LI**H**NNK UP

As always when marking a sea-change like this I find myself going back to the beginning and looking at issue one of LIHNNKUp in Spring 2001 and I see that I didn't write the editorial.

That was done by Kathy Turtle who was Chair of the Editorial Board and also library manager at Chorley Hospital. She described the newsletter as a *"glossy, professional, print-format forum for the exchange of information and expertise"*.
I notice that I contributed an article celebrating the contribution of Valerie Ferguson who was retiring as library advisor to the North Western Postgraduate Deanery and who laid many of the foundations of the work that HCLU was to do. Thanks to our splendid indexers I know that since issue one I have contributed three editorials, in issues 36, 49 and 50. Issue 49 was all about our expansion into Yorkshire and the Humber and the North East; issue 50 was a celebration of 50 issues and I once again turned to issue one and explored its themes. Issue 36 was an editorial about managing in turbulent times – nothing new there!

So for the fourth time in eighteen years the LIHNNKUp team have asked me to write something, this time to mark the transition to a new title, Northern Lights, and to an electronic only version of an all northern health libraries newsletter. Knowledge for

Healthcare, which itself is nearly four years old, is clear that library and knowledge services must be "digital by default". Most newsletters that pop into my inbox are e-only now. We are about to begin work on Knowledge for Healthcare "two" a revised and refreshed version with new work-streams to take us to 2025. The NHS changes constantly, we need to renew ourselves, our services and our means of communication. The time is surely right for us to say farewell to the glossy printed newsletter that has served us so well.

Onwards and upwards as I often say in team meetings!

Finally I mustn't neglect my editorial duties as there is much to read about in this latest, last print issue: on gaming (twice) , Gloucestershire and geek for a start. There is musicians' health literacy; enquiry form design and an interesting piece of reflective future gazing from a former health authority librarian. What's a health authority? Finally there is organising a shared drive and creating knowledge assets that support organisational HR functions. I'm not sure that all of that was what health librarians did in 2001 – but as someone in this issue says of change, *"embrace it"*.

Happy reading to you all!

David Stewart

DIRECTOR OF HEALTH LIBRARY AND KNOWLEDGE SERVICES NORTH HEALTH EDUCATION ENGLAND

IN THIS ISSUE

NURSE INDUCTION WEEK
FUN AND GAMES

Staff playing board games in the 'traditional' way

Earlier this year the library bought a range of educational board games which help teams to improve their knowledge of areas such as sepsis, infection control, pressure area care, nutrition, hydration, teamwork and communication.

They have been used by a number of departments to enhance their study days but two practice-development sisters have really put the games to good use.

Sharon Ellis and Sharon Vickers deliver induction training for new nurses, healthcare assistants and assistant practitioners and they initially used the board games on the final day of the week-long induction training – usually a Friday afternoon –

to end the week with a bit of fun, whilst still delivering important learning opportunities.

Rather than playing the board games as they were designed, with plastic playing pieces and counters, Sharon and Sharon came up with an innovative idea to combine the games, using the floor as the 'board' and the participants as 'counters.' This enhances the participants' opportunities to interact with each other and share their knowledge and skills.

This is how it works. Several picture cards are laid out on the floor in a random pattern, snaking around the available space. Teams take turns to throw a dice and when they land next to a picture card – either a water drop, a sepsis label or a poo - they and their team are given a question from the corresponding game. If the team answers

correctly the 'counter' moves forward the appropriate number of spaces. If not they miss a turn. The team that reaches the end first is allowed to go home first and the other team plays until they reach the end.

Sharon says although it is a lot of fun there is a serious aspect to this. The talks and workshops they attend during the week are essential to their knowledge before they begin their new role but we can never be sure how much they have taken in. The Friday game session allows us to go through some of the learning, allowing the teams to discuss their knowledge and come up with an acceptable answer. This way they consolidate their learning and we can be sure they have assimilated the information they are going to need.

In addition, it creates a sense of friendship and camaraderie that will help them get through the first few weeks of their new role, which can be quite daunting.

Sharon Vickers said "I'd never heard of these games before the library got them. They are a great idea – I wish I'd thought of it myself!

The participants learn so much from taking part – and most of the time they don't realise what they already know –it really is a great way for them to share their knowledge. And because it is all done in a spirit of fun, they answer confidently and with conviction.

It is an alternative way of learning and we have a lot of fun. During one of the games one of the nurse was constantly landing in the 'poo' so there were many comments around that. We all ended up in tears – we were laughing so much."

DEBRA THORNTON
LIBRARY AND KNOWLEDGE MANAGER BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Knowledge Assets
Coming to a Library Near You

As a student doing my library postgraduate diploma in the late 2oth century I remember flicking through a whole series of printed indexes to compile a bibliography on a topic which was then produced in the revolutionary new format of a Word document.

As time went on we were introduced to Dialog and Data Star with searches made up of white text on a black background, a flickering cursor and an expensive and unreliable internet (or was it telegraph?) connection to Switzerland. By the time the 21st century reared its ugly head librarians were producing elaborate search strategies, using sophisticated platforms to produce, well, essentially Word documents, albeit in Word 2013 rather than Word 95. These were often simply lists of references with no attempt at systemization or classification which was deemed to be best left to the experts.

Then came evidence synthesis – the first beginnings of our attempts to impose some order and structure on our search results. For some people this took the form of an Excel spreadsheet with references arranged in the traditional pyramid, or Matterhorn, of evidence – muddy case studies at the bottom and, in the pure white snowfields at the top, systematic reviews. Others grouped references into must read, should read and could read – the latter category depending for its consumption on, even by the standards of North-West England, Biblical amounts of rainfall. As an arts graduate with eyes no longer up to the rigours of 10-point Arial scattered indiscriminately over a grid of narrow lines I ended up opting for an extended essay format with headings covering the main topics and – thank to the University of Chester – an EndNote-assisted bibliography at the end.

While all this was going on in the (relatively) tranquil world of libraries the NHS was going through one of its periodic bouts of throwing all its constituent pieces up in the air to see what might happen. This culminated in the creation of STPs one of which covered Cheshire and Merseyside – the Brookside-Hollyoaks axis, so to speak although with fewer

bodies under the patio one hopes. As part of the STP it was decided to create a leadership community of practice with its own portal. But what to put on it? One suggestion was knowledge assets – shorter, snappier, more interactive evidence summaries with hyperlinks, attractive graphics and links to e-learning. As a fully paid-up member of the tweedy tendency at the JET Library I tend to do the evidence searching and summarising producing a Word document with headings and a bibliography. This then gets passed over to Steve Collman who – being rather more au fait with the 21st century – sprinkles some e-magic over it to incorporate the graphics, links and e-learning. They've gone down well so far and Steve presented on them at the LIHNN Christmas Study day.

But we need your help. One of the things we'd love to include in the knowledge assets are case studies particularly on:

- Staff motivation and engagement
- Succession planning
- Talent management
- Appraisals
- Psychological safety
- Health and wellbeing

Have you – or your Trust – tried anything new in these areas? We'd love to capture knowledge in this area and are working on a knowledge-asset template and instructions for sharing them. We think it's a really powerful way of showing off how good librarians are at cooperating and working with one another. Why not show off your assets, so to speak, with your Workforce and Organisational Development leads?

We'll share any case studies we get via the MAP toolkit, the Cheshire and Mersey Systems Community of Practice and the Cheshire and Mersey Local Workforce Advisory Board.

If you're interested in contributing to this – or would like to see a knowledge asset for yourself – drop us a line on lr.leighton@chester.ac.uk or call us on 01270 273172

John Gale
MID CHESHIRE NHS FOUNDATION TRUST

If you don't ask, you don't get

The Clinical Librarian Team, Lancashire Teaching Hospitals NHS Foundation Trust

Our problem

It's amazing how you get used to things when they've been in place for a while - for example: terrible woodchip wallpaper, an awful pair of curtains you meant to replace when you moved in but never got round to, or obsolete fields on your literature search request form.

What we found

In 2017 the clinical librarian team at Lancashire Teaching Hospitals were looking at the existing paperwork for literature searches and seeing how things could be improved. We had recently discussed an article at our journal club* which looked at satisfaction levels for a series of elements of the lit searching process, and drew a number of interesting conclusions. During the study, 72% of search requests were followed up with requesters to "…clarify the search parameters"[1].

Staff were significantly more likely to be "extremely satisfied" with the librarian's interpretation of the search (p=0.002) when the librarian followed up (either verbally or by email) to clarify the initial search request.[2]

This stands to reason really, and makes perfect sense. It reflected our experience – sometimes when presented with a search request that we didn't understand we found we gained a huge amount of background information by simply ringing the requester for a chat. However, we knew this wasn't practical for every request. Phoning every person would take time and delay the search if we couldn't get through to them.

What we did

We started to think about how we could pre-empt the clarification process. Were there changes we could make to our form so that people could give us that information in advance? The search request form had been in the same format for many years, and the section that asked for details of the search had the following questions:

- Please describe your search topic or question.
- List the key terms and alternative or similar terms that describe your topic.
- If you have a clinical question you may be able to define your topic further using the PICO Model below (there then followed a box to fill in for each of the PICO elements).
- Have you already identified key papers, authors or references on your search topic? (If yes, please list up to 4).

Reviewing completed forms we found that the majority of people filled out the box for the first question and left the other three blank, although occasionally they might list some alternative terms. We decided to scrap some questions and add a new one. We got rid of the PICO section and the part on already identified papers, and added:

- Please provide any background information or context for your question. This will help us ensure we provide the most relevant results.

What happened

We found the new question provided very valuable information that helped us hone our results so they were much more focused and relevant. Whereas before someone may have put in a request for 'The effectiveness of drug A compared with drug B in condition C', we were now getting the reason behind the search; it might be that drug B was cheaper and they were looking to switch to save money, or that recent research on the side effects of drug A had come to light and they were looking at less toxic alternatives, or even that a patient had queried the use of one drug rather than another, and they needed some evidence to show that the treatment they were prescribing was the appropriate choice. All of these are the same search but through a slightly different lens each time.

What we could have done differently

Writing this article, 18 months later we are thinking that we should have recorded this change in format and the impact it has had in a far more formal way. It would have been very useful to have had some before and after stats, demonstrating levels of satisfaction with searches to see if there was a tangible change in how happy requesters were with the way their search had been interpreted and the relevance of the results we sent to them. We know that from our side of things the new question has made life easier for us and now means the search request form looks a lot cleaner, but with hindsight we should have looked at things from our readers' perspective too.

That's a lesson learnt and something we'll do differently the next time we implement a change. We thought it was worth sharing with the wider community though, as it was a very small (and easy) change that is having a positive effect on the way we carry out our literature searches.

Emily Hurt
LANCASHIRE TEACHING HOSPITALS

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1 McKeown et al, p. 124.

2 Ibid.

*McKeown, S et al (2017) Evaluation of hospital staff's perceived quality of librarian-mediated literature searching services. Journal of the Medical Library Association, 105 (2), pp:120-131 Open Access, available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370602/pdf/jmla-105-120.pdf

ADVENTURES OF A LIBRARY MASCOT

Promoting the Perfect Stocking Filler this Christmas

"The story"

University Hospitals of Morecambe Bay NHS Trust (UHMBT) Library and Knowledge Services (LKS) was interested in buying educational games to support the learning and development of NHS staff. The opportunity for funding came up in November 2017 and we were successful in getting money to buy some games.

We discussed ideas for promoting the games and the launch day at a team meeting in May 2018. We agreed to send emails to staff and department leads that the games are specifically tailored for; such as the Infection Control and Sepsis games. We also agreed to have a Games Launch at the Royal Lancaster Infirmary (RLI) and Furness General Hospital (FGH) and promote the games via social media. Our launch date was the 11th of July.

Before the launch, our assistant librarian went to a session about the games at the Heath Libraries Group (HLG) conference. The session covered what other Trusts had done in terms of purchasing, and promoting the games to service users and monitoring their impact. We also took part in a Trust event the week before the launch to showcase the games and the library service with a selection of the games on display; there was a lot of interest at this event.

The launch was relatively quiet, however some people did come and some of the games were immediately requested or borrowed by staff. Around half of the 15 games we'd bought were either out on loan or reserved by service users in the following days.

Dysphagia Game

The Director of Nursing visited the library to ask about - and borrow - some of the games and invited library staff to bring the games and show people how to play them at matrons' meetings. Our assistant librarian also showed people how to play the Infection Control game at one of their team meetings.

We're also planning to go to training sessions hosted by the Learning and Development department to show people how to play the games at events and our assistant librarian continues to promote the games and set up training sessions in how to use them.

We've added the games to our website where our readers can see a full list of the games currently provided by UHMBT LKS. The list includes images of the games and basic information including the topics covered and what people can learn from them.

Resources required:

- ☐ Time to send out emails to individuals and department managers within the Trust with games that are specifically of interest to the department/individuals

- ☐ Time for staff to promote on the social media platforms Twitter and Instagram using the UHMBT LKS mascots

- ☐ Time for staff to send out written pieces for the weekly news that is sent to all staff and students within the Trust

- ☐ Tea, coffee, biscuits for the launch day

Colin Keeping Cool with the Hydration Game

The Games:

- Communication
- Dr Jargon
- Drugs round
- Dysphagia
- Game of stools
- Harm free care
- Hospital life (patient flow)
- Hydration
- Infection control
- Masterful mentoring
- Nutrition
- Removing barriers
- Sepsis
- Stop the pressure
- Stroke
- Teams that care

Alignment to local, regional and national drivers:

"To provide the highest possible standards of evidence and knowledge management to support the very best patient care and staff experience"

UHMBT LKS

UHMBT LKS provides a wide range of resources to support staff and students in their professional roles with a goal to provide the best quality care for patients. The educational games selected are both specific to clinical skills and practice within the Trust but some; such as the communication game, can also be used in the learning and development of all staff and students. The games offer the staff and students chance to have relevant discussions to solve various scenarios and answer questions. This promotes teamwork, improves their communication skills and enables them to learn from each other. Therefore, the games support the UHMBT Behavioural Standards Framework; which has particular focus on communication, improving patient outcomes, accessibility and working as a team.

Impact of this project:

There is now an increased awareness of the library and the services it offers, particularly the games. Interest in, and use of, the games increased straight after the launch. The games are creating new opportunities to work with other departments in the Trust to support staff and students' learning and

Promoting the Games

development. This should lead to the library service's increased involvement in the wider organisation. Written and verbal feedback collected from readers has also been positive.

Lessons learned:

Our promotional strategy was a success as it generated a lot of interest from various staff and heads of departments. The emails sent out targeted departments and staff who would directly benefit from the games. The market stall at a Trust event the week before the launch allowed people to see the games on display and be informed of the games launch.

The games launch itself was not well attended at either site. RLI had some users and we took pictures of them while they played the games. The date of the launch may have had an effect; more people might have come if we'd had it in the Spring or Autumn. We thought that having the launch at the library was the best thing to do but not everyone has the time to leave their departments so our new strategy of taking the games out to staff for team meetings or training events might be more productive.

Next steps:

- In the process of buying other educational games to market to a wider service user base within the Trust.
- Also buying second copies of the more popular games such as the Communication, Sepsis and Infection Control Games
- Continue to promote through social media
- Organise another 'launch' day for the new games in 2019
- Go to Trust events and departmental team meetings.
- Go to matrons' meetings and any training events in collaboration with the Learning and Development department to facilitate the games.

KERRY BOOTH
ASSISTANT LIBRARIAN
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST

MY EXPERIENCE OF ATTENDING A WORKSHOP ON
musicians' health literacy and education

A few months ago my colleague spotted an email on LIS-Medical about a series of workshops on musicians' health literacy and education.

She asked me whether I'd like to go to one; she knows I have a strong interest in music because I studied music at university many moons ago and they were specifically looking for health librarians, amongst a wide range of other professions. Always keen to get involved with music-related topics, I said yes, and so on 24 September I caught the train to Manchester and made my way to the Royal Northern College of Music (RNCM), where the event was being held.

Raluca Matei and Keith Phillips, who had organised the event, are both PhD students at the RNCM and had received funding for these workshops from REAlab (https://realab.org), the North West Consortium Doctoral Training Partnership (NWCDTP www.nwcdtp.ac.uk), the Institute of Musical Research (IMR www.the-imr.uk), Psychology Postgraduate Affairs Group (PsyPAG www.psypag.co.uk) and the Royal Musical Association (RMA www.rma.ac.uk)

After a welcome with tea and coffee, Raluca explained that training as a musician is physically and mentally very demanding, which can adversely affect students' health and wellbeing. In spite of this, however, music conservatoires uphold practices that are informed more by tradition than evidence and often do not provide health literacy and/or critical appraisal training as part of their education programmes.

Raluca and her colleagues have already done a substantial amount of work on this topic (see reference below for example) and they now wanted to use these interdisciplinary workshops to reach expert consensus on what conservatoires should provide to students in terms of health literacy and education so they could draw up some guidelines.

After the introduction we were split into groups. The people in my group all came from a variety of backgrounds; there were musicians, students, lecturers, teachers, and allied health professionals.

For the morning session we were given lists of cognitive biases, logical fallacies and things to bear in mind when assessing health-related claims and in our groups we were asked to discuss whether we thought the items on the list were relevant to musicians' health and wellbeing or not, and whether any concepts were missing.

The following examples and quotations are taken from the lists provided in the workshop to give you a flavour of the discussion.

- Cognitive bias: e.g. authority bias – 'the tendency to attribute greater accuracy to the opinion of an authority figure (unrelated to its content) and be more influenced by that opinion, e.g. she is my vocal teacher, she must know about singers' health!'

- Logical fallacy: e.g. the appeal to tradition – 'a conclusion supported solely because it has long been held to be true, e.g. this practice has always been endorsed among musicians, therefore, we must continue it.'

- Assessing health-related claims: e.g. 'Treatments can harm. People often exaggerate the benefits of treatments and ignore or downplay potential harms. However, few effective treatments are 100% safe. Implication: always consider the possibility that a treatment may have harmful effects.'

The lists were long and these tasks were hard, in fact, I don't think my group got to the end of them all! It would have been nice to have had some preparation time for this in advance as it was very difficult going into it cold.

After lunch we were mixed up into different groups and discussed the relevance of a list of health topics to musicians' health education. The topics ranged from mental health, through physical health, performance-related hearing-loss, preventative health, everyday music study routine and performance preparation and enhancement, information on where to get help, to the differences between complementary and alternative medicine and evidence-based medicine.

For me, the most enjoyable aspect of the day was the interdisciplinary nature of the event, meeting people from so many different backgrounds with a shared interest in music. It was also a thought-provoking day. Although studying music at university is not quite the same as studying at a conservatoire, thinking back to when I was a student, health education was certainly not part of the curriculum then, although I'm sure my fellow students and I would all have benefited if it had been.

At one point during the day my group talked about how important it is to teach musicians-in-training to use critical appraisal when dealing with health information. I mentioned that you also have to teach them how to find and access the information. At work, we health librarians spend a lot of our time teaching health professionals how to find and access health information, as well as how to appraise it, but the day made me realise how this doesn't just apply to health professionals; everybody could benefit from knowing how to access good quality health information and how to think about it critically. Reflecting on this afterwards, it also made me wonder whether the RNCM library had been involved with the project or whether it would have an interest in being involved. I'm sure there is scope for collaboration between health libraries and conservatoire libraries in this area. We signed consent forms at the start of the day, so I will be keeping an eye out for publications or other outputs from the project and I wish it every success.

EVA THACKERAY
ASSISTANT CLINICAL LIBRARIAN, LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

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CREATING AN ONLINE PATIENT-INFORMATION ENQUIRY SERVICE

Background

Our patient improvement team approached us as our Picker Inpatient Survey score for patient information needed improving. Despite already having a patient information team that produced an array of patient leaflets, more needed to be done. Our Trust wanted to look to the future and support our ever growing number of digitally literate and digitally able patients.

After meeting our head of Patient Experience Improvement, I was invited to meet a patient who wanted to tell us about his experiences of patient information provision – it was really useful to get a patient's perspective on this.

We decided to conduct a quality improvement (QI) project with our QI academy to create an online patient information enquiry service.

The service aims to direct patients to the best and most appropriate information freely available on the internet. This can include up to 3-5 key websites/pages with a very short summary about why the information is trustworthy and appropriate to give added value and provide reassurance.

The project to date

- The project is up and running and you can view it here www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets scroll down and it is on the right hand side. Testing with our users showed this was not the most accessible area but due to the design of our Trust's website it cannot be moved

- We have come up with a way of dealing with the questions, including triage and referral, if we get questions that aren't appropriate for us to answer

- Examples of questions already answered include:
  - What treatments and tests are available in Gloucestershire for Hypothyroidism?
  - More information on Global Aphasia please
  - My father may need oxygen at home when he is discharged, can you give me some information

- I contacted our Chief Exec and Chair to explain this initiative and they invited me to talk at our Annual Members meeting - not only about the project but also about the impact Library & Knowledge Services has on our Trust and patients

The future

- We need to do more publicity then evaluate it to ensure it really is an improvement

- This project is just the start of our journey as we have now been asked to become more involved in patient information, our Trust is aware of what we can offer and we are looking forward to working more closely with our patient experience team

Lisa Riddington
LIBRARY & KNOWLEDGE SERVICES MANAGER
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

NEW STARTER Deirdre Garner

"I have recently started at Lancashire Teaching Hospitals Trust as a Library Assistant working in both Preston and Chorley hospitals. I have previously worked at University of Salford for 14 years, in various roles most recently as an Information Support Assistant in the customer services team. Prior to that I worked as a Senior Library Assistant for 17 years at the London Business School and even further back as a library assistant in public libraries."

"At Salford university I had some experience of working with student nurses, midwives and other healthcare professionals but much of my current job is new and to me and its very interesting and satisfying to start afresh in a different customer service environment with such varied work."

Deirdre Garner
LANCASHIRE TEACHING HOSPITALS
NHS FOUNDATION TRUST.

LIKE WOW WIPEOUT
SURFING THE WAVE OF CHANGE
REFLECTIONS ON HEALTH AUTHORITY LIBRARIES: THE FUTURE

2001 wasn't just a Space Odyssey, it was a period of yet more NHS reform.

So strap yourself in for a reflection on a paper I was involved in writing about the future of Health Authority Libraries in a changing NHS landscape and the inevitable musical references that will ensue
(PS they've already started!).

Shifting the Balance of Power within the NHS: Securing Delivery

Nigel Crisp was responsible for this piece of grey literature that proposed a move away from the 95 Health Authorities to be replaced with 30 Strategic Health Authorities. It was all part of the NHS Plan (2000). StBop as it was rechristened also introduced the move towards Primary Care Trusts from the Primary Care Groups that had been created by *'The new NHS modern. dependable'* (Department of Health 1997). The bottom line was the dismantling of the NHS internal market to foster local ownership and control of health services and replace GP Fundholding and the corporate culture that had arisen from it (Wilkin, Gillam and Smith 2001).

What did this mean for libraries? Well for the acute trusts, very little. For the existing Health Authority Libraries, it meant the prospect of potential mergers, consequent relocations and potential job losses or so we thought. For the Health Authorities Information Group it was time for action so a small Task and Finish Group was established to draw up a position paper to look at the options for the future. Like a 60s spy movie this involved a meeting at Charnock Richard services on the M6 with a laptop that retrospectively must have felt like a brick and had the computing power of a scientific calculator. My recollection of the day is the good company that Liz Farrell and Liz Walton were, a rather naff coffee and a heap of wry amusement and the odd curse as we pulled together our paper. It suggested as options:

1. Do nothing
2. Create merged Health   Authority libraries
3. Develop collaborative services at a health authority level
4. Or a hybrid of 2 and 3

Naturally we thought option 4 offered the best result both for evidence seekers and existing library staff!

Road to Nowhere

There is many a slip between grey literature and the implementation of policy! In the event St Bop led to the establishment of 28 Strategic Health Authorities as new organisations and not from the anticipated merger of Health Authorities. It also led to the creation of 303 Primary Care Trusts, later reduced to 152 as a result of merger. Most Health Authority libraries ended up sat in the Primary Care Trust sector where they continued to deliver services to Public Health and Commissioning staff. HCLU even managed to establish new library services within Primary Care Trusts. This paper we wrote did not predict or envisage that. Eventually though the NHS cycle of change led to a situation in the North West where none of the libraries that were involved in the Health Authorities Information Group are existent today, it was a wipe out. Vestiges still survive: the North Grey Literature Collection (www.allcatsrgrey.org.uk/wp), I'm over at Stockport, Liz Walton is at NICE and Liz Farrell has retired. Like cockroaches and skinheads I suspect we might survive a nuclear attack.

I'll Be Your Mirror

So how do I reflect on this:

1. In times of change it is better to plan hopefully than to do nothing, the thought processes are never wasted.
2. Support of your peers is a wonderful thing, we have a strong network, celebrate it.
3. Change is the only constant in the NHS - all you can do is embrace it.

Kieran Lamb
STOCKPORT NHS FOUNDATION TRUST

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THE LAND OF **GEEK**

THE NEAR FUTURE: **A BETTER PLACE**

Looking at the past for NHS 70th, led us on to unexpected conversations about change and the future of the NHS.

Assessing the changes over the last 15 years led us to discussions with Organisation Development and Learning & Development about the future skills of the workforce. From developing into history we started to look at the world outlined by CableLabs in *The Near Future: A Better Place*.

Around about the same time as NHS 70th, Computer Services were in the processes of implementing Office 365. What started off as championing the roll out, has resulted in much greater potential for partnership working with the team. So where do the worlds of IT & library & knowledge services overlap?

SharePoint: A document management system which can be shoe-horned into producing an Intranet and Internet. It may be cursed by a number of library services supporting the management and metadata of policies and procedures. With a bit of tweaking we have been able to tailor the front page of the Intranet towards team interests. Based on your log-in and assigned team, the links to key systems, recent documents and news relevant to your department now sit alongside more generic Trust-wide updates.

Teams: Creates online group-working space, ideal for collaborations and developing communities of practice. You can organise different topics into 'channels' and people can sign up to the areas which are most relevant to them. Popular for use within Health Education England. Emily Hopkins has been a fantastic support to the System Leaders' CoP we are developing collaboratively across Cheshire. Nifty integration also means that meetings can be booked through the system and conference calls recorded and stored within the Team.

Delve: Delve is a linking tool between all the Microsoft packages. Spring 2018 saw the launch of the WhoBot in Office 365. This is a basic AI programme that uses Delve to answer questions like who is leading a project? who line manages? etc. It is the modern version of the ever-so-tricky skills database. What is more – you can train it. Add in links to training materials, YouTube videos etc.

Outlook: The most popular Microsoft tool used. Our interest has been in developing its use for video conferencing with the library providing support in troubleshooting and training and lending headsets, speakerphones and webcams. This service is already saving travel time and reducing time from the work place and enabled the business case to use Skype to deliver remote clinical consultations in care homes. It enabled me to present at HLG alongside the head of Community Services, Office 365 Project Manager & Health of Education.

The all-out deal with Microsoft is also helping us to develop a secure WhatsApp-like tool for within the Trust. Also in the pipeline are projects involving Microsoft HoloLens for education and strategic planning. We are also hoping to invest in a mobile Surface Hub to improve outreach events in the Trust and develop the automated capture of facilitated group discussions.

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LINKS

The Near Future: a Better Place https://www.cablelabs.com/news/cablelabs-the-near-future-a-better-place/

ORGANISING A SHARED DRIVE

at Lancashire Teaching Hospitals

OK, I admit the topic of how to organise your shared drive is not the most exciting in the world. Nevertheless shared drives can play an important role in your organisation and a badly organised shared drive can cause a number of problems for your library.

Last September I was asked by my manager to re-organise the library's shared drive (T Drive). This article discusses my experience so far.

It is worth asking why a well organised shared drive is important.   The basic point of a shared drive is to allow certain people to access material easily by storing it in a single location. But shared drives can perform a number of other functions. They can support business continuity by assuring continued access to information after people leave an organisation. Shared drives can help with team work and create a culture of sharing. They can reduce the proliferation of duplicate documents and the resulting danger of not referring to the latest version of a document. Finally, shared drives can an act as a record of activity.   An unorganised shared drive can reduce the effectiveness of all these factors and - in a worst case scenario - negate any advantages a shared drive may offer.

Typical reasons why shared drives becomes unorganised include:

- Having no agreed naming convention
- Having no agreed structure for the shared drive
- Having no ownership of the shared drive

The result can be folder creep: the significant increase in folder numbers due to staff not knowing where to put files in the existing structure, making it harder and harder to find information. Over the years the library's shared drive had developed this problem. My first task was therefore to consider best practice in other organisations. These are discussed under the following headings.

Staff inclusion

There was general agreement in the literature that all staff should have some involvement in re-organising a shared drive. The main reason for this is that it can often involve a considerable change in working practice on the part of your fellow staff. This is especially true in the maintenance of a shared drive and the chances of success are significantly increased by including staff in the development process. Therefore staff inclusion should permeate the whole process.

I began by delivering a presentation to the team meeting which considered some of the principles discussed in this article. It was agreed that a working group should be set up with a representative from each section of the library team. This group had a number of objectives. An initial task of the group was to identify those folders in the top two levels that could be deleted or archived. Any proposed changes were recorded on a spreadsheet and shared with the wider team. Once agreement was reached on those files that should be deleted or archived, I worked through the top two levels of the T: Drive deleting the relevant folders. The main purpose of the working group, however, was to discuss possible file structures and naming conventions.

File structure

File structures tend to be hierarchical tree-like structures and a well-organised file structure will be based on agreed categories, which can vary significantly between organisations. It is common for organisations to base their structure on their organisational structure. There are, however, a number of other ways to organise your shared

drive, including by clients, by products, by users, by projects or by business functions. Often a well-developed file structure will move from broad to narrower categories using a number of sub-folders. Some people are wary of creating too many subfolders (and Microsoft has a limit on the length of file path), but well named subfolders can not only help you organise files into logical groups, they can also provide useful feedback to information seekers as they navigate through the structure. It is also worth noting that the term "file structure" suggests a sense of permanence and the higher levels should not be easily changed.

Some discussion took place among the working group on whether to organise the structure based on staff organisation or business function. Eventually we agreed to use business functions though this decision was by no means unanimous. We identified a number of business functions that the library and information service carry out: Admin, Collection Management, Facilities, Governance, Human Resources, Information Delivery, Marketing, and Strategy and Development. These eight business functions are to form the top level of our T Drive. A document was produced that provided guidance for the sort of material that should be included under each business function. Once this was produced a team session was arranged for staff to map the top two level folders of the existing structure onto the new one. This took the form of a card sorting exercise. The next stage was to formally record the mapping process in a spreadsheet. This is the stage that we have currently got to and it is nearly complete. The spreadsheet will now be shared with all staff in order for them to offer further feedback on the proposed location for the new folders. Once the consultation process has been completed then the folders will finally be moved over to the new structure.

Naming conventions

Naming conventions for folders and files, according to the University of Edinburgh website, are intended to ensure that files and folders are named consistently, logically and in a predictable way. By doing so it should be possible to distinguish similar records from one another at a glance, making the storage and retrieval of files easier. Naming records according to agreed conventions should also make file naming easier for colleagues because they will not have to re-think the process each time. The working group drew up a series of 10 rules for naming files and folders on the shared drive, basing our rules on those suggested by The University of Edinburgh (see below). These 10 rules were shared with the wider team for feedback and were eventually ratified by the working group

Maintenance

Creating a new structure and naming convention is only the beginning. In order to successfully create an efficient file structure a change of culture is required. This, in fact, may prove to be hardest part of the whole process and it is why it is so important to involve the whole team during the planning stage.   Members of the library team have previously had the freedom to create folders at their own discretion. At least for the top two levels of the T Drive this will no longer be the case. Going forward control of the top level will be controlled by the library manager and the second level is likely to be policed by allocated members of staff. Greater freedom will be given to staff members at the lower levels of the shared drive, but even here staff will be expected to name files and folders in line with the naming convention policy. New members of staff will need training on how to use the T Drive and this training should be included in the library's induction process. It is too soon to say whether the project will be successful in the long run. Ultimately, it success will depend on how much staff will buy in to the advantages of a well organised shared drive compared to the quick solution of creating ad hoc folders.

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REFERENCES

1   University of Edinburgh (2018) Naming conventions. [Online] Available at
    www.ed.ac.uk/records-management/guidance/records/practical-guidance/naming-conventions [Accessed 14th August 2018]

THE
Prints Charming
WHO GETS LIHNNK UP TO THE BALL EVERY ISSUE

LIHNNK Up has been coming out in print for a long time now. A lot's changed since then.

Libraries' stock has become ever more digital, social media consumes a larger and larger proportion of people's time and energy and the political landscape has changed beyond all recognition 'education, education, education,' being replaced with 'Brexit means Brexit.'

Sadly this is our last print issue although Northern Lights will now appear as a section on the Northern Libraries web site. What has stayed constant over the years though is that Heaton Press have consistently done a fantastic job turning swathes of prose and the odd JPEG into a reliably attractive magazine. Their eye for a good image, ability to come up with a great layout and unflappability in the face of a flow of content which seems to alternate between a dried-up wadi in the Libyan desert and the Amazon in full spate has made them a pleasure to work with.

ABOVE (L-R): Mike, Sophie and John

I'd like to express a huge vote of thanks from everyone on the LIHNNK Up editorial board, particularly to John Bardsley, who has been our main point of contact in the few years I've had the responsibility for sending articles back and forth. John has come up with some great ideas about illustrations and has patiently borne with my last-minute grammatical quibbles, for which I'm very grateful.

So look out for the annual (print) round-up of all the best articles submitted to the new site. I can't vouch for the content at this stage but you can be sure that Heaton Press will do a great job with what's available.

John Gale
MID-CHESHIRE HOSPITALS
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*LEFT (L-R):
Liam, Dean and Tony*

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

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