LIHNNK UP

by Health Libraries, For Health Libraries **ISSUE 10 SUMMER 2003**

"...on knowledge

itself - it must be organized for constant change"

Peter F. Drucker

Welcome to another LIHNNK UP packed full of a diverse range of excellent articles and information.

With knowledge management appearing again between the covers, I thought I would pass on a few quotes for your mental titillation. Enjoy!

"We don't have a word for knowledge. Our land is our knowledge, we walk on the knowledge, we dwell in the knowledge, we live in our thesaurus, we walk in our Bible every day of our lives. Everything is knowledge; we don't need a word for knowledge..."

Tex Scuthorpe
Aboriginal artist and consultant

"Knowledge creation, sense-making and learning do not happen in isolation, they are social activities..."

Valdis Krebs

"If we value independence, if we are disturbed by the growing conformity of knowledge, of values, of attitudes, which our present system induces,

then we may wish to set up conditions of learning which make for uniqueness, for self-direction, and for self-initiated learning."

Carl Rogers

"It is impossible for a man to learn what he thinks he already knows."

Epictetus

"If you have knowledge, let others light their candles in it."

Margaret Fuller

"Knowledge is a process of piling up facts; wisdom lies in their simplification."

Martin Fischer

"The great end of life is not knowledge but action"

Thomas H. Huxley

"These days people seek knowledge, not wisdom. Knowledge is of the past, wisdom is of the future."

Vernon Cooper

Emma Bailey

Setting-up Knowledge Systems for Electronic Retrieval

In the last edition of LIHNNK–UP, Neil Foley reported on the KM work being undertaken at Central Cheshire Primary Care Trust (CCPCT) to collect and publish clinical guidelines and protocols. As promised, here is a more detailed report.

Introduction

Working closely with Clinical Governance, the remit of the project has been to identify the clinical guidelines and protocols presently in use at Central Cheshire PCT and Mid-Cheshire Hospitals NHS Trust. The aim has been to get the most up-to-date versions up on the PCT Intranet wherever possible and to demonstrate that library skills are valuable for organising information on many levels. Maintenance processes and procedures for the clinical guidelines have been set up to ensure that guidelines and protocols will be systematically collected, verified and routinely posted on the Intranet. This project has not taken into account risk or non-clinical guidelines.

Search and Assess Existing Guidelines and Protocols on the Intranet

The project began in January 2003 with an information audit, commencing with an assessment of the existing clinical guidelines and protocols. At the outset, it was found that the clinical guidelines and protocols currently in use numbered 120 and 176, respectively.

The clinical guidelines found during the course of the project included those not only found on the Intranet but also included those only referred to on the Intranet– but NOT actually being available on the Intranet. Incidentally, arising from the promotional activities supporting the project, a number of additional documents were supplied – some in hard copy and some in electronic form. The presence, in some cases, of hard copy documents only, in the absence of being in electronic form, provides some confirmation as to the rationale for the project.

Indicatively, the collected documents included the following:

- Angina Management
- Colorectal Cancer Management
- Coronary Heart Disease
- Dyspepsia Management
- Erectile Dysfunction Management

- Leg Ulcer Management
- Urinary Tract Infection
- Referral Guidelines for Growth Monitoring
- Oxygen Therapy Guidelines for General Practitioners
- Post-natal Depression

The documents ranged from two page summaries to 20-page documents. Examination of the documents entailed assessing the composition of the documents. A cross-section of the observations are summarized as follows:

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- Duplications
- Lack of authorship / housekeeping details
- Vagueness of authorship
- Unfriendly printing formats - necessitating printing in landscape format
- Out-of-date sources
- Undated sources
- Uncertain abbreviations
- No references/ incomplete references
- Inconsistency of format
- Inconsistency of headings
- Directional arrows missing from flow charts
- Lack of Introduction/ background notes
- Missing appendices

Raising Awareness

To raise awareness of this project and therefore encourage clinicians' participation, the project has been widely publicised through articles in a range of newsletters and numerous meetings and presentations.

By using a number of methods, it was anticipated that any relevant members of staff who missed one approach may have become aware of the project via one of the other methods. Similarly, communicating via a range of media assisted reaching both directly and non-directly employed staff.

Consultation

The findings of the assessment of the existing clinical guidelines and protocols contributed to the development of an interview schedule to be used for consultations with authors and key users of these documents.

Although it was originally intended to develop separate question schedules for clinical guidelines and protocols, for the sake of simplicity and good time management (for both the interviewer and interviewees), it was decided to consolidate both the clinical guidelines and protocols into the one schedule. This had the advantage of removing any duplications.

In developing the interview questions all issues were considered relating to the three processes of collection, verification and posting on the CCPCT Intranet. Nominally, questions were devised under the headings of Creation, Currency, Distribution, Intranet, Learning from Experience, Links, Marketing, Sources Consulted and Usage.

Given the fact that most of the documents within the remit of the project were written by more than one author, and taking into account the time constraints on the project, it was decided that, in order to consult as widely as possible, interviewing would have to be restricted to one person per document. *Ideally,* consultation would have encompassed a wider range of voices. Again, taking into account time constraints, the initial interview served as a pilot interview.

Most interviews were of approximately one and a half hour's duration. Questions of interviewees were posed objectively. The clinicians interviewed included:

- Associate Specialist - Community Paediatrics

- Consultant Surgeons – Colorectal Cancer, Leg Ulcers
- Phyiotherapist
- GPs
- Respiratory Nurse
- Nurse Specialist - Child Health

Recognising the degree of interconnectedness between differing fields of practice, clinicians were asked to consider whether their guideline / protocol was linked with any other departments / multidisciplinary teams within CCPCT, or whether there were any guidelines / protocols which they would consider to be most closely related to their own – locally or nationally. Indeed, enquiry was made as to whether they would create linkages with any other locally produced documents generally. Broadening the question of related interests beyond existing connections, the question was asked as to who were the *potential* users of any clinical guideline/protocol.

Enquiry was made of the sources consulted in the writing of each document. In those instances when the sources were not available from the document itself, at interview, the question was posed. One of the outcomes of the project has been the creation of a template for the recording of all documents which

means of signposting local libraries / learning resource centres.

Currency

As mentioned, upon initial review, many obsolete documents were found to be present and some sources were even undated. Hence, the interview schedule invited interviewees to confirm the date when the guideline or protocol was created / last reviewed. It was considered essential that the starting point for this resource should be up-to-date. A related question was: *How frequently should this particular clinical guideline / protocol be reviewed for up-to-datedness?* For the sake of credibility in the eyes of the users, it would be important to ensure that a review of a clinical guideline / protocol is undertaken at the date at which it is planned to take place. Users' confidence in the reliability and up-to-datedness of the content should encourage usage of the resource.

In this regard, document control procedures have been devised for guidelines / protocols identified as being either *Current, Superseded and Archived or Withdrawn and Archived.*

An integral part of these procedures this

(See Future, below). Specifically:

- Whenever a document is scheduled to be reviewed, all authors are to be advised, bearing in mind the time required for a review process to be undertaken.
- All authors are to be advised of any amendments to the status of a document
- Prior to release onto the Intranet, the authors of any document will be required to sign an authorisation form. A copy of this form is to be retained by the person maintaining the Intranet site.

Archive

There was a general acknowledgement as to the need for an archive, interviewees citing different retrospective dates. Documents placed in the archive are to be recorded as follows:

VERSION NUMBER: **XXX**

APPLICABLE FOR THE PERIOD:
DDMMYYYY - DDMMYYYY

DATE ARCHIVED: **DDMMYYYY**

SUPERSEDED BY: **VERSION XXX**

PREVIOUS VERSION NUMBER: **XXX**

have contributed to the writing of any clinical guideline / protocol. For the purposes of consistency, authors (or those with delegated authority) will be asked to complete the template as prescribed. Also, for the purpose of accountability, the citation of references will be *compulsory*. As both a learning document and a practical clinical document, the provision of references provides a context-specific opportunity to extend knowledge. The accompanying question as to how information was obtained has provided the

relates to communications between the person maintaining the Intranet site for each document and the authors of the document.

A criterion for placement in the archive and related procedures has been devised.

Creating an archive of past clinical guidelines and protocols will provide for future generations learning lessons from the past. Also, from a legal standpoint, to be able to refer to past editions of evidential documents may contribute to resolving future disputes. Archiving is also relevant in the context of regulatory / clinical governance accountability requirements.
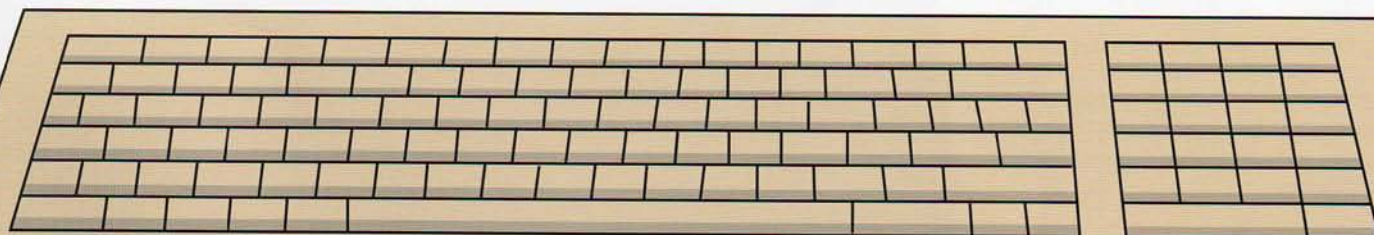
Future

Taking account of the exponential growth of content on the CCPCT Intranet, the Information & Communications Department (ICT) have recognised that, for the future, it will be necessary for individuals within departments within the Trust to have delegated authority and responsibility for maintaining their departments' presence on the Intranet, including the management of guidelines and protocols; access being controlled via passwords. It has been agreed with the ICT Department that the Trust Departments should comply with the structure determined by this project, having the provision to add in their own headings / sub-headings as appropriate.

Via this project, templates have been created for the placement of clinical guidelines and protocols on the Intranet. Initial assessments of the existing documents demonstrated that there were differences in the labelling of headings, for, ostensibly, similar content. Taking account of the unknown terminology in clinical guidelines and protocols yet to be submitted, together with the submission of documents by departments themselves, it was decided that, in order to achieve a degree of consistency of format, the more generalized headings, such as Introduction and References should be consolidated, without compromising specific clinical guidance presented under specialized headings. (See Fig 1: *Clinical Guidelines – Headings Structure*). The specific nature of these headings will aid precise retrieval. Also, consolidating headings will minimise information overload, considered to be important by clinicians.

Just as the skills acquired by attendees on, say, a Dialog training course, should be evaluated in terms of monitoring information-seeking behaviour, the placement of the clinical guidelines and protocols on the CCPCT Intranet may be maximised by encouraging their usage. Applying experience gained on other projects, consultation via interview found that, in descending order of likelihood of reaching staff, the most appropriate methods of promotion for the clinical guidelines and protocols would be:

- Presentations to selected groups
- Co-promoted with training in searching effectively evidenced-based sources
- Clinical Governance / Clinical Guidelines information at departmental meetings
- Targeted offer of assistance to a committee/ working group

Other promotional methods suggested were workplace induction, regular reminders and liaison with professional group leaders / facilitators.

Conclusion

This article has not covered all the activities of the project, rather, sufficient to give an overview.

Based upon the information audit, in the form of assessment of the relevant documents and interviews with the authors, the key processes - Collection, Verification and Posting on the Intranet - have been devised. At the time of writing this article, testing of the new software with the document templates and up-to-date documents is taking place.

Certainly, with regard to posting the documents on the Intranet, there are implications in terms of the training of staff in using the new software. However, it may be stated that the benefits to staff of accessing the clinical guidelines and protocols via the Intranet are:

- Accelerated decision-making
- Motivated and informed staff
- Combats information overload
- Understanding of past / current experience

- Procedures for the recording of future experience
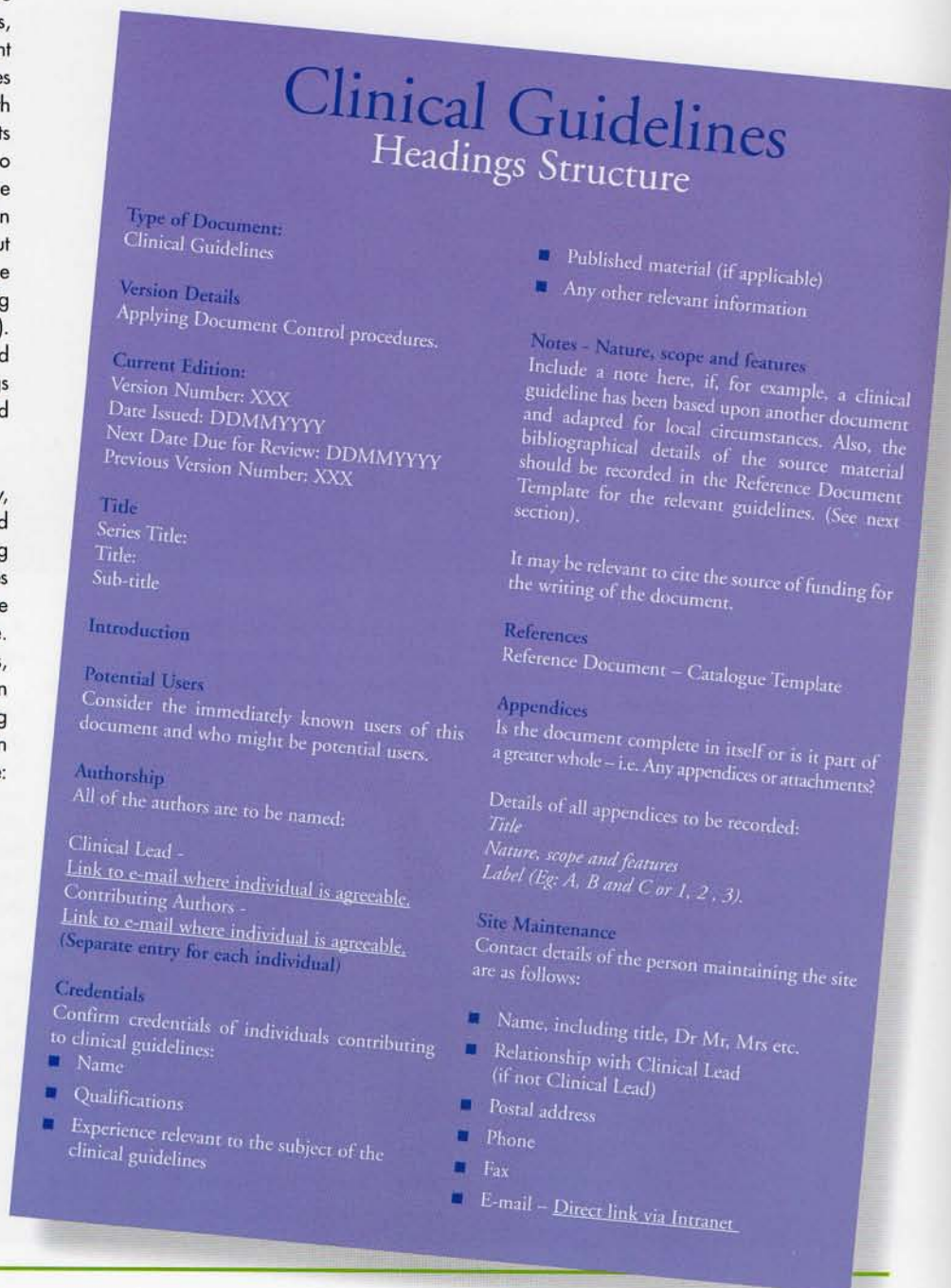- Accessible via the Intranet 24/7

This project has been a *part-time* role; funded by the Health Care Libraries Unit, and project-managed by Sue McDowell, Head of Clinical Governance at CCPCT. Later on in the year the work will be extended to other Primary Care Trusts in West Cheshire.

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Clinical Guidelines
Headings Structure

Type of Document:
Clinical Guidelines

Version Details
Applying Document Control procedures.

Current Edition:
Version Number: XXX
Date Issued: DDMMYYYY
Next Date Due for Review: DDMMYYYY
Previous Version Number: XXX

Title
Series Title:
Title:
Sub-title

Introduction

Potential Users
Consider the immediately known users of this document and who might be potential users.

Authorship
All of the authors are to be named:

Clinical Lead -
Link to e-mail where individual is agreeable.
Contributing Authors -
Link to e-mail where individual is agreeable.
(Separate entry for each individual)

Credentials
Confirm credentials of individuals contributing to clinical guidelines:
- Name
- Qualifications
- Experience relevant to the subject of the clinical guidelines

- Published material (if applicable)
- Any other relevant information

Notes - Nature, scope and features
Include a note here, if, for example, a clinical guideline has been based upon another document and adapted for local circumstances. Also, the bibliographical details of the source material should be recorded in the Reference Document Template for the relevant guidelines. (See next section).

It may be relevant to cite the source of funding for the writing of the document.

References
Reference Document – Catalogue Template

Appendices
Is the document complete in itself or is it part of a greater whole – i.e. Any appendices or attachments?

Details of all appendices to be recorded:
Title
Nature, scope and features
Label (Eg: A, B and C or 1, 2, 3).

Site Maintenance
Contact details of the person maintaining the site are as follows:

- Name, including title, Dr Mr, Mrs etc.
- Relationship with Clinical Lead (if not Clinical Lead)
- Postal address
- Phone
- Fax
- E-mail – Direct link via Intranet

Mental Health Conference:
implementing the research evidence

Attended by **Liz Stitt Calderstones** NHS Trust, **Norma Blackburn** Blackpool, Fylde and Wyre Hospitals NHS Trust

The conference was organised and hosted by staff from the Institute for Health Research, Lancaster University.

The theme of the conference was the contribution of research evidence to client care, and organisational implementation of research evidence. The conference aim was to facilitate the further development of both "evidence-based practice" and "practice-based evidence" in the North West. Participants were mainly invited representatives of NHS services, and academic researchers.

The purpose of our attendance was twofold: firstly to participate in the conference debate; by showing how the Library and Knowledge Service would support the dissemination of research evidence, and secondly to raise awareness amongst the mental health community of the Clinical Online Enquiry project for mental health and learning disability.

Conference proceedings
The day was divided into formal presentations, workshops and feedback sessions. Professor Eddie Kane, Senior Adviser on Mental Health and Secure Services, Department of Health, opened the conference with a discussion outlining the importance of Research and Development in Forensic Services, and suggested areas for future research endeavours.

Keynote speakers
The Keynote presentation for the morning session was given by Professor Laurie McMahon, co-founder of the Office of Public Management (OPM), University of London. He reported on "The Evidence to Action (E2A) project", run by OPM in collaboration with the Department of Health, which examined how evidence can be turned quickly and effectively into real and demonstrable improvements in patient care.

He looked at understanding the relationship between research and delivery and the sometimes conflicting needs of researchers and communities. He illustrated this from his own experiences.

Carey Bamber, Service Development Manager, National Institute for Mental Health in England, gave the afternoon Keynote speech. This pres-

entation focussed on user and carer involvement in the planning and delivery of mental health services. Aspects from this presentation had particular relevance for librarians, in their involvement of service users in the development and delivery of library and information services.

Workshops
Delegates were able to attend **two** of the **four** workshops offered. These were:

Severe Mental Illness
Professor Richard Morris, University of Liverpool and Mersey Care Trust

Forensic Mental Health Services
Dr Mairead Dolan, University of Manchester and Bolton, Salford and Trafford Mental Health Partnership

Mental Health in Primary Care
Dr Karina Lovell, University of Manchester and North Manchester Primary Care Trust

Child/Adolescent Mental Health
Dr Jonathan Green, University of Manchester and Booth Hall Children's Hospital

Attending these workshops gave us a better insight into the subject areas, and individual issues involved in getting funding and support for research.

Promotion of the Clinical Online Enquiry project for Mental Health and Learning Disability
Our project generated interest, particularly with the host University and clinicians.

Our Project Aims
Pilot an alternative approach to the delivery of library information services

Harness the skills and expertise of librarians to support all health and social care staff

Develop subject specialists

Demonstrate that current library information services can deliver services across organisational and sectoral boundaries

Provide a quality customer-focused service

Project Developments
Selected health and social care teams throughout Lancashire have been identified as participators in the project. Marketing of these teams continues with presentations and promotional literature being provided.

The software has been tested by the Project Team, and has been tailored to the specific needs of the project.

Accompanying documentation to the Web Enquiry Form, including Helpsheets, Feedback and Monitoring/Evaluation Forms, have now been produced, and electronic versions will be mounted on the website.

Smart maps for both mental health and learning disabilities have been put together by the Clinical Search Team i.e. Liz Stitt, Carmel Smith and Norma Blackburn. This will enable the team to have a consistent methodological approach with regard to literature searching.

Conference delegates visiting the stall were given promotional material and an update on the project.

Despite attending the conference presentations and workshops, held across the Nelson, Bowland, Portsmouth and Victory suites, our 'dynamic duo' librarians staffed the project exhibition stand during all the breaks – and still managed to eat a good lunch!

Norma Blackburn
Liz Stitt

Umbrella 2003 Information in Action

3-5th July 2003, UMIST

The biennial Umbrella conference took place this year at UMIST as usual, where librarians up and down the country joined together to listen to colleagues and discover what the library-associated companies had to offer.

For the members of the Health Libraries Group (HLG) attending the conference, the three days started with the AGMplus of the Group, an innovative idea expanding the AGM into an opportunity for members to discover a little more about HLG and it's work.

The trade exhibition opened at 5pm when everybody made the usual mad rush for freebies - I must have at least ten new pens! Interestingly, there were two stands that you would not normally expect to see – that of the Access Technology and the RNID, both showing how libraries could support the disabled user.

The first conference session hosted by HLG was the Bishop LeFanu Memorial Lecture, a lecture focusing on medical or library history and this year Dr Abigail Woods came from the University of Manchester to talk about the history of foot and mouth disease. Not exactly very much to do with library and information issues, but nevertheless very interesting as she espoused the theory that foot and mouth disease is a non-lethal, but political and economical disease! Over the years, foot and mouth has become a 'plague' due to politics and economics rather than through any natural means. (Dr Woods is currently working towards publishing a book for those that are interested in the subject)

Thursday evening saw dinner in the main restaurant followed by karaoke, or a poetry reading, or a string quartet. Although some of us disappeared to the bar, myself included where several interesting conversations were held between librarians from the BMA, RCN, NPSA (National Patient Safety Agency) and many others!

Friday started in earnest with a presentation from Andrew Booth (ScHARR) with regards to evidence based librarianship, a thought-provoking session that included the statistic that there are only 8 trials published within library and information practice, whereas there are 362,540 trials within Cochrane – we clearly have a long way to go before we can truly call ourselves evidenced based practitioners! It was interesting to see Andrew use the analogy of 'Who wants to be a millionaire' with respect to how we make decisions – phone a friend (ask a colleague how they did something before), ask the audience (send an email to lis-medical to ask the opinion of colleagues), 50-50 (toss a coin to decide which of the two databases to use, afterall, if the wrong decision is made, we can always change our minds!), when of course what we should be doing is utilising the fourth option of EBL – perform a systematic review, appraise the literature using a validated checklist and then make an evidence based decision.

After a coffee break, Bob Gann (NHS Direct) told us where patient information provision is going – it would appear that the future is digital! A digital television pilot showed that there were high levels of user satisfaction and an encouraging take up of the service, alongside service credibility and believability due to the use of the NHS logo.

A sandwich lunch was provided so that we could have time to ask pertinent questions at the trade stands! Of course, I couldn't find a stand that had the product that I was interested in!

For the fourth session of the conference, I decided to attend a session hosted by the UK Online Users Group that was entitled 'Supporting users; online, on paper and on message' where we were encouraged to think about how we presented our library documentation, whether in print or on the web – how best can we help our users to achieve what they want.

Richard Thomas, Information Commissioner, spoke on the subject of Freedom of Information as seen by the Government at the second plenary of the conference. According to Mr Thomas, the law is intended to create an open culture of information provision, which will lead to improved public trust and confidence and make a significant difference to public life.

On Friday evening there were several choices for dinner – either the East Lancashire Steam Railway, the Imperial War Museum or a dinner-dance at the Crowne Plaza. Having been on the steam train previously, I decided to attend the evening at the Crowne Plaza where the superb food was accompanied by music from a trio of musicians in the background. Many of us danced until late into the evening before our coaches took us back to the conference centre.

For those of us who weren't too hung over on Saturday morning, there were two more sessions to attend; I first chose to attend a session hosted by the International Library and Information Group on the topic of 'The cyber crime treaty: criminalizing library users?' where Paul Sturges from Loughborough University showed just how concerned he was with the implications of greater controls and policing of internet content and usage.

The second session I chose to attend was organised by the Industrial and Commercial Libraries Group where Sharon Markless, an independent research and training consultant from King's College London, spoke on 'Developing Librarians as teachers – key issues'. This was a very dynamic session indeed with a lot of participation by the attendees as we tried to understand the concept of learning being the focus of teaching, instead of teaching being the focus of teaching! A very subtle distinction, but one that I think that made a lot of sense for many of the people attending that session.

The final speaker of the day followed lunch in the main restaurant – if you ever get the chance to hear Val McDermid (crime novelist) speak, I thoroughly recommend her, as she is a very good, humorous speaker!

Thus ended Umbrella 2003, where I met new faces and bumped into old ones (Rose Turner, Kay Bankier and David Stewart!) while thoroughly enjoying myself picking up new ideas and theories.

Incidentally, I have several notes from the sessions that I attended, so if anyone has an interest in a particular session then I am more than happy to send out copies of my notes!

Sam Burgess
Librarian
Morecambe Bay Hospitals NHS Trust

Mersey Care NHS Trust
Knowledge and Library Service (MCKLS)
Accreditation and merging services

Which Services make up MCKLS to Support Mersey Care NHS Trust?

- A Patient service at Ashworth Hospital incorporating two libraries and one member of staff
- Ashworth Hospital Library
- Gabby Kearny Library at Hesketh Centre
- Mossley Hill Knowledge Service
- Drug and Alcohol service library

Further service details are available for Ashworth, Hesketh and Mossley at the North Mersey Lis portal at:
http://www.northmerseylis.nhs.uk/profdev/library/searchresults.asp

We will soon be accessible on the Mersey Care NHS Trust website

What experiences have we had of Accreditation?

Both the services at Mossley Hill Hospital and at Ashworth Hospital have had Accreditation visits, in November 2002 and February 2003 respectively. The Hesketh Centre and Drug and Alcohol services have not yet been through the Accreditation process. As the three services now all serve the same Trust a single Accreditation will take place in future. The update report due one year after Accreditation is due in February 2004.

What have my experiences of merging been?

Well... the last few months have been interesting and challenging, trying to get to grips with a new organisation, new users and different library services.

Some of the challenges have been........
...The position of the libraries within the organisation. For example within Education or Service Governance.
...Understanding the way each other's service works and how things are done
...Keeping our users informed of what it all means to them
...learning how to spell Kearney and McCafferty

Some of the opportunities have been.........
...more heads = more ideas
...that as a team we possess a variety of strengths and skills which compliment each other
...that we can learn from each other
...a realisation that some of our systems are not as good as we thought and an opportunity to improve
...access to the canteen at Ashworth
...sunbath..erm meetings on the balcony in the Ashworth Centre

How are we tackling merging and accreditation together?

→ Using the Accreditation standards and the recommendations made in the Accreditation reports to develop MCKLS.

→ Identifying priorities for MCKLS. An away day (with nice lunch, a priority when choosing the venue) was attended by all staff to determine baselines for each service by analysing the checklists used in the Accreditation visits and Hesketh Centre staff knowledge.
The priorities were identified as:

- Policies and Procedures
- Remote Access
- Training
- Quality
- Staff CPD
- Current Awareness

A working group has been set up for each priority area and a member of the group has been identified as a lead, responsible for co-ordinating each body of work.

Representatives meet every three weeks, at which time progress is discussed and an action log completed. This is fed back to all MCKLS staff together with any other information from the meeting.

What have we done so far?

- Enabled MCKLS staff to gain experience of other services where possible
- Enabled MCKLS staff to become involved in work undertaken within other services
- Increased staffing time at Hesketh Centre
- Created publicity material for the services as one service for the Trust
- Developed material for the Health Information section of the new Mersey Care NHS Trust website
- Begun to develop a training package for all Trust staff incorporating the new resources available
- Begun to tackle collection management across services
- Investigated and aligned systems e.g.
  - Membership
  - Staff development
  - Communication
  - ILLs (use of Winchill)

For further details please contact:

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For a cheap and cheerful meeting venue with good veggie food:

Away Day held at The Door
(home of Merseyside Youth Association)
65-67 Hanover St, Liverpool L1 3DY

COPYRIGHT NEWS

Charles Oppenheim's powerpoint presentation given at Umbrella 2003, is available via email from Kathy Turtle. Rose Turner was able to obtain the author's permission to make the presentation accessible.

INTELLECTUAL PROPERTY RIGHTS

Barbara Stratton CILIP Copyright Adviser has written to the Patent Office calling "on the UK government not to support parts of a new EU Draft directive on Enforcement of Intellectual Property Rights, which could criminalise even the most minor breaches of Copyright and perhaps see libraries prosecuted". Library Information Update July 2003, 2 (7): 11

NEW CLA STICKER SCHEME

When the new EU Copyright Directive is implemented into UK law the Copyright Licensing Agency (CLA) will be offering a sticker scheme. This will enable commercial users photocopying less than ten copies (for commercial use) a month, or libraries with a very small volume of document delivery, to copy documents, not covered by other CLA licensing, legally. Library and Information Update July 2003, 2 (7):15

EAST LANCASHIRE HOSPITALS NHS TRUST

1 April 2003 saw the birth of a new trust: East Lancashire Hospitals NHS Trust

This was brought about by the amalgamation of Blackburn Hyndburn and Ribble Valley NHS Trust (BHRV NHS) and Burnley Healthcare NHS Trust (BGH). The staff at both Education Centre Library, Blackburn and Mackenzie Health Library, Burnley were working towards providing a seamless service for all users of the new Trust long before the official amalgamation date, as witnessed by the above photograph. This shows staff from both libraries helping to officially launch multidisciplinary services at the Mackenzie Healthcare Library, Burnley Site at a Christmas Coffee Morning on 18 December 2002.

Rose Turner

Knowledge Management
for health and social care:

Mobilising knowledge to improve efficiency, lower costs and facilitate communication within health and social services

This three-day conference promised much, and, being held in the Hilton Hotel, Kensington, I was looking forward to good food too.

The first day was a workshop run by Jozefa Fawcett, Director of the Pol Experience, a Learning and Knowledge Consultancy, with the aim of setting the scene for the conference and generating discussion and knowledge sharing.

The three central themes of the workshop were

1   Knowledge Management in Context
2   Knowledge Management in Healthcare Organisations
3   Knowledge Management and You!

Our learning outcomes were:

By the end of this workshop, you will have:

- Explored your own understanding of knowledge management
- Practised using tools to help promote 'knowledge-sharing'
- Discussed different methodologies and frameworks
- Identified your own personal "knowledge work contribution"
- Produced key questions to be addressed by conference

The subject of knowledge management was covered very broadly and probably did not add anything new to most delegates understanding.

The emphasis was on the so-called 'soft skills' needed for knowledge management; people, culture change and organisational development. I learned a new buzz phrase (always good for using at boring parties) 'Emotional

Intelligence'. The overhead said:

EMOTIONAL INTELLIGENCE
Organisations succeed when people succeed

Lunch was good.

The most useful part of this workshop was the 'Swap Shop' session at the end when delegates posted on the walls their knowledge management 'wants' and also what they could offer. This led to some productive relationships being forged and it was interesting to see what people around the UK were doing around knowledge management.

I was staying with an old and dear friend who lives near Epsom so after the workshop I struggled through the rush hour tubers (complete with false moustache and glasses) to her house and a lovely tea. Her cat slept on me all night, which was a bit weird.

Next day was Day 1 of Conference proper. The goals of the event were stated as:

To provide a road map for implementing an effective knowledge management initiative – HOW TO DO IT
To illustrate how knowledge management can drive the delivery of better patient care – WHY GET INVOLVED IN KM

Specific themes to be covered included:

- The Patient Perspective (National Patient Safety Agency)
- Staff Needs (Knowledge Audit)
- Organisational Needs (DoH)
- Distributing Knowledge
- Policy (Veronica Fraser)
- Theory and Definitions

The topics and speakers for the day were

- Keynote Address by Dr. Liam Fox, Shadow Health Secretary.
- 'Making patient-centred care a reality' Bruce Madge, Patient Advice and Liaison Service, National Patient Safety Agency.
- 'Performing a knowledge audit to identify staff needs: developing your bottom-up know how' Jennie Kelson, Library Services Manager, Wilfred Stokes Library, Stoke Mandeville Hospital
- 'Understanding your organisation's knowledge needs: the Department of Health experience' Linda Wishart, Knowledge & Information Management, Department of Health
- 'Distributing knowledge about NHS services effectively: putting knowledge management into practice in the NHS Modernisation Agency' Maggie Haines, Acting Director of Knowledge Management, NHS Modernisation Agency
- 'Interactive Knowledge-Sharing Panel' *Jozefa Fawcett*, the Pol Experience *Maggie Haines*, NHS Modernisation Agency *Diane Gwynne-Smith*, Social Care Institute for Excellence (and the only evidence of any social care input to the whole event that I could see) *Joy Ellery*, University Hospital, Lewisham
- 'Promoting a united knowledge front' Veronica Fraser, NHS Library Advisor, Department of Health Information Policy Unit

Knowledge Management
for health and social care

- 'Barefoot knowledge management: defining what knowledge management means for health and social care' David Best, Managing Director, Roundarch Europe Ltd. (A specialist Consulting Company in the Customer Relationship Management field)

Day 2 had a much more practical feel to it. Many presentations were on actual examples of how people had introduced successful knowledge management strategies and methodologies to their workplace or organisation,

The topics and speakers were

- 'Building successful communities of practice: exploring myWorkPlace' Patrick Hill, Patient and Public Involvement, the Leadership Centre, NHS Modernisation Agency.

- 'Effective Healthcare: exploring the CHAIN (Contacts, Help, Advice and Information Network)' David Evans, Research and Development Dissemination Facilitator, CHAIN and the London NHS Regional Office

- 'Increasing the value of your self-service applications on a European scale: moving up the value chain' Shane Godbolt, Currently Head of London Library and Information Development Unit, London Department of Medical and Dental Education

- 'Liberating Literature: a case study of how ATTRACT has assisted knowledge acquisition in Gwent' Jon Brassey, Director of ATTRACT Wales and TRIP Database, Gwent Health Authority

- 'Re-thinking the way you do business: case study of knowledge management within the Royal College of Nursing' Jackie Lord, Head of Library and Information Services, Royal College of Nursing

- 'Improving standards of practice through effective information management and quality assurance' Tony Mc Sean, Librarian, British Medical Association

- 'Providing knowledge resources to the front-line: knowledge management in Bradford'

Kim White, Library Services Manager, Bradford Health Informatics Service

- "Knowledgeshare' from the ground up: meeting the knowledge management needs of multiple Trusts through local initiative' Richard Beard, Evidence Based/Knowledge Management Librarian, the Knowledgeshare Service, Brighton and Haywards Heath, Bradford Health Informatics Service

Of particular interest, I thought, was David Evan's presentation on CHAIN – how it provides

a multi-professional channel of communication between researchers and clinicians removing the barriers between research and practice. It will also be a component of the NHSU.

Also, Jon Brassey's presentation on ATTRACT in Wales was interesting. The ATTRACT is a process whereby staff in GP practices can send questions online or by telephone and receive back, within 6 hours if necessary, an evidence-based answer based on searching sources such as Cochrane, Medline and their own TRIP database. (A database of evidence-based resources set up by Jon in Gwent)

Kim White's presentation on Knowledge Management in Bradford was both inspirational and daunting. She told us how she had set up a comprehensive knowledge service to 7 trusts and provides a multidisciplinary, seamless service to all staff in the district. She provides a combined catalogue from all sites using Heritage (yes!), 24/7 electronic access to

resources from home and work, free training for all staff and support to primary care via HESS (Health Evidence Support Service) which provides evidence-based knowledge support for frontline clinical staff.

Very impressive!

I have the overheads for these presentations and for all the others if anyone would like copies.

Overall, it was a long but worthwhile three days and much knowledge was imparted.

There was a real emphasis on people being the key to successful knowledge management and a pleasing balance of theory and practical examples of knowledge management initiatives on both a national and local level.

There was far too much information to be able to reproduce it all in this article, but if anyone wishes to borrow the Conference pack, containing the printouts of all the speakers' overheads, or have copies of individual presentations, please contact me at the Health Care Libraries Unit and I will send you the information.

I leave you with the four key aspects of knowledge management according to Maggie Haines, that, I think, encapsulated the goals of the Conference.

- Create a Knowledge Base
- Ensure Availability
- Give People the Skills to use Knowledge Effectively
- Develop a Knowledge Sharing Culture

Sian Annis
HCLU

ECDL successes

Fran Wilkie

The 2nd round of ECDL training provided by HCLU is due to finish at the end of August.

There are already 20 people from this round who have successfully completed their ECDLs, and another 15 people who are on course to finish in time.

Added to the number of people who finished on the first round of training, and those we know about who have studied locally, that makes 155 library staff in the north west who have attained their ECDL certificate, and another 54 who are currently studying.

Congratulations to all!

Help HCLU to keep their figures up to date: if you have recently started working in the north west and already have your ECDL, or have recently started a course, or forgot to email Linda last time the message came round, please email Fran Wilkie with details of your name, job title and place of work, and when you passed ECDL or where you have started your course.

The photograph is of some library staff who attended the recent ECDL Awards ceremony in Manchester.
Left to right, Sarah Bowen, Laura Eves and Liz Brighton were presented with their certificates by Professor Sir John Pattison.

fran.wilkie@manchester.nhs.uk

Two to look out for:

A poster and leaflet on the Freedom of Information

&

A Data Protection Booklet
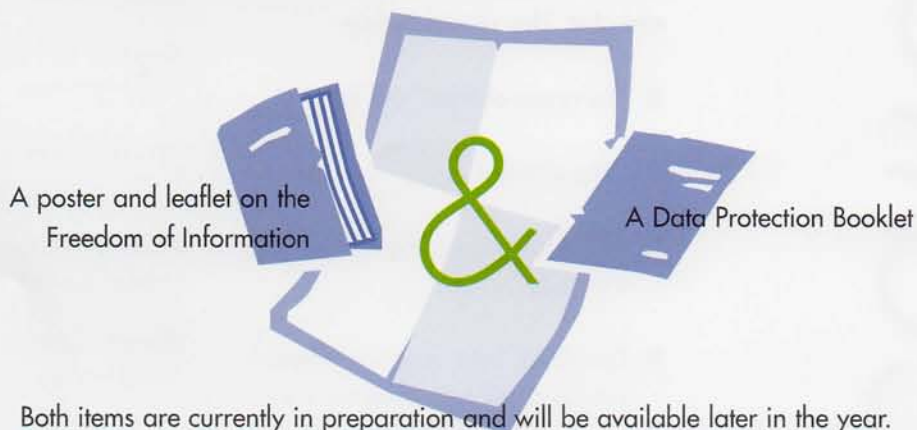
Both items are currently in preparation and will be available later in the year.

Marie Ford
St Helens and Knowsley PCT Library

"editor's column"

notes for contributors

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

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

2. News items and short pieces, which can range from factual to amusing, are also welcome.

3. All items can be submitted in print or electronic format.

please abide by the following points:

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

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

- The name of event and location

- Date of event

- Name of organizing or sponsoring body

- Details of how support materials can be obtained (where necessary)

- Full references to any published reports, articles, etc.

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

Guidelines for contributors are also available on the Lihnn website.

contributions should be submitted to:

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