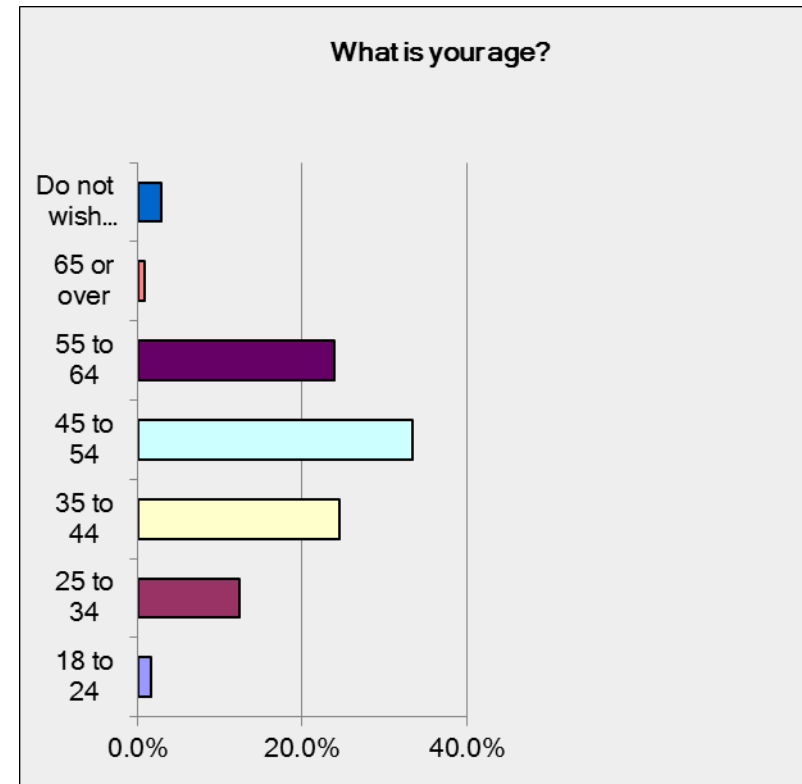
- Establish a nationwide document supply and inter-lending scheme
- Scope and deliver a digital content store for the NHS across England
- Build the business case to procure and implement a single library management system for NHS managed libraries






2017 Training Needs Assessment

- 758 respondents
- Survey Monkey – enables drill down by topic, region, band
- Top ten wants: from demonstrating impact to critical appraisal and from information for patients to emerging technologies



Leadership

Mid-career (1 year) with  The library and information association

- First cohort of 24 completed Feb 2017
- New cohort recruiting in early summer 2017

“Senior” (6 months) NHS Leadership Academy

- Mix of personal and professional development
- Residentials, Action Learning Sets
- Projects

Looking to the future

Blue Sky, 26 June 2017

Co-designing
the programme with NICE

Technological,
economic and
societal changes lie
ahead. What impact
will these have on
knowledge services?

Questions?

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