LIHNNK UP

IN THIS ISSUE

Two requests to write an editorial for LIHNNK Up within six months!

I'm not sure whether to be flattered or worried that the Editorial Board can't find anyone else to do it. On this occasion I know why they have asked me – as you have probably spotted, this is the 50th edition of the Newsletter and I've been asked to reflect on that and the changing times.

Inevitably I have reached for edition 1 (Spring 2001) to see what was in it and also who was writing for it.

The welcome editorial was written by **Kathy Turtle**, Library Manager at Chorley Hospital and in her final paragraph she says *".. it's a LIHNN members Newsletter and it's up to you all to decide the content. Make it what you will"* – still true and the quality of this Newsletter has improved and changed year on year and is now looking at becoming a voice for all LKS staff across the north.

The next page is a tribute to **Valerie Ferguson** on her retirement, written by that David Stewart chap. Valerie was NHS Libraries Advisor to the North Western Postgraduate Deanery and she provided much of the foundation on which the work of HCLU was built: accreditation, visits, ensuring the union list and inter-lending scheme all worked smoothly and being a tireless advocate for the work of librarians in the NHS.

Next up is **Glynnis Platt** one of the health faculty librarians at the University of Manchester reporting on a study day on healthcare information. I note that one of the speakers was Lesley Hannam, Regional Head of Information at the NHS Executive North West. Lesley was instrumental in ensuring that library and knowledge services were included in the wider information agenda in the north west, inviting me to attend the district heads of IT meetings she held every month and giving us all a higher profile and access to Information for Health (the NHS IT strategy of the day) funding stream.

This was followed by **Mandy Beaumont**, Library Manager at Preston, reporting on a change management study day in York. Then **Norma Blackburn** writing on a medical staffing in mental health conference – Norma was Library Manager at Guild Community which morphed in to Lancashire Care and she was later manager at Blackpool.

The penultimate item was a page of information about contributing to the newsletter and a list of the Editorial Board members: *Kathy Turtle, Margaret Greenwood (HCLU Office Administrator) , Rachel Bury (Library Manager, Aintree) and David Ellis (Library Manager at Wigan Health Authority)*. Finally I note the last page, the first of a satirical series called "back bites" penned by one "Inky Schaeffer" - we all knew it was **David Ellis** practicing his skills in advance of his retirement in which he would write novels.

Oh dear – every single person from that first issue has retired or moved on – except me.

What can we draw from this?

Many things are the same: the high quality writing, the reports on study days and the general sense of continuous change. I do note that most of the contributions were from service managers which is far less the case now and there are far fewer case studies than we have seen in recent issues. That first issue was 12 pages – the last issue was 20, so we still have a lot to say. I believe we have a very high quality Newsletter and we need to begin to think about its role in our new northern setting. Yes, it's still on paper – we know that when we surveyed this last time there was a strong view that the paper version was valued. I'm afraid I know what happens to e-newsletters: they get put in a "to read" folder often never to emerge. Digital by default is our clear direction of travel, but not this, well not yet.

David Stewart
DIRECTOR OF HEALTH LIBRARIES NORTH

NICE Evidence search:
Notes for advanced searchers

We've had feedback from a number of library staff, asking how Evidence search works behind the scenes to produce the sets of results that you are presented with.

We thought a set of notes for advanced searchers would give some insight to how Evidence search works, explain what happens when different search features are used, and provide some extra hints/tips for searching. The notes cover ranking of search results, word stemming (lemmatisation), synonym expansion and wildcard searching, phrase searching, Boolean operators, stop words, spelling correction and UK vs international searching.

You can find the notes on the training materials section within our library and knowledge services staff community page. There is a range of resources there, covering both Evidence search and HDAS. Some are available in Microsoft Publisher format, enabling you to download and add your own library details, etc, if you want to.

Notes for advanced searchers:
https://www.nice.org.uk/Media/Default/About/NICE-Communities/Library-and-knowledge-services-staff/notes-for-advanced-searchers-jan2016i.pdf

Library and knowledge services staff community page:
http://www.nice.org.uk/about/nice-communities/library-and-knowledge-services-staff

If you have any comments on what's already available, questions, or suggestions for additional materials that you would like to see developed centrally, please do get in touch.
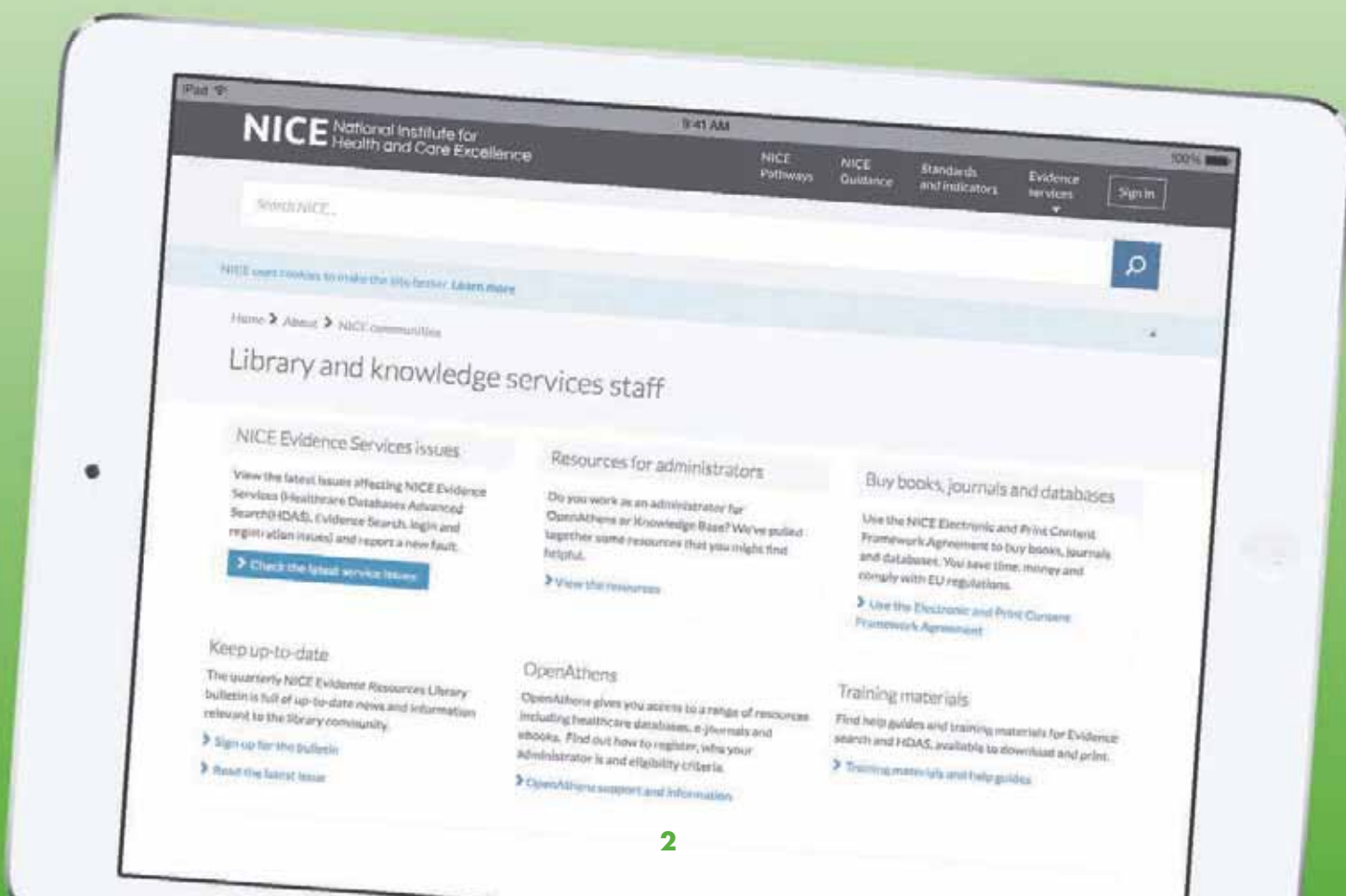
Fran Wilkie
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http://www.nice.org.uk/evidence-feedback

Knitting for **Health?**

Linda Taylor, WUTH Outreach Service Librarian who knitted and crocheted some of the Twiddlemuffs, is pictured with Marg Davies, Victoria Treadway Library & Knowledge Service Lead and Sarah Murray from Alzheimer's Society are shown with the Twiddlemuffs in the Memories Café

You are probably wondering what on earth knitting has to do with health, or better still, what it has to do with an NHS Library service.

3 of our Library & Knowledge Service team knit and/or crochet. For the last 2 years the 3 of us would meet in the morning before work and knit/crochet/craft together. Over the years, people would spot us knitting and crocheting and we have had many people from all over the Trust join us for advice, learning to knit, or just to share the fact that they too are "knitters".

Wirral University Teaching Hospital held 2 "Health & Well-Being" days, to "perk your life up", on the 24th April and 30th July 2015. The organiser of the event, being a knitter herself and a frequent visitor to our knitting/crochet group, asked us to come along and demonstrate our skills. The event and the Library & Knowledge Service display links to important Trust priorities including:

■ ensuring that Trust staff make good, evidence based decisions

■ supporting staff when they are undertaking staff development

■ enhancing staff satisfaction

How could we say no? So knitting needles and crochet hooks at the ready we agreed to spread the word about knitting and crochet, while of course letting people know how the Library & Knowledge Service can help with their health and well-being.

We used the opportunity to advertise our Library services, by promoting the lesser known aspects of our Library & Knowledge Service; the health and wellbeing book stock, the "Read & Relax" fiction collection and the evidence alerts service, whilst also capturing staff who were either unaware of the service or who thought that they were not allowed to use it.

Jennifer Perestrelo (Library Assistant), Rebecca Roylance (Library Assistant) and Linda Taylor (Outreach Services Librarian) organised the display and stall, staffed the display and Jennifer even modelled one of her creations, a crochet waistcoat. We were "evidence based" as Linda carried out Literature searches to find evidence for the health benefits of both knitting and reading and put this on the display.

has even brought some of these people in to the Library (how's that for boosting your usage stats). Linda has knitted for many years before starting a day at work saying "it's almost a form of meditation, it gets my head in the right place". Whilst Rebecca finds "it extremely satisfying to have produced something that I can be proud of,

● Knit....... by yourself, with friends or in a group

● Knit........ clothes, accessories, blankets, toys, decorations

● Knit....... for yourself, a gift, for charity

● Knit........ to relax, socialise, stimulate your mind, be calm*

● Knit........for stress relief, creativity, happiness, therapy*

*Riley et al (2013) The benefits of knitting for personal and social wellbeing in adulthood: findings from an international study. British Journal of Occupational Therapy. 76 (2) pp 50-57.

Of course, we already knew the benefits of knitting/crochet as we had witnessed these for ourselves. Firstly there is the social side as a hobby that can be enjoyed whilst talking, we found that not only did it allow us to bond as a team, but also got other people talking to us, it

and it gets the creativity flowing" and Jennifer enjoys "the satisfaction of finishing a project".

Over the 2 days we discovered many "secret knitters" who we didn't even know existed. Did you know that even Russell Crowe knits!".

Knitting for **Health?**

We would certainly like to have more "stealth marketing opportunity" events like this, not just to knit, but to spread the word about the Library & Knowledge Service people didn't know they had. Reflecting on the 2 events, we found them to be very different in that they actually captured people who didn't know they could use the Library, or that we had a fiction collection. We even had people borrow fiction books and some who became members. The knitting caused quite a stir, and we have since had many enquiries about coming to our knitting/crochet group. The survey from both events found; 99% of people who attended the event thought the educational materials (leaflets and information) were relevant and 92% thought those people delivering advice were helpful/effective. The group now has a formal name "Chronicle of Yarnia" which brings together the books and the craft and is publicised via posters and our webpages throughout the Trust.

The group Yarnbombed the library to delight and interest our customers. Beccy even produced "Jess" the cat as our newest member of staff.

The next project became the production of "Tiddlemuffs" for use by our patients with Dementia. This activity relates to the "Care" and "Compassion" elements of the Trust's patient care. We produced a series of knitted and crocheted 'Twiddlemuffs' to assist people living with dementia, some were even in football colours. They are specially-crafted hand muffs that have items such as buttons, ribbons or textured fabric attached. They are aimed at giving patients with dementia, who may become agitated, something to do with their hands and help to keep them calm. .

Marg Davies, Matron for Dementia at Wirral University Teaching Hospital Trust, said: "There can be a lack of stimulation for people with dementia meaning they can get quite distressed. The Twiddlemuffs have a calming effect as they give them something to do with their hands and they also keep their hands warm. They are given to any patient who would benefit from using them. The patient can keep them and take them home. The knitting group, as well as mums of staff and community groups in Wirral have been making Twiddlemuffs for our patients. As they are so popular, we need a regular

supply and are asking other people to get in touch if they would like to make them. There are more than 2,000 people living with dementia in Wirral and those figures are on the increase. The Twiddlemuffs are available for patients at the specialist Memories Café at Arrowe Park Hospital, which was recently set up for dementia inpatients and their carers."

The Twiddlemuff project complements previous work undertaken by the LKS to support the Trust's Dementia Strategy. Last year we launched a Reminiscence Box service in partnership with Wirral Public Libraries to enable Reminiscence Boxes to be loaned by Trust staff and volunteers to provide reassurance and interaction with dementia patients. The work undertaken by the organisation to promote the dementia care agenda resulted in Wirral University Teaching Hospital being bestowed the NHS Patient Champion of the Year award at the prestigious NHS North West Leadership Recognition Awards in December 2015.

Sarah Murray, dementia support worker at Alzheimer's Society, added: "I think the Twiddlemuffs will be really beneficial as they can help calm patients who are agitated. "They are also a good way of getting people talking and a lot of hard work has gone into making them."

Following the publication of an article in the Wirral Globe

http://www.wirralglobe.co.uk/news/ 14223880.Wirral_hospital_staff_use_ knitting_skills_to_help_dementia_patients /?ref=erec

further staff members have come forward to offer their crafting skills in the production of "Twiddlemuffs".

Jennifer Perestrelo
Rebecca Roylance
Linda Taylor
LIBRARY & KNOWLEDGE SERVICE WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

Profile Questionnaire: Fran Wilkie

What was your first job in libraries?

Helping in the school library when I was at primary school!

My first paid job in libraries was as an Assistant Information Specialist at Salford University in 1997, just after the library service was merged with the IT service, dealing with a wide range of stuff: shelving books and journals, inter-library loan requests, issue desk, forgotten passwords, printer jams, etc.

How have things changed since then?

I bumped into old friends from Salford recently, who told me that the library at Salford that I worked in no longer has any books in it!

While I have worked in the information world ever since leaving Salford in 2001, I haven't actually worked in a library since.

When did you start your current job?

February 2015, as Outreach Project Manager in NICE's Evidence Information Services team. I've been part of that team at NICE since April 2009, in various roles as information manager, critical appraiser and project manager. The Outreach role gives me the opportunity to go out and talk to people about Evidence search, to promote it among various user communities, including library and knowledge services staff.

What are you most proud of in your professional career?

Being involved in work that directly contributes to improving patient care: making the best evidence available to those who need it, and supporting colleagues to help those people find it. I'm looking forward to doing more of this in my current role.

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

Not spend every Saturday morning working to make up my hours while doing my library post-grad – or at least not spend every Friday night in the pub before having to go into work on the Saturday…

This is me early one morning during my "White Nancy" challenge – where I climbed up to Bollington's famous landmark every day for a year.

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

More money to fund more clinical librarian/outreach work, so we could take the library services to where the people needing us are.

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

We have a fantastic network of library colleagues – use them.

We have a fantastic set of electronic resources available – use them.

Your organisation will have someone who can champion your service – find them and use them.

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

Luxury item: paper and pencils – I'd be lost without the ability to doodle

Book: the Maddadam trilogy by Margaret Attwood

Records:

'Design for Life' by Manic Street Preachers: libraries truly did give us power!

'Where is my mind' by Pixies

'It's the end of the world as we know it (and I feel fine)' by REM

'There she goes, my beautiful world' by Nick Cave and the Bad Seeds

'One day like this' by Elbow

'Rule the world' by Take That

'Oh so quiet' by Bjork

'Waiting for the great leap forward' by Billy Bragg.

And in my role as marshal for a running/obstacle course event – I'm much better at telling people what to do than getting covered in mud myself!

NLPN Digital Skills
a CPD event

NLPN (New Library Professionals Network) https://manchesternlpn.wordpress.com/ are based in the North of England but encourage contributions from all over the country.

They regularly hold events, training and networking opportunities to help new and aspiring professionals. Their Digital Skills day held at MadLab in Manchester was the second event I have attended. The day was quite informal encouraging attendees to chat, network, share ideas and learn from each other. The theme of digital was carried throughout the day and the first session was led by Michelle Madden who talked about her experience planning, designing and delivering the brilliant LIHNN Literature Searching MOOC. Most attendees were not from health backgrounds but were impressed by what Michelle and her team had achieved and felt the skills were transferable. Discussion stressed that there is a greater need for this type of training – relevant, accessible and if possible free and unrestricted by geography. The talk led to a broader discussion of MOOCs; when they are most suitable, how to cater for multiple learning styles and getting learners to complete the course. The talk encouraged delegates to try similar digital alternatives in their own library settings for example making short training videos or library tutorials using tools like Screencastify – a free extension for Google chrome which allows you to record onscreen activity https://www.screencastify.com/

The second part of the day was designed to encourage new and aspiring professionals to enhance their presentation skills and share experiences and ideas with other professionals from a range of library and information backgrounds. Though there are obvious differences between sectors the presentations highlighted just how similar the issues faced across the board by professionals are. Rachel Davies shared her experience of promoting research and engaging with researchers as well as how she's tried to explain research in non-library terms. Amy Cross-Menzies showcased her creation using Pirate Box/ Library Box. Pirate Box is a file sharing system that does not require an internet connection – documents, images, music etc. can be placed in Pirate Box and shared with a private wireless network essentially 'off the grid' – LibraryBox is a library-themed fork of this company. Attendees discussed how this could be used for professors/ tutors who want to easily share files with a group of students without them needing access to the internet. One delegate suggested this could be good for library users based in the community or for supervisors who prefer to

use a secure, closed network to share information http://librarybox.us. I gave a short presentation on the development of the eBook matrix and the LISDIS (Library and Information Science Dissertations) team – Jess Haigh, Emily Wheeler and Rosie Higman discussed the importance of continued LIS research for new, existing and experienced professionals. Several new professionals in the room attended their conference last year and found it incredibly useful for sparking their dissertation imaginations. Experienced professionals were encouraged to re-engage with research because of its many advantages for teams and the sector.

The final session of the day was led by Emily Hopkins who introduced us to the mysterious world of coding. I had never attempted coding before so this session was invaluable. Using Python https://www.python.org/ - a more 'human readable' coding language, and Code Academy https://www.codecademy.com/learn/python (a free coding training website). Emily walked the group through the basics of creating coding language including variables, strings and indexes with appropriately Monty Python themed examples (there were lots of parrots and Brians). I will need to revisit the site and complete the training but looking at coding for the first time with a group of people with varied levels of experience is recommended – delegates supported each other and Emily could move around the room and help. By the end of the session I was able to get the program to calculate a bill with VAT and a tip – a small victory I know but much more than I was able to do at the start of the day! Though everyone found it hard at first to get to grips with the strange symbols and language after half an hour it became more familiar and it left me wanting to continue experimenting and developing my skills.

I would highly recommend attending a NLPN event or training – though of course there are always lots of new professionals in attendance delegates love to hear from experienced professionals about their career journeys and get useful tips. The days are always documented on social media if you can't make it but want to join the discussion (you can see the discussion from the day on #nlpnDS). The mixture of librarians and professionals from different sectors, with different levels of experience, always stimulates discussion and ideas.

Katie Nicholas
KNOWLEDGE OFFICER
HEALTH EDUCATION NORTH WEST

Critical-appraisal course

24TH NOVEMBER 2015 – CHRISTIE HOSPITAL LIBRARY

Librarians are often expected to teach critical appraisal to people. Many of us feel out of our depth particularly as, despite it featuring large amounts of statistics, there are no clear cut answers or percentage marks that one can give to papers.

In that sense critical appraisal strikes me as being a bit like golf – it sounds quite attractive in theory but however much you practice and however good you get there's always the risk of finding a bunker somewhere or missing a two-foot putt for the Open.

So it's always good to get a brush up on critical appraisal which is why I found myself heading off to The Christie on the 24th of November for part 1 of the Critical Appraisal course taught by Michelle Maden. Michelle started the session by asking us about some of the barriers we felt existed to us teaching critical appraisal. These included:

- Statistics
- Lack of medical knowledge
- Confidence
- Managing expectations – how to convince people on an 'Introduction to …' course that you weren't going to tackle regression analysis

Some of the solutions we came up with to deal with these problems included using papers that either we ourselves or somebody more knowledgeable – if that's possible – had already appraised. These can be found on the Catnip wiki which you can find at http://catnipnw.pbworks.com/ Managing expectations, meanwhile, can be done by using training-needs analysis to find out what level people are at before they start the course and outlining one's aims and objectives in pre-course literature and at the start of the course.

Michelle said that when she starts a course she usually begins by asking people what they read for professional purposes (presumably PG Wodehouse and Jackie Collins are inadmissible at this point). For most people this is usually the abstract and conclusions of an article but these can be invalid if the methods used in the study are fundamentally flawed. This can be a good opportunity to talk about publication bias. Critical appraisal isn't about rubbishing papers just giving a balanced assessment of them and it should focus on the methodology of studies more than anything else. It's impossible to get a perfect paper but it needs to be good enough to influence practice.

> Appraising qualitative research – **something I've always found akin to debating the merits of the European Union via the medium of modern dance**

Critical appraisal needs to ask how authors control for bias and what has been left out of a study which can be just as important as what has been included. Studies need to have internal validity – being well done and making sense on their own terms – and external validity being reproducible in other settings and contexts.

Michelle then talked us through the differences between primary and secondary research. Secondary research can be done from the comfort of your own office and involves reviewing and analysing other people's work whereas primary research involves getting one's hands dirty doling out pills, talking to patients, taking blood samples etc. Primary research can, in turn, be divided into descriptive studies and analytical ones. Descriptive studies include case reports, case-series and qualitative research while analytical studies include randomised-controlled trials, cohort studies and case-control studies. Randomised-controlled trials are experimental – you do things to people – while cohort studies and case-control studies are observational.

We then did a few practical exercises to see how much we knew about the different types of studies

For randomised-controlled trials (RCTs) a comparison should be with an existing treatment rather than a placebo as it's no clinical use if the treatment being tested is no better than the remedies already being used. A crucial factor is that the participants should be randomly assigned to either the experimental or control groups with the two groups being as similar as possible. And any follow-up of the participants in terms of either their care or the tests they undergo should also be the same between the two groups. Because RCTs go forward in time they give the researchers more control over what happens to the participants which help make them the gold-standard for research into the effectiveness of treatments. However, they can be expensive to run, suffer from volunteer bias (where the kind of people who volunteer for trials are different to the rest of us), have ethical issues where the thing people want to study might be damaging to participants and can have difficulties with recruitment.

Cohort or longitudinal studies follow a specific group of people forward from a point in time. There is no element of randomization and they usually take a long time for any causal factors to play themselves out. They are good at ascertaining the risk factors for certain diseases but drop-out rates can be a problem (are a certain kind of people more likely to drop out than others, therefore biasing the results?) and they are not so good for studying rare diseases as these don't happen frequently enough within even large cohorts of people for any conclusions to be drawn about them.

Cross-sectional studies are done in the present giving a snapshot of a situation at a particular time. They are carried out using a survey so selecting a sample is important for this type of research as are the kind of questions being used in the survey. They are useful for ascertaining the prevalence of a particular disease or occurrence but there can be problems with response rates (do a certain type of people respond more or less to surveys?) and they can't determine cause and effect.

Case-control studies match two groups of people who are alike in most respects but who differ insofar as one group (the cases) have a particular disease or problem while the other group (the controls) don't. The researchers then travel backwards in time, so to speak, trying to see what differences in the cases' lives lead them to develop the disease while the controls do not. Problems with these kinds of studies include effectively matching the two groups so their characteristics are similar, the use of case notes – which can present problems of confidentiality, lack of completeness, lack of standardization and inaccuracy – and the faulty memories of participants when asked about their habits of, for instance, drinking, smoking and exercise.

The hallmark of a good **systematic review** is its search which should enable it to pick up all the relevant literature on its topic. As well as looking at the conventional medical databases such as Medline and Embase a good search should also look into 'grey' literature – unpublished trials, conference proceedings, government reports etc – to counter the fact that studies with a positive outcome for an intervention are far more likely to be published (publication bias). Other things to look out for when critically appraising a systematic review are which quality criteria the authors have used to include or exclude studies and how applicable they are to practice. Certainly many of the reviews I have come across conclude that there is not enough evidence to assess a particular treatment which is rather a waste of time as far as a busy clinician is concerned.

When critically appraising an article we need to ask whether the researchers have picked the right design of study to answer the question they have set themselves. If they haven't they have fallen at the first hurdle and you can consign their paper your recycle bin without having to look at in any further.

After lunch we got to grips with the thorny question of appraising qualitative research – something I've always found akin to debating the merits of the European Union via the medium of modern dance. Qualitative research uses very small samples of people – in contrast to quantitative which aims to have as large samples as possible – to explore their perceptions and feelings in depth. It's all about developing theories from the evidence rather than using evidence to test one's theories and can be hard to replicate – although you can, and should, be able to do it if researchers have explained their methodology accurately.

> **The hallmark of a good systematic review is its search which should enable it to pick up all the relevant literature on its topic.**

Key issues when appraising qualitative research include: whether the research question is clear, is it an under-researched area and is the methodology the researchers have chosen right to answer the question they have asked. As far as the participants are concerned we need to ask who are they, how were they selected, what population do they represent and is the sample right to do what it was asked of them or are they the first group of people the researchers could get their hands on (otherwise known as a convenience sample). Qualitative studies often use **purposive sampling** where participants are deliberately chosen for their characteristics or **snowballing** where existing participants are asked to recommend other people to take part in the study. The number of people researchers recruit for a qualitative study is based on a concept called **data saturation** when the researchers stop recruiting people when participants are no longer telling them anything new.

How qualitative researchers gather their data is also important. Appraisers need to ask whether the method the researchers have chosen is the most suitable, how and why it was chosen and whether any alternatives were discussed. Do the researchers tell us what questions they asked and have they been asking loaded questions? From an ethical point of view issues such as the participants' consent and the information that was given to them needs to be taken into account.

How the researchers analyse their data also needs to be thought about. Qualitative researchers usually tape-record or video their interviews and then use specialist software to look for 'themes' in the content. Ideally they should use a process called **triangulation** whereby more than one method is used to analyse the content and they should also validate their results by running them past the participants to see whether this is the message they actually intended to convey to the researchers.

Other questions worth asking are:

- Have the researchers explained the limitations of their study?
- Have the researchers reflected on their own role in proceedings?
- How – if at all – has the researchers' agenda influenced the conduct of the study?
- Has the question that was posed at the start of the study been answered?
- Have the study's findings' relevance to a wider context been acknowledged?

This was an interesting and useful day with a good refresher about types of trials in the morning, some useful teaching trips and plenty of food for thought. I might not be up to St Andrews' standards yet but I feel a bit more confident about reaching the fairway!

John Gale
TRUST LIBRARIAN, MID-CHESHIRE HOSPITALS FOUNDATION TRUST

THE LAND OF **GEEK**

"IT'S GOOD TO TALK."

"It's good to talk." Older colleagues will know this was the strapline for a leading British Telecommunications company. The updated version could be "It's easy to talk - but hard to get anyone's attention".

This months column is about a piece of older social media that seems to be getting some traction in health care organisations, Yammer, a corporate social media tool A.K.A the Facebook for companies. An early version of this article appeared on the Clinical Librarians' Blog.

About Yammer
Yammer comes in a free version from Microsoft. There is a paid version with premium features. Any Facebook user would adapt to it like a duck to water. You register using your work/corporate eMail account and that puts you in an environment with work colleagues. There is an app. for your mobile as well. You can create and join groups, create a profile page and private message other members. There are various ways to interact such as Like, Share, and #ashtags. As I say, very Facebookian.

Pros and Cons
There are pros and cons to getting involved in Yammer, mostly pros but some cons.

Pros	Cons
Yammer is easy. It's like Facebook and everybody uses that …	… well not everybody. Some don't. Some may use Facebook but not like the informality of social media at work.
Yammer reaches your core audience, people who work for your organisation …	… not really any cons, just common sense warnings. Not everyone uses Yammer. Yammer will compliment your existing social media, Twitter etc., not replace it.
Yammer lets you talk to new people and you see what people are talking about. With open groups you can read and respond to posts. It's great for observing and networking …	… depends on how much you get involved. Time spent on Yammer is time spent away from other things or on your established social media channels.
Yammer makes a credible website. Form a library group and populate it with files, links and news …	… if you have a good website then this won't concern you. If you have the standard issue NHS web page on the Intranet then this will be a big improvement.
Yammer raises your profile. It does, and I have anecdotal evidence to prove it …	… you may feel you have to get involved. Truth is you probably do. No pressure then.

What can I do with this?
Yammer isn't that complicated. The things that you can do with it are simple but powerful. The real benefit is that you don't have to try too hard to get people to join in. Its also very visible to work colleagues.

Project	Summary
Library Wepage	Great space for the library to share information. Like a blog with the ability to add files and links. Work colleagues can join your group. You can integrate your Twitter feed. Share relevant posts with other groups.
Special Interest Groups	NWAS LKS works with the research lead for NWAS NHS Trust to manage a Research Group. It hosts conversations about individual research topics, current awareness, research training and on occasion requests for searches and enquiries. Members have found the group through Yammer but it has featured in the internal newsletter from learning and development, Be Inspired.

Project	Summary
Monitoring and Networking	If you enjoy social media, you will enjoy the monitoring and networking aspects of Yammer. There is no formula so here are some examples of library interventions. Finding a discussion about an article and posting a link to the full text. Seeing a question that could be answered with a search and posting the search to the discussion. Picking up ideas for guides ad resources by identifying the topics that people are interested in.
Being There	Being there is everything. Social media is a lonely place if no one likes your posts. So there is a role for the Library in getting busy and interacting with discussions. It makes people happy and its great library PR.
Project Work	Yammer is useful for projects providing a virtual project hub. Hat tip to Tracey Pratchett. It is possible to invite external participants and so useful for work projects and projects with Library colleagues.
Journals Club	NWAS LKS has worked in the past with colleagues to support journals clubs. They always struggled to find a virtual home. Yammer offers the perfect home for this sort of activity.
Impact and LQAF	Well, this had to come up at some point! It's possible to see how Yammer posts could support evidence of impact and how Yammer groups could be evidence of dealing with different user groups.

The role of Yammer	NWAS LKS has a website hosted by NHS Networks. It's good on content management, not so good on interaction. Yammer on the other hand is so-so for content management but good for interaction with work colleagues. So that is the new role for Yammer.
Yammer and other social media	It is possible to link to Twitter and other social media using IFTTT and probably other social media. For NWAS LKS Twitter has emerged as the backbone of the NWAS LKS Current Awareness Offering. Yammer will play the role of notice board for more substantive information and notices. Each library is different, but it's important to differentiate your social media!
Promote Yammer as a communication channel	The *find us on* list get longer. Find us on Twitter … Find us on Facebook now it's Find us on Yammer. No harm in really selling your Yammer presence. If you get in early and it stays round long enough you can adopt the role of Change Agent and Innovator which always goes down well.

Yammer in the library communications mix

If your organisation launches into Yammer you have a lot to gain and not much to lose by joining in. However, if you have a social media presence then you need to think about the role Yammer might have. It's something NWAS LKS is thinking about at the moment.

Matt Holland
NWAS LKS, SUPPORTED BY HCLU NORTH

Rare Books and Special Collections Group Annual Study Conference

I am the Librarian running the Special Library that is Liverpool Medical Institution.

The organisation traces its origins back to Liverpool Medical Library, founded in 1779, one of the oldest medical libraries in the UK, and Liverpool Medical Society. These two organisations joined in 1837 to form Liverpool Medical Institution and we are still in the purpose-built building we moved to in 1837.

I am responsible for the care, preservation and conservation of books, journals, medical instruments, clocks and portraits that form the LMI's collections. The book collections date back to 1536 and the instruments and medical journals to the 18th century. There are some lovely and rare items here and I wanted more ideas on how to tell people and organisations about these collections and share them with a wide and appreciative audience. Where better to start than the Rare Books and Special Collections Group Annual Study Conference?

David Prosser from Research Libraries UK gave me something to think about when he talked about the problems of digitising collections. Using evidence from a survey from 2010, and published in 2012, he described the 217 online collections surveyed. 40% of them are now no longer discoverable and have been lost to the Web. Of those still available, only collection level information is there. This means that if you don't know the collection, you will be unable to find an item. I am frequently asked why I don't just digitise all the LMI's collections and put them on the Web for everyone to use and see. These statistics make you pause and think how, what and why you would choose to digitise.

Apparently the 21st century is a black hole of digitisation and a couple of million pounds is needed to expose hidden collections - a case is to be put forward for funding. Special collections are not static or just made up of early printed books (although almost all of us at the conference were there precisely because we care for collections of old books!). They can be much more varied and dynamic and be used for research, community engagement and teaching as well as giving kudos and interest to their institutions. I totally agree and relate to this. Then David threw in a comment that I hadn't even considered. Increased discoverability means increased interest, but can smaller institutions – like the LMI - cope with the added interest? Another pause for thought.

Attended by Adrienne Mayers, Librarian at Liverpool Medical Institution (LMI), and made possible with funding from LIHNN Committee for the conference fees and from LMI for travel and accommodation. With many thanks to both organisations for giving me the opportunity to attend this conference.

A second major issue for organisations – not the LMI in this case I am pleased to say! – is the amount of backlog and retrospective cataloguing they have. In some there are many years of work still to do with new items added to the bottom of the never ending list. This is a big factor in revealing a hidden collection as there is no record of it yet. Organisations cope with this in many ways, they use students or develop special projects which attract funding or simply chip away as they can.

The London Library stopped importing and copying records without seeing the books 15 years ago, and started a retrospective cataloguing project. Now each book is held by the cataloguer and all those little things that make it unique and especially interesting are added to the record. Is there a bookplate, notes in the margins, pages missing, is it really well used or are there letters folded inside it? This is very time consuming as you can imagine, but it makes for an enriched record that is so interesting. This is exactly what I have done at the LMI (three years and 12,500 books) and we made some fabulous discoveries just by looking through the books and expanded the records with little snippets of detail.

Look what the Royal College of Physicians found in a 16th century book. Someone has made a doodle! (see opposite page)

The ways other libraries promote their hidden collections was the reason for my attendance, as the LMI's collections could also be described as 'hidden'. The LMI is a members only organisation, but also a conference and seminar centre. How many of you know about us and the historic medical library and collections we have in Liverpool city centre? Not many I would guess. So how should I go about telling you all about it? What should I tell you that would spark your interest and make you want to know more? I wanted ideas.

I know that when I run building tours for groups or Heritage Open Days or open the building for Liverpool LightNight and events, there is a lot of local interest, but how to promote the collections further afield is a challenge.

Exhibitions – virtual or live was a method widely used. Hold your own or work in partnership. Yes, big tick, see the exhibition at the Victoria Gallery and Museum in Liverpool 'Knowledge is Power' on historic independent libraries in Liverpool with some great items from the collections of both the LMI and Athenaeum. Until June 2016. More events on the pipeline.

Wednesday 2 to Friday 4 September 2015
Hidden Collections: Revealed

Held in London at the Friends House, Lambeth Palace and the British Library.

Digitise information – small tick as we are starting some digitising for research purposes.

Tell stories using your collections. Tick. They aren't just individual items, share the stories and be shameless. That's what I am doing by writing this article…

Hold a conference. Tick. Well I have organised a series of talks, will they count?

Sell items in your shop that tell a story of your collections. When we are a museum this is on the to-do list.

Use staff expertise to spread the word. I give talks to organisations and groups and am even asked back again! Another tick.

Show 'n' tell sessions are held with medical students, at events and for groups at conferences. Tick again. There are lots of wonderful gruesome instruments that people love to hear about.

The LMI collections are listed via Google Scholar, World Cat and other online and hardcopy databases and directories as well as on our own website. I reckon that's another tick.

It was reassuring that I am doing as much as I can at the moment to reveal the LMI's collections. There is always more to do, more to learn but I left the conference feeling that I am doing OK. The conference is coming to Liverpool this year and I am running tours for delegates. Another opportunity to tell people about the LMI's collections and show some of the items here. Yes, shameless!

Adrienne Mayers
LIBRARIAN AT LIVERPOOL MEDICAL INSTITUTION

What I learned at the conference:

- A special collection need not be unique
- A special library need not have special collections
- Private libraries have the most special books
- Public libraries have extensive special collections
- There are degrees of hidden
- Hospital collections often end up in Record Offices (this has happened in Liverpool. Why not offer items to the LMI, have you thought about it?)
- You can create a special collection from your own collection, no matter what type of library you are
- In many cases hidden collections owners often want them to remain hidden
- Never mind digitisation, how discoverable are card catalogues?
- Rare doesn't always mean old (yes, I did know this really, but they often go together)
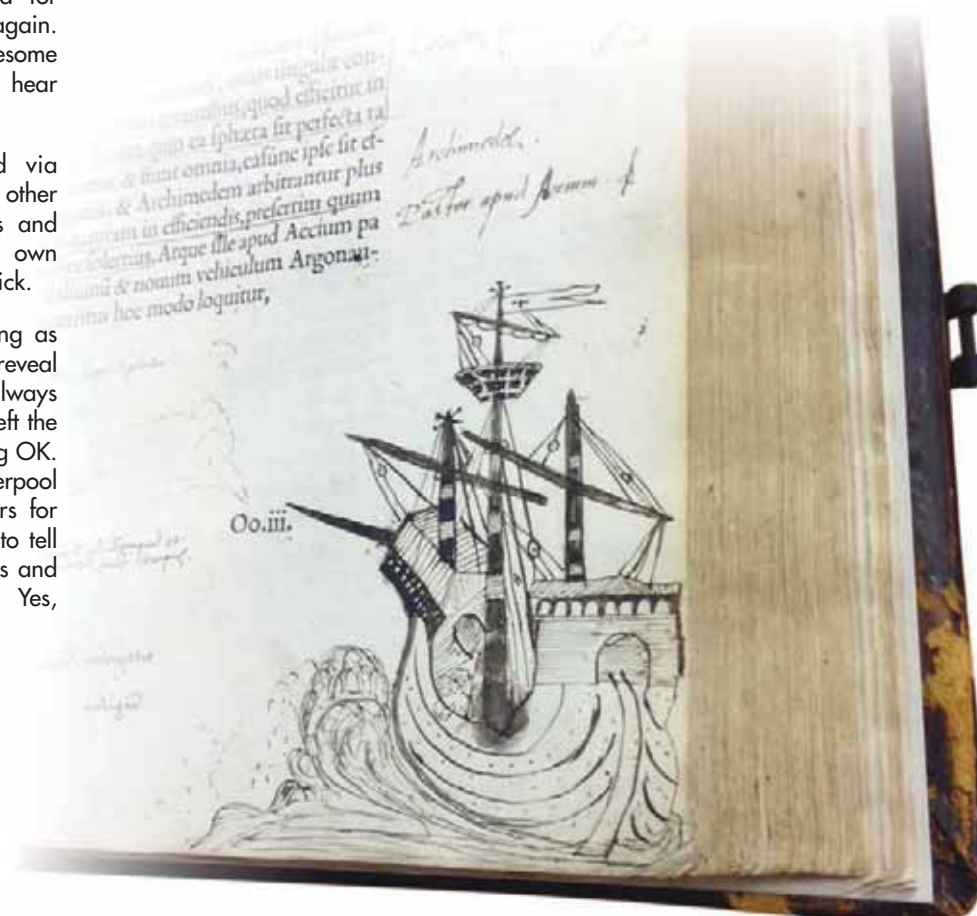
LET'S JUST DO IT !
Social Media training

Part 1: **Planning a Social Media training session**

The Knowledge Service Team at Pennine Care has been thinking (all librarians think a lot)* about delivering social media training for a while now.

The majority of the team are regular users of social media(Twitter, Facebook, LinkedIn, Pinterest, Instagram) not just for personal use, but for professional use too. People who share our office and are part of our wider team often ask us for advice and our director has mentioned in passing that we should offer training. Adding to this, when we surveyed staff a high proportion of the respondents said they would like to receive training on using social media.

So we thought about it more. (all librarians think a lot).* Then our trust appointed a new chief exec and he started to use Twitter as a formal means of communications (it is really him, not our communications team) and other directors did the same. The communications department also started to use Facebook and Twitter and a Social Media Policy was published.

So we thought some more. (all librarians think a lot)* What would the content be? Would we be 'allowed'? Would

communications be supportive? We made a bold decision to timetable a session in and drafted some objectives.

The session would last 2 hours

- It would focus on finding information
- We would call it 'Using Social Media to Keep up to date'
- We booked an IT room for 10 people
- We drafted a description for the course, as follows:
- The details were put on the Intranet booking system.

….a few months later

The course was fully booked. No promotion of it. It was fully booked.

Time for the details!

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*I have been reading "Owl babies" to my 3 year old – see YouTube: www.youtube.com/watch?v=e6aYYiyQUmY or Amazon: www.amazon.co.uk/Owl-Babies-Martin-Waddell/dp/0744531675

Part 2: **Social Media training session, the details**

So, with a fully booked session we really needed to plan content.

We ambitiously thought we could give a good overview of 3 social media tools in that time (2 hours) and designed content based on 5 tools we thought would be of interest (Facebook, Twitter, LinkedIn, Pinterest, NHS Networks). The plan was to discuss features of each, privacy settings and how to find information using each tool, with a couple of practical examples.

The objectives we set were as follows:

By the end of this session, you will be able to:

- Show an awareness of Trust and Professional guidance on using social media
- Briefly describe privacy settings and the basic features of at least 3 social media platforms

- Demonstrate differing search techniques to find information on at least 3 social media platforms (e.g. hashtags, following, retweets)
- Hear some hints and tips from colleagues on using social media to keep up to date
- Identify where to access help guides for the popular social media platforms

We sent a questionnaire to the people who had booked on and asked them to prioritise the tools they wanted to look at, and also asked a few questions about their experience. From the questionnaire we found that we had a mixture of skill levels attending the course, and that people most wanted to learn about Twitter, Facebook and NHS Networks.

The session plan looked a bit like this:

- Introductions and sharing previous experience (if any) with social media

- A look at Trust Policy and guidance from professional organisations
- An agreement about tools to look at
- Introduction to each tool with privacy, features, searching skills followed by a practical [exercise?]
- Share some hints and tips (I had asked regular users of social media in the trust to share hints and tips with me)
- Show the group our Social Media page on the Intranet
- Sum up

With all this prepared I held my breath and jumped into the training session!

Part 3: **Social Media training**

So the day of the sessions arrived and everyone turned up (which is unusual).

The majority were clinical staff. For some reason I was expecting more of a mixture of clinical and support staff. It was the same for the second session.

Anyway, a couple of the attendees had quite a lot of experience using Facebook and Twitter, a few didn't have accounts and a few said "my son set me an account up but I don't really use it".

When we ran the second session we made sure people had an account with Facebook or Twitter as the registration process didn't fir into the lesson plan.

The sessions were challenging to run as we had the differing levels of both social media skill and IT skill. I decided I needed a co trainer for the second session and this helped a lot.

In the evaluation we asked about the level of content in the training 12.5% thought it was too complex; 62.5% thought it was about right and 25% thought it was too easy. Comments about the level included.

"Despite currently using social media (Facebook/Snapchat/-Twitter/WhatsAp) I did pick up some additional tips/knowledge"

"I found the training very informative and useful. It has given me more confidence in using social media."

It was good to see staff finding accounts on Twitter they found useful. For example an occupational therapist who was only following a few celebrities found her Royal College and a few others. Some of the attendees liked to look at the Trust tweets and the local council accounts seemed to go down well too.

The attendees all got on really well, sharing tips and stories about social media and I think

this was one of the best aspects of this course

We didn't focus on tweeting, just how to follow, as we felt the communications department would be best placed to advise on disseminating information. Some of the attendees had team accounts and had already had a short sessions with the communications department and I had to refer them back to communications for more advice.

We also asked people what they found most useful and least useful:

Most Useful	Least Useful
Understanding of resources available on Twitter that I had previously stopped using. An understanding of some of the application of social media (i.e. possibility of setting up a page - looking at the success of a fellow delegates School Nurse website was really useful and eye-opening). The relevance of LinkedIn for professional identity (but also its limitations)	Facebook stuff as I already use this extensively - linked in with various organisations. Would have been more useful for me to know how to set up own page - the process for doing this within the trust - although I realise this is not really the aim of this particular course.
The discussion	Not sure how I can use for my work, other than the information/knowledge gleaned from the media, posted by others eg. Pennine Care FT
I think all of the training was useful. I was lacking in confidence when using social media and I felt much more confident after training	As it was the first session, I think the variation in ability of the participants made it difficult for the tutor to deliver the training as planned. The tutor was incredibly flexible with her session and worked hard to ensure that everyone achieved at least one thing before leaving. She welcomed feedback.
I was able to "try out" social media with direction from a tutor and in a safe environment	The amount of time....Could definitely have been a full day
Visually going through the various social media options and seeing them working	I could not keep up with the other trainees-will require one to one as had not used these forms of social media previously
All of it	
Time to familiarise myself with different social media in a safe environment	

Continued over...

Ch-ch-ch-changes...
from Clinical Librarian to Manager

As 2015 draws to a close and after being in post for 8 months, I'm reflecting on my experience as a new Knowledge and Library Services Manager.

I really loved being a Clinical Librarian and never saw myself returning to management, but there came a time when I needed a new challenge and after applying for jobs in other sectors and working outside traditional librarianship I became a library manager in the NHS.

So, a bit of background … before becoming a Clinical Librarian, I managed a Learning Centre and co-ordinated libraries in a further education (FE) college.

Tracey Pratchett

I loved working in education and leading the team, but I found some aspects of management quite stressful. Managing budgets, supporting staff during periods of change and having two different roles were part of the challenge. Also, I was younger and less experienced which I suppose didn't help. Since joining the NHS I've been adamant that I didn't want to manage again … so what changed?

Essentially, I had taken the Clinical Librarian role as far as I could, and although I had opportunities to use my skills in non-librarian projects (e.g. Information Management and Patient information), I needed something new to get my teeth into. After a few interviews, I started thinking about what I could offer and what I might gain from a management role. I was also inspired by Victoria Treadway (who always inspires me!) when she

successfully moved into a management position.

The rest is history and eventually someone gave me a job. Ironically, it was the Assessment Centre activities as part of the interview process which really ignited my passion! Writing a library strategy, discussing and solving problems about communication and working with library colleagues really inspired me. I feel lucky to work within such an amazing network, and the support and encouragement from colleagues and HCLU made the transition relatively easy.

So, to the reason behind this post – what does the manager role really involve and how does it compare to being a Clinical Librarian? Here are some of my thoughts on how I have used my Clinical Librarian skills:

- **Strategy and planning** – a big part of my current role, which I enjoy. I did this on a smaller scale for the Clinical Librarian service and luckily I was involved in contributing to our Library's wider strategy. Also, being involved in the MAP Toolkit helped shape my thinking, a lot! Get in touch if you'd like to get involved – it's great for Chartership or revalidation ;)

- **Report writing** – integral to my current role, skills developed in presenting literature search evidence summaries and developing current awareness products really helped with this. As Clinical Librarians, we get really good at summarising and presenting information. I've started thinking about how I can creatively produce my annual report next year!

- **Impact** – something I now have to demonstrate for LQAF, to my manager and to the wider Trust. As a Clinical Librarian, I surveyed users about service impact and wrote case studies about significant projects e.g. Supplies Group. Clinical Librarians are already leading the way in discussing impact of our services.

- **Managing staff** – I had no staff to manage as a Clinical Librarian and no supervisory role, so this was a steep learning curve. However, I learnt a lot from being managed, attending courses within the network (I would recommend anything Deborah Dalley does) and my previous role in FE. It has been

If you're feeling lost, you need a MAP!
Making Alignment a Priority for Health Libraries

a steep learning curve, but I think if you listen and make time for your staff you are halfway there.

- **Finance** – I did this to some extent in FE, but it was a long time ago and very different. I've tackled this like my household budget and make sure I keep track of everything. One of the most difficult parts of the job, I've had lots of help and advice from Finance teams and other library managers, e.g. Steve Glover offered great advice for journals renewals. My tip - learn the system and spend time getting to grips with it from the beginning.

- **Building relationships** – so I'm back on familiar territory here as building relationships with people throughout the organisation was an integral part of my Clinical Librarian job. My former role involved participating in projects with clinical teams and managers, presenting the service and training people at all levels. These activities helped me to develop crucial transferable skills for building relationships and networking. Courses on influencing and negotiating have also been extremely valuable.

- **Quality, metrics and LQAF** – again, I was involved in these to some extent in my previous role so they weren't entirely new. Leading LQAF was a daunting task, so it was a relief to maintain our status this year. Also, being involved in the Metrics Task and Finish Group and the LIHNN Quality Group have been really useful.

There are lots of things I want to do in my new role, but I am trying to do a little at a time so as not to overload myself. I do miss some of the frontline work, but I still keep my hand in with literature searching and teaching when I can. I've also worked hard not to impose my experience as a Clinical Librarian on my team, whilst remaining supportive, but without taking over.

I have realised that some of the things that worried me about managing are actually some of the things I enjoy most. The finance stuff can be learnt … and I love managing people! This is the bit that I thought I never wanted to do, but for me it's the most rewarding bit. I want to get really good at it and ensure that I have a one to one with each staff member every month. It's helped me to get to know my team and hopefully helped them to get to know me. So thanks to Victoria for the tip!

For any of you thinking about the transition, I would heartily recommend it. We're part of a great network and I'm grateful to many Library Managers who have been generous with their advice and time. Please get in touch with me if you would like to talk anything through as I am happy to return the favour!

Tracey Pratchett
KNOWLEDGE AND LIBRARY SERVICES MANAGER

LET'S JUST DO IT !
Social Media training

...continued

Part 3: **Social Media training** continued…

This extra comment from an attended summed it up for me

"Really enjoyed this session. Staff pitched it at the right level and were good at explaining things. Lots of interaction with other delegates was really useful. I really wish it had been longer so we could have explored some other platforms - a day might be too long but might be worth extending to 3 hours.....as this allows time to go through some of the basics for delegates who aren't as up to date with the working of the technology and then ample time to explore around sites for those who are....
Also think its important to have this type of training as we are not going to be able to escape the technology over the coming years...."

After the training session we looked at the evaluations and reflected on the way we felt it went. We have decided to run future sessions as workshops and focus on one social media platform.

If I we were asked to share our tips we would say:

- Make sure your audience know what to expect

- Be clear on the level you are aiming at (e.g. New to social media, improvers etc.)

- Don't try to fit too much in – 2 hours wasn't enough time to discuss 3 platforms

The many faces of libraries in the
world of policies and guidelines

User Centred design survey:

95% have a smart device

50% use the internet to access clinical information at least once per week

89% would use an app

Top tips:

- Consider redesign
- Put the user at the centre
- Get clinical input
- Break up long guidelines
- Concise and relevant titles
- Avoid a "wall of words"

At Lancashire Teaching Hospitals, the Library is heavily involved in managing access to Trust policies and guidelines using Heritage (based on a Sally Hernando submission by Morecambe Bay in 2012).

Having moved all our corporate policies and guidelines from the intranet to Heritage, we are currently working with individual departments to decide how we can meet their specific needs. So when we saw the study day "Guidelines – What's new and the librarians role" hosted by the University Hospitals of Leicester NHS Trust at Glenfield Hospital advertised, we jumped at the chance of attending. We hoped that we would get lots of ideas to inform our developments. The study day included an eclectic mix of case studies from clinicians, librarians and publishers - here are our best bits.

The Nottingham University Guidelines App,
Dr Adrian Kwa

This was a great talk, really interesting as Dr Kwa (an anaesthetist, not a computer programmer) devised and created this app from scratch. The app itself is great, we would definitely recommend checking it out - it's searchable, browsable and you can save favourites to look at later. He updates the guidelines himself and if you do not upgrade (to ensure that you are up-to-date) your access is revoked. He was clear that by improving access to policies, guidelines and standard operating procedures patient care and safety would be improved.

He put users of the app at the forefront of the design process to ensure that the final design was intuitive to them, not just to the designer. His approach to user centred design was supported by a human factors expert using focus groups, critical incident techniques and card sorting. He soon realised that everyone had a different approach to finding information, and after much testing, he designed an intuitive product, which worked across all specialities. We thought that this approach to user-centred design was really interesting and that the card sorting exercise could be used for web design or shared drives.

Supporting your Trust's guidelines and policies,
Richard Brigden

Following an NHS Litigation Authority (NHSLA) visit, the Library at Lincolnshire United Hospitals were asked to take on the process of managing access to Trust documents, which involved managing document review, providing evidence searches and undertaking quality assurance processes. This was interesting as we are heavily involved in managing access to documents, but only after they have been formally approved. Richard's service manages the quality assurance process and sends documents for approval once completed. There were various challenges on the way and different intranet platforms used (returning to the original with an improved search facility) to provide access to Trust documents, but we got the feeling that this may not have been completely resolved. There were many questions from the audience, largely around the time involved for libraries in managing this process – definitely a step up from us, and we're not sure that we would be able to take on this amount of work, but much of his experience did resonate with us.

Librarian involvement at Leicester, Sarah Sutton and Louise Hull

Both Sarah and Louise gave an insight into two aspects of their involvement in guidelines development at Leicester. Sarah presented a case study about her

partnership with the Chief Information Officer and Clinical Quality team, which enabled them to improve the existing system (Sharepoint 2010) for managing access to guidelines. Guidelines were difficult to find on the intranet, something that something I'm sure we've all come across.

Louise talked about her role as Clinical Librarian for Standards and Guidance and how she works with teams to develop the documents. Despite working with non-traditional library users, it's actually similar to providing evidence for guidelines, delivering current awareness and contributing to the committee. A key resource that Louise signposted was the AGREE II Critical Appraisal Tool, which is worth a look: http://www.agreetrust.org/resource-centre/the-originalagree-instrument/

Open source software for managing policies and guidelines, Trudi Wright

At Derby, there had been issues regarding the storage, retrieval and governance of Trust policies and guidelines. The Trust made the library service responsible for uploading documents to the new system to enable a consistent approach – which is a similar set up to ours at Lancashire

Teaching Hospitals. One crucial difference is the fact that Derby Hospitals have introduced KOHA, an open source library system, to manage access to Trust policies - https://derby.koha-ptfs.co.uk/ - rather than Heritage, which is also their library catalogue. Unfortunately, we had to leave before the end of Trudi's talk, but we were really wowed and

both agreed that we would like to find out more, particularly, why they decided to use KOHA rather than existing software (Heritage) as we do.

At the start of their project, Trudi and her team thought very carefully about the exact requirements that their system needed to fulfil. From our own experience, too, we can't emphasise enough how important this part of the process is.

Finally, we loved the way that Trudi demonstrated KOHA using screen capture, and thought this could be adapted for training. We'd definitely like to visit and find out more.

Final thoughts

We were struck by the range of involvement in the document management process and the fact that other Trusts faced the same issues as us. With the exception of the user centred design highlighted by Dr Kwa and Trudi's introduction to Koha, we didn't come away with any new ideas; more a reassurance that our experience wasn't unique and that many of the challenges faced had been encountered elsewhere. Tweets about the day generated some discussion about running a similar event in the North West, and this is something that we'd like to explore, maybe with the LIHNN Quality Group who have recently carried out a survey into the way that libraries are involved in the process nationally. The results will paint a picture of libraries' levels of involvement in managing guidelines. Judging by the study day they will find plenty of examples!

If you'd like to view the presentations in more detail, go to this web site

http://www.uhl-library.nhs.uk/cl/events_gsd15.html

A final thank you to the LIHHN Committee and HCLU for covering the study day attendance fees for us and making the arrangements which was much appreciated.

**Tracey Pratchett
and Eva Thackeray**
LANCASHIRE TEACHING HOSPITALS
NHS FOUNDATION TRUST

Issues:

Chasing & tracking

Finding authors change jobs/leave the Trust

Escalation

Formatting

Process

Approval

EIAs – Equality Impact Assessments

Top tips:

- Senior management buy-in
- Use existing resources e.g. Sharepoint
- Get funding to enrol expert help
- Improve naming protocols
- Use metadata
- Don't give up!

The Director of Health Libraries Annual Prize: 2015

Over the last four years I have been delighted to be asked by the Library Information Health Network North West (LIHNN) Committee to give a personal prize to someone in the network who has contributed to the profession and the network.

In thinking about this I recognised that LIHNN is much bigger than just its NHS members - it includes library and knowledge services in universities, charities and from national bodies with a North West base.

This means that the annual Director's prize could go to anyone from those sectors.

The other thing I had to think about was all the different people that make up the network. I tend to meet and get to know our Library Managers - but I don't think the prize always has to be about "managers" and "people who have been around for a long time".

And so, with those caveats, I thought about who has contributed to the profession and to the network - and it is clear that this is not always going to be easy - everyone contributes, in some way, to the network; but I have decided to give this fourth Director's prize to two people who I think you will agree richly deserve it and some might say, long overdue.

This year's prize goes to Steve Glover and to Kieran Lamb

Over the last couple I've used Professor Sir Muir Gray's comment that he wanted the resources and services of the erstwhile National Library for Health to be "ubiquitous", i.e. "found everywhere" – well, if you want two ubiquitous librarians then look no further than Steve and Kieran.

I know Steve can't be with us today but his contribution to our profession and this network is marked by a huge range of activities

- Managing a range of purchasing consortia for HCLU and the network – and managing the Athens and link resolver contracts for eh NW

- Chairing our Inter-lending and document supply group and being a member of the Newsletter Editorial Board as well as a past co-ordinator.

- He's been a Chair of the Greater Manchester patch group and represents HCLU on the former Content & collections Development Group and currently on the LKSL-NICE Liaison group

- Steve had published a range of articles in our professional press

- Perhaps most strikingly Steve has been around the world as part of the World health Organisation's HINARI programme – teaching people in developing countries the skills of searching, of accessing and managing e-resources – and has even been shot at!

- In summary, Steve is one of our "go to" guys – not just of things electronic but for a willingness to put his hand up and say "I'll do it".

Turning to Kieran – who is in the room – I almost want to say ditto – but we all know Kieran is different

- Everything Kieran turns his hand turn is imbued with Kieran's personal style – I think the phrase is laid back – but that belies his passion, his enthusiasm for our work and his determination to try new things.

- Kieran has run the FADE service for nearly 15 years and been a team member for longer than that – I can't mention FADE without acknowledging that there is a very uncertain future for it and the team and we are working to find solutions.

- Kieran has represented the northwest on the LKSL IM&T Group – chairing it for its last couple of years. He has been active in the Cheshire and Mersey patch group over many years and Linda tells me he used to write its Newsletter in the pre-LIHNN era.

- Kieran has helped so many of us – formally and informally with social media and new ways of keeping up to date – I found out what an RSS feed was from Kieran – and he has been instrumental in setting up our ADMIRE alerting service (he's good at acronyms too). I always enjoy Kieran's Facebook pictures – doors, umbrellas, ducks….

- Kieran is always looking for ways to make practical use of the new technologies – the work he and his team have dome to create a record of the work of the NW's Research and development team (led by Stuart Eglin) has used WordPress – to create a living and exciting archive of their work.

- And despite all the new, techy stuff, Kieran loves to train people, to help people – ask him for a health circular from the 1940s and he'll find it – and I gather he's been known to hand deliver stuff to people's homes!

- Like Steve, Kieran is a "go to" guy.

So, finally I would like to congratulate Steve and Kieran on their achievements – long may they continue!

Steve and Kieran.

David Stewart
DIRECTOR OF HEALTH LIBRARIES NORTH

A fond farewell to **Donna Schofield**

On December 11th 2015 friends and colleagues came together to bid a fond farewell to Donna Schofield, who retired from the position of Library Manager at Wythenshawe Hospital.

Donna worked at UHSM for a total of 25 years, 20 years of which were spent as Library Manager. During this time Donna worked tirelessly to successfully develop and improve the library service in every way. She was extremely popular, well liked and highly valued by all at UHSM. She was always more than happy to share her vast experience and offer advice to colleagues and to fellow librarians in the region and beyond.

She possessed great leadership qualities and it was a real pleasure to have known her and to be a part of her team.

On behalf of the Academy Library staff we are sure we can speak for everyone in saying that Donna will be greatly missed. We wish her a happy retirement and all the best for the future.

The Academy Library Team

(L-R) Rini Banerjee, Donna Schofield, Mary Hill, & Steve Glover.

Revamped, renewed, and ready to Go!
The Management Collection at CMFT

You may or may not be aware that a Greater Manchester "Management Collection" was established in 2002 covering subjects like *leadership, management, human resources, mentorship, finance, recruitment and selection, project management, time management, health management, and business.*

Over the last 18 months we have successfully bid to HCLU's development fund to refresh and bring the collection up to date whilst retaining classics from such gurus as Handy, Drucker, Kotter and Northouse. There are over 400 titles and they are available for issue via Inter-Library Loan. You can find these titles in the NW OPAC so if you are getting requests in these subject areas check out the NWOPAC before the British Library. We are now rebranding this the *"North West Management Collection"* although in reality it has always been available across the patches.

Steve Glover
CENTRAL MANCHESTER
UNIVERSITY HOSPITALS

Supporting training with online videos
A case study at Bridgewater Community Healthcare Trust

The concept
As Bridgewater is a Community Trust, staff are spread out across a wide area, including Wigan, Bolton, Cheshire, Oldham, St Helens and Warrington. This makes traditional face to face training difficult – particularly in terms of finding rooms and arranging 1-2-1s at a mutually convenient time and place.

In addition, the staffing in the library at Bridgewater has always been lean – with a full time Librarian, Tracy McKay and a part-time Library and Knowledge Services Manager, Gill Swash. However in 2015, Bridgewater secured some SIFT funding to recruit a part-time eResources Librarian. Lisa McLaren took up the post on a temporary basis from late October to Christmas. Rather than dilute the staffing further by extending the training on offer, the decision was made to have Lisa focus on creating some training videos to supplement or even reduce the need for face to face training.

Scoping the technology and content
Bridgewater had recently purchased Captivate software to help with the creation of eLearning materials. However, although Captivate was excellent for converting plain PowerPoint to an online session with quizzes and narration, its video recording wasn't good enough - it only recorded keystrokes - we needed it to capture mouse clicks as well.

We eventually settled on Google Screencastify, a free plug-in for Google Chrome. This had recently been used by Michelle Maden in the LIHNN MOOC (Massive Open Online Course) and had worked well.

Creating the videos
Before Lisa started to create any videos, she sat down with Gill Swash to discuss what topics they wanted to cover. They drew up a list of potential videos then storyboarded and scripted the content. From there, she took one video at a time and storyboarded and scripted the content, before recording the screen and the audio. As the software required these stages to be done together, it was quite a lengthy process with many takes. We then uploaded the videos to

the Bridgewater Youtube account.

We also updated the intranet training page (above) with a list of videos. With a list of videos, a short blurb explaining the concept and any supporting materials, with a view to creating new guides, where needed.

Two ideas lent themselves nicely to Captivate: Critical Appraisal and creating a PICO search, so these were created on PowerPoint and uploaded to Captivate. Lisa then narrated over the slides and created some short quizzes to make them more interactive.

Challenges & lessons learnt
The software was free, but it meant the logo was very prominent and hid some of our screen, which was crucial to the recording process. We got around this by adding some subtitles on YouTube, with references to the URLs or library contact details.

The Captivate files were impossible to load onto Sharepoint so we had to work with our IT department to get them hosted on a different server and link to them.

Evaluation
We haven't yet carried out an evaluation, as our videos have only been on the staff intranet site for a month. The last few were uploaded this morning and Lisa is still writing the PICO resource! However, in the longer term, we want to look at a number of impact factors, including hits on the videos and number of people attending for training. We will also be looking at incorporating the videos into the training sessions to improve understanding and recall.

Lisa McLaren
BRIDGEWATER COMMUNITY
HEALTHCARE NHS FOUNDATION TRUST

NEW starter

I have worked in the information field for 30 years. Most of my post qualification experience has been as a contract librarian in most sectors – except prison libraries.

Having moved to the North West a few years ago after a long period of peripatetic living, I took a temporary job at Salford Royal Foundation NHS Trust as a contract librarian.

In June this year I started in my first permanent job in 25 years at University Hospitals of Morecambe Bay. As User Services Librarian I have a joined a friendly team that has undergone major changes and challenges in the last 18 months. I am responsible for the customer service aspects of the library service across the whole Morecambe Bay Trust which includes two libraries (some fifty miles apart) and a learning centre in a third location. The job certainly holds many challenges and opportunities.

Opportunities!

My varied experience has already been useful but I am looking forward to learning about working in the NHS as a permanent employee and my colleagues have been extremely welcoming and helpful.

Janet Reed
USER SERVICES LIBRARIAN
UNIVERSITY HOSPITALS OF MORECAMBE
BAY NHS FOUNDATION TRUST

Revalidation **in action!**

When Emily Hopkins and Daniel Livesey offered to run a revalidation session after the Library Manager's meeting at Haydock Park on 22nd September, I jumped at the chance!

I'm a great believer in making the most of time away from the office and this was something which had been on my to do list for some time (about a year to be precise). In 2014 I started a CPD log on the CILIP VLE to find my way around, I didn't find it very intuitive to begin with and following a period working outside the library service, I lost momentum a bit. Anyway, I am pleased to say that I attended the session and had submitted my revalidation by the end of it, so fingers crossed it will be accepted.

In advance of the session, Emily and Dan sent out some really useful guidance documents, with examples of a CPD log and an evaluative statement plus some general guidance on using the VLE. I read through these and decided to create a list of CPD activity I'd completed in a Word document which I could take to the session. However, as I started pulling this list together, I remembered how easy it was to add the details of CPD events to the log, so I decided to save time in the session and create a new log for me to add my CPD into. Once the log is created, it is easy to add individual CPD activities with a short reflection for each.

When creating the list of CPD activity I had completed during the previous year (September 2014-September 2015), I was really surprised at the varied range of things which I could include and soon exceeded the target of 20 hours. Some of the things I included in my log were articles/blog posts I'd written, meetings I'd attended/chaired, interesting books/articles I'd read – particularly useful if you used the learning for work or development, courses I'd attended, projects I'd worked on and interview preparation. By the time I'd finished I had a 100 hours of CPD listed and it took about an hour of my own time

before the session to pull this together. For me, adding the log in advance saved me time on the day which enabled me to focus on getting the evaluative statement completed and my portfolio submitted.

On the day, we took our own laptops and were able to connect to the Wi-Fi. Emily and Dan introduced the day and ran through each area in advance and then supported us to complete aspects of our revalidation. The session covered: creating your log, writing your evaluative statement and pulling everything together into a portfolio. It was a really hands on session, something that works really well for me, and meant that we were all able to work at our own pace. The evaluative statement is really short (250 words in total) and they provided a template which really helped me to write it. I basically wrote one sentence for each box and that just about covered it. One of the things that I had to do a bit of work on was linking my evaluative statement to my CPD log. I'd had a change in career direction during the year, so there was a slight disconnect between the two. When you only have 250 words, it can be difficult to synthesise your thoughts, but luckily Emily was on hand to give me some pointers and after a bit of tweaking, I was ready to submit.

Pulling the CPD log and the evaluative submission into a portfolio was the trickiest bit for me; I don't think I would have had the patience to work it out if I hadn't been at the session. That's largely something to do with me not reading instructions carefully and just jumping straight in! I've just logged on again and I can't remember how to link the two together, so hopefully they will run another session in about a years' time. Luckily, Emily and Dan followed up the session with an email including lots of handouts and advice to guide me through the process should I get stuck. It was a great day and thanks to Emily and Dan for making it so productive and enjoyable.

Tracey Pratchett
KNOWLEDGE & LIBRARY SERVICES
MANAGER, LANCASHIRE TEACHING
HOSPITALS NHS FOUNDATION TRUST

Editor's Column

How you can contribute to the Newsletter

All members of LIHNN are welcome to contribute to LIHNNK Up. We particularly encourage contributions from para-professional staff and anyone who has not previously written for publication. Members of the Editorial Board would be pleased to "mentor" new writers and provide advice on what makes a good readable contribution.

What could you write about?

Really it is up to you as we are looking for topics of interest to health library staff. It could be:

■ something new that you have used or your library has introduced

■ an overview of a piece of software such as a social media tool

■ lessons learned (good or bad) from doing something differently in the library

■ good news that you want to share with LIHNN

■ an account of events and courses attended. For conferences and courses please include what you found most valuable and what you will do differently from having attended the event or course.

Format of contributions and other "rules"

1. Please send your documents as Word (i.e. either .doc or .docx) files.

2. Photos and artwork should be submitted in JPG format. Please don't embed them in the Word documents. They should be submitted as separate files with a meaningful caption.

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

4. Please give full details of events, courses and conferences attended. This should include:

   ☐ The name of event and location

   ☐ Date of event

   ☐ Name of organising or sponsoring body

   ☐ Details of how any support materials can be obtained e.g. website urls

   ☐ Full references to any published reports, articles etc.

5. All acronyms should be written out in full for the first occasion they are used in the text.

PDF copies of back issues and indexes to the newsletter are available at: http://www.lihnn.nhs.uk/index.php/lihnn/lihnnk-up/read-the-newsletter

Contributions should be submitted to:

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About Library and Health Network North West (LIHNN)

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