CILIP Health libraries Group Conference: Scarborough Spa 15-16th September 2016

15th September

Keynote address: becoming business critical: knowledge for healthcare. Louise Goswami and Patrick Mitchell, Health Education England

There have been many revolutions in England – agricultural, industrial and – most recently – digital. We are now in a knowledge revolution and we need to investigate what our role is in helping others cope with the overload of information. How do we support them? Librarians are a vast untapped resource. Strategically, it's all about contributing to the Sustaining Transformational Plans (STPs) – geographical co-operation with performance targets and financial balance derived from the Carter Review/Report 2015.

We need to help deliver evidence from the hospital bedside to its boardroom. It is impossible to keep on top of evidence unless you're being helped to digest and mobilise it, helping staff to understand its significance. By launching the KM toolkit today and case studies, we are keen to grow the evidence of best practice. This includes work with partners such as NIHR on making research more accessible. www.libraryservices.nhs.uk – look at the blog to keep up to date.

Health Education England is also working on developing a visual identity – explaining how knowledge for healthcare can help library and information staff.

The newest initiative is making information better for patients and the public by facilitating public health literacy. There is a low level of literacy and numeracy in an ageing population who are increasingly being expected to manage their own conditions. Health Education England encourages people delivering such information to move towards the accessible information standard and also advocates bringing different library sectors together in collaborative schemes to help deliver this agenda. There are 7 modules in development to help with healthcare database searching and learning zones to help library/information staff with their own careers and conjunction with CILIP's professional knowledge and skills base and their new time management toolkit.

Parallel session 1D Literature search methods – an overview of reviews. Judy Wright, Leeds Institute of Health sciences.

This presentation was very much a form of "reverse engineering" – how to get primary studies out of systematic reviews and why.

In summary, the presentation began by looking at Cochrane and other overviews of reviews which can be used to answer a broad question in a usable accessible document. This isn't always easy because there are a number of related terms such as "reviews of meta-analyses", "review of reviews" and "updates of systematic review primary studies" to name but three.

Effective search strategies often include having pre-determined inclusion criteria, a quality and robust assessment process, a method of pooling results, and – where like cannot be compared with like (as is normally the case), a sensible narrative synthesis (description) designed to answer the broad question. All of this will hopefully provide a statistically significant answer and reveal gaps where more research is needed, which may in turn trigger the search for another overview.

The speaker outlined a series of databases that can be used to help with these, the most important for the NHS being NHS Evidence which now has a function to stipulate systematic reviews in the search strategy. However, many of them (web of science, Ovid searches, EndNote software) and not available to non-academic staff.

There are a large number of quality assessment measurement tools used by the academic profession including:

- Amstar and Risk of Bias in Systematic Reviews (ROBS) which is replacing Amstar soon

- Index of Scientific quality of research overviews (SORO)

- Quality assessment took for research overviews (effective public health practice project)

- Methodology checklist 1: systematic reviews of meta-analysis

- CASP

- …and many more

However, there is no agreement on which to use for which subject or which is more authoritative. The result is that similar systematic reviews use different criteria and produce different results. With not only different conclusions but also different primary research cited in similar reviews, and the fear that analysis of these reviews may have been biased by the assessment criteria or method of inclusion in each process (not to mention that there is an assumption that older systematic reviews did their job properly and there is no need to look back and re-evaluate them), there are many researchers who – quite justifiably – seek to review the original trials where they believe there is better quality/more direct authority or to check how the originals disagreed with each other in pre-existing systematic reviews.

This form of reverse engineering isn't easy. It is possible to get batch files of title and abstract from Cochrane reviews but others require downloading abstracts from the web of science reference lists. About 85% of the work can be done this way, but for the final 15% the workload can be intense. SCOPUS gives lists but no abstracts, original journal article reference lists can sometimes have links, manual checking with Google scholar or Endnote software – all these are techniques that help, but they aren't fool proof. Using the example of a recent CBT search, the speaker calculated it would take 10 months of a researcher's time just to comprehensively carry out this task, which isn't realistic. It is therefore very important that, whilst agreeing with researchers that primary studies can be very helpful in their work, we help them to realise the potential implications of their requests for such material.

Health Libraries Group (HLG) AGM: headlines:

- No CPD representative in 2016 so less CPD events were conducted this year

- During open floor a proposal to have a workshop event on a bi-annual basis (so conference year 1, workshop year 2) was suggested and received general approval

- Annual report included the headline that HLG had tweeted 785 times in 2015-6!

Parallel session 2B How to offer reflective writing sessions – Mary Hill, Christie NHS Foundation Trust

A number of NHS Trusts in the North West were moving towards collaborating with clinical departments to help develop the reflective writing section of doctor and nurse revalidation training. Currently Warrington and Halton hospitals NHS offer a reading and reflecting section as part of a day's revalidation, Mid Cheshire carry out 1-2-1 sessions and Christie NHS Foundation Trust are moving towards providing an online version backed by personal advice.

Reflective writing needs to be customised and, where appropriate, shared. When starting out on providing such training, it is important to aim to get immediate feedback from those being trained so that amendments can be made quickly in the first instance. The questions that form the basis of library-based training include: What is reflection? What should I reflect on? How do I write a reflective piece for revalidation?

Methods can include videos, practical tasks, using papers for reflective discussion, identifying good reflective writing examples and having a go at writing your own reflective piece on the training as a demonstration. The speaker drew our attention to some good tools for reflection/advice on the handout sheet (attached)

An example of this training (Warrington and Halton NHS Trust) is the 90 minute session "How the knowledge and evidence service can support your revalidation". Nurses worked in pairs, choosing an article from a list with a sheet included to complete with thoughts. One person discusses the article whilst the second prompts to get more information. Each takes turn doing this with a different example. Evidence being gathered includes your thoughts and feelings as well as what you've learnt. Even if the individual doesn't believe the article is directly relevant to their revalidation, the process is applicable in terms of applying it to their own practice.

Stockport NHS Foundation Trust has developed "Identifying good reflective writing sessions" (see worksheets 1 and 2, attached) in which nurses are encouraged to highlight examples of feelings explicit in the passages with a pink highlighter, and examples of learning explicit in the passages in a yellow highlighter. Often people discuss actions as a team approach, but for reflection CPD is much more about individual learning. The "I" word is very difficult in both the nursing and librarianship professions, so this reflective technique is good for both. With the case studies, nurses are then asked to discuss which piece best meets the requirements of reflective writing.

Both of these examples were tried out by delegates on the workshop and the results were very positive.

Other techniques – Christie, Stockport and Morecombe Bay's training features a weekly 5 minute think in pairs to discuss what might be suitable to reflect on and the NMC code they had to refer back to, with nurses encouraged to discuss their reflections within the group: sometimes coming up with some pre-prepared examples helps to prompt people to share initially.

Another technique developed by the same trusts included the "5 things to remember" session at the end where a "prize jar" with goodies in (usually pens) was handed to nurses who could remember the "5 things to remember about reflective writing" (within NMC code) – this was fun and often got quite competitive as nurses apparently like pens very much!

The speaker made it clear that these training initiatives aren't ways of promoting the library so much as supporting nurses/clinicians but often the two go hand in hand.

Parallel Session 3B Counter-measures: a systematic review of the measurement tools used to demonstrate the impact of libraries in a clinical setting – Pam Collins, Royal Wolverhampton NHS Trust.

The speaker was a member of an MLA (Medical Library Association) international research group looking at the best measures of value identified by health libraries/information services on a global basis. This extremely large and time-consuming piece of work, carried out across several continents has recently been published in the Health Information and Libraries Journal 33 (3) pp.172-189, available on the CILIP Health Libraries Group website.

The question the research group agreed to answer was "How best can we objectively document library impact". Having identified over 1000 original articles, they then paired this down to 64 which were critically appraised using the CASP economic evaluation tool. The key message was that there is no current objective measure of library impact in terms of value that will stand up to scientific scrutiny, only examples that seem to work for specific cases for individual organisations and these cannot be generalised. It is hoped that the KM toolkit recently launched will help to address this.

The learning points: When doing a review, you need to agree on standards and software beforehand. In this case, it wasn't just national but international. Standards agreed included Web EX (for conference calls) and EndNote for bibliographic references.

Parallel Session 4b (i) Becoming a learning organisation: disseminating lessons learned bulletins to improve patient safety Tracey Pratchett Lancashire Teaching Hospitals NHS Foundation Trust

As was common with many NHS Trust, a form of patient safety review was launched after the Francis inquiry into Mid Staffordshire NHS Foundation Trust. The task of the librarian at Lancashire was to interview, collate information, process and distribute this review. This review is distributed approximately every 2 months to around 600 individuals.

The speaker was keen to gather evidence on the impact of these reviews on the organisation – specifically the difference or change to the people receiving it, which was also relevant to LQAF and the library strategy. To do this, the speaker carried out a literature search to see if any impact questions had been written before but drew a blank. Instead, she formed questions using the impact toolkit and trust strategy objectives.

The results were mixed – there were 38 respondents (out of around 600) which was disappointing, but the highest impact areas identified were safe care, quality of care and effective care. As all three were top priorities within the trust strategy document, this was good evidence, but she couldn't be entirely sure that respondents hadn't chosen these because they recognised them from the strategy document themselves.

The speaker was keen to identify and pursue methods of improving the bulletin as a result of the feedback. These could include: involving wider members of the clinical teams in receiving/appraising the bulletin; holding a virtual discussion forum after reading; reducing the wordiness of the documentation; introducing wider topic variety (e.g. data protection) and using a more attractive

format using mail chimp which would also be easier to interrogate in terms of who read which pages and for how long. Other potential initiatives (seen as riskier) might also include placing the bulletin on the inter (not intra) net so it could be more easily publicised via social media; using Yammer as a discussion forum and embedding the contents of the bulletin into regular management and multidisciplinary teams and/or through learning at lunch sessions (possibly similar to our lunchtime sessions at LTHT)

During a brief discussion on further suggestions from the audience, my table identified the following additional suggestions for publicity – having people at the very top to recommend the bulletin to their staff; meeting the teams the bulletins were intended for on a regular basis to receive feedback and as a reminder to them and adding a survey and subscribe/unsubscribe instructions at the end of each bulletin (one member of the table suggested not getting unsubscribe messages was perhaps the only true way of knowing that your bulletin was being effective)

The speaker asked for any future suggestions to be emailed to her at tracey/practchett@lthtr.nhs.uk and recommended the NHS England 2016 report: "Building a knowledge enabled NHS for the future" as a short read on the topic (also summarised on the MAP toolkit – part of the KM toolkit)

Parallel Session 4b (ii) Elaine Garnett, Royal College of Obstetrics and gynaecologists: measuring the quality of literature searches.

As a solo librarian, carrying out literature searches for researchers who were generally writing for internal/external publication, the speaker was keen to get some feedback on the quality of her searches but knew that casual feedback would not work (most researchers request information from her online) and that surveys had too few responses to be statistically significant.

Looking at standards produced by the American College of Radiologists, the speaker was inspired to use the method of matching the journal references cited by the researchers in their completed publications against those provided by her (excluding those beyond date or subject ranges initially requested) with a "Gold standard" of relevant articles found (sensitivity - how many; precision – what proportion of the total)

Having implemented this system, the speaker will be submitting her findings to the Royal College within the next month.

16th September

Keynote address 1: Championing the role of information professions in the future of healthcare Nick Poole, Chief Executive CILIP

Having not been at the first day, Nick reported that the top three tweets he had read regarding HLG day 1 had been fog, cheesecake and the Lord and Lady Mayoress' enthusiastic dancing after dinner!

Every organised group of people needs access to the skills of information professionals whether they know it or not. We're approaching a period where our skills and ethical standards are essential to society and we need to capitalise and exploit that. The difference we make is high. All of the UN sustainable development goals which tackle some of the most fundamental aspects of life and

everything we want to aspire to achieve in the world can be addressed by organised knowledge and information.

We're sailing into an era in which evidence is all and "nudge policies" (helping people make beneficial decisions for themselves) are all about making insight available to everyone to make these decisions. Information literacy is all about making sense of all the data bombarding us and navigating/taking control of information to make better decisions from the output of this data.

There is an unprecedented demand for our skills – the challenge is championing this as a profession with opportunities. Librarianship is a career of transition and having a representative body to lead this gives us a strong voice – placing our skills and values right at the heart of our emerging information society.

Keynote address 2: Lynn Daniel, Expert patient's programme – information from a patient's perspective

The speaker helps to deliver the Expert patient programme which is all about how people self-manage their long-term conditions. What she's learned is that what is most important is having the correct information to make healthy and well-informed choices. Librarians add value to information and that can make a real difference. Sometimes this involves doing things outsides of an individual's comfort zone but the options can only be pursued if the patient feels the information is correct and appropriate to them, something which good information management and delivery can help achieve for her and those she assists as part of the programme.

Parallel Session 5b Knowledge for healthcare: talent management. Claire Bradshaw (Claire Bradshaw Associates)

The Talent Management Toolkit (from Knowledge for Healthcare) was launched today: http://kfhlibraryservices.nhs.uk/tm-toolkit/

The toolkit is all about making the best of people, for themselves, for their organisation and most of all to the patients.

Talent can mean many things: bravery (taking risk); expertise; influence; motivation; enthusiasm; self-confidence; action (!) and success (by their own definition)

What is talent as opposed to just being "good at your job"? – It's all about realised potential and value. Talent management is about recruiting and developing people to fulfil that value and potential. It helps people to change and evolve to their, and others, benefit.

The toolkit is easy to access, easy to use and takes the form of podcasts, FAQs, guides, slides, tips etc. – everyone can benefit but particularly managers and senior leaders.

The talent management process involves – identification, attraction/recruitment, development, retention and evaluation.

People with talent are like the lighthouse in Scarborough (with a foghorn form the autumn mist!) – It's about being attractive and inspirational as well as "fit for purpose" – you're not just any old house, you're a LIGHThouse! Everyone has qualities that help/hinder their journey through life but in

terms of personal talent there is always something you can work with and develop. To use the first two of the key elements Health Education England has identified amongst the talented as an example of this:

1) Commitment to the profession – people may be enthusiastic (having a passion to "make a difference"); exploiting opportunities and applying them to their own service or looking at future vision and being visible/proactive in achieving that vision. All of these are extensions of the same passion and anyone can do them.

2) Resilient thinking – Challenging ideas/having novel ideas even where there is personal risk and being a positive role model. This takes courage, but – with a sympathetic manager – we can all experiment and feel free to make mistakes during the process whilst sharing the original thoughts that can bring about very positive changes to an organisation.

Things to consider – people's experience, profile, qualifications, expertise, potential and bias/assumptions

Having a conversation with your manager about your personal potential:

1. Find the right environment appropriate to the conversation in a neutral conducive space with minimal distractions where you feel valued

2. Make it positive for the manager – what's in it for them? How can you make their life easier?, what's the value-added that you can contribute? Showing different but complimentary talents to your manager –lining up personal and organisational objectives. Using other colleagues to advocate where appropriate.

3. Effective preparation/planning – what am I doing before and after the meeting so I can give this my full attention?

4. Prepare – read all the information requires so you know it thoroughly – be fully briefed about what you want to do/the direction you want to move.

5. Being a coach – being asked/encouraged positively – it's about you and me, not about being told

6. Agree concrete objectives, actions, deadlines to facilitate the positive change/development

7. Close and conclude effectively – thank your manager for sparing the time and being happy to listen/develop you as an individual for the benefit of yourself and your organisation.

The TGROW coaching model

Topic – identify what you want to talk about and be specific

Goal – where are we going? How can we improve?

Reality – So where are we now?

Options – where can we go? What other things can we do? How can we explore further?

Wrap Up – So what can we do next? What do we want to get at the end? What will success look like? How can we most benefit/feel valued?

Talent development value can be exploited through many avenues including – formal training; creative learning to nurture talent (speaking, writing articles, conference attending); reading and reflection; getting involved in projects/pieces of work; shadowing/contributing; training/coaching.

Parallel Session 6C Writing for publication: what we can learn from other people's writing – Maria Grant HLG and editor of HILJ

When we write for publication, we're looking to share good experiences and ideas, get involved and engage with our community. We're also inviting dialogue, introducing/sharing our passions, informing/changing practice, promoting services/materials and getting some professional recognition!

However, we also have expectations as readers and they can be different from our expectations as writers. Here we might be looking for entertainment, learning, reassurance, the gaining of fresh ideas/perspectives/new ways of looking at things. Sometime we're looking for something that informs our professional practice tangibly and sometimes we're looking for inspiration/excitement. Sometimes we're looking for a bit of both!

Matching reader's expectations with writers is often all about answering that unspoken question – "so what?" As writers, we can often lose sight of why we are writing in the first place!

You can learn a lot about writing from reading. When reading, ask yourself whether the arguments in the writing make sense and if they're based on facts, opinions or bias? It's often easy to spot fault in other's work rather than your own. So, take your reading to the next level by being critical - this is the tool of critical appraisal in its broadest sense – applying that knowledge to your own practice.

Writing itself can take many forms, from the informal social media, through to newsletters and reviews, project/management reports and finally to formal peer-reviewed articles. If you receive peer reviewed comments never taken them personally and only look for the positive learning because peer reviewers are trying to match expectations between readers and writers. Peer reviews should help people to progress!

This workshop included critically appraising some extracts from research articles – the conclusions were:

- Be precise and clear about what you want to say – honesty is always the best policy

- Ensure grammar/spelling/tense agreements are correct

- Never "spring a surprise" and put new information into the conclusion – that's all about summary.

When we're writing, we have to clarify all the questions that anyone is likely to ask of our writing, so we need to anticipate and supply information comprehensively and concisely with references for context where appropriate.

If you're writing for a journal, follow the author's guidelines. It is respectful and is unconsciously saying that you want to be published by that journal.

The author often ties to say everything they've learned but we need to be precise and specific, not trying to crowbar everything into one piece. It may mean that we need more than one article to summarise what we've learned, but that's no bad thing sometimes!

Reading other people's writing helps us to articulate what we're seeing, internalising our understanding and applying that knowledge to our own writing. A good way to do this is to start reviewing for a journal yourself. It can inspire you to learn more, gain confidence, develop informed opinions and even do some writing for publication yourself.

Bishop and Le Fanu Memorial Lecture: PT your brain: the benefits of exercise on mental health Gareth Allen, Woburn Coaching (British Triathlon)

There are many tools available to help people with their mental wellbeing. The crucial ingredient is often good timing. Therapies work at different stages. The linear model is often: acute care, pharmacological care, talking therapies, social therapies and physical activities but it's not necessarily in that order or inclusive of all of these aspects. Exercise, for example, can be counterproductive if someone is in a manic phase or has a perception of pressure and/or failure to sport and physical exercise initiatives. However, it does fit into a recovery pathway for some and physical contact can be very important if you are isolated or lack confidence. Gareth runs the Fieldhead fit programme (Wakefield) and emphasises the camaraderie and social aspect of physical activities.

One of his favourite phrases is; "You may not always reach your final destination, but what a journey you've had!" – when you're heading towards goals in life, it is good to measure how far you've come no matter what techniques you've used to get there. The chances are you've gone a lot further than you ever thought you'd be able to, irrespective of if you reach that "final destination".

Question and answer panel session

The panel discussed the importance of getting knowledge into decision making and converting people who weren't convinced of the importance of information/knowledge management professionals in that process. It was emphasised that we have to work through other people to be most effective – through doctors, nurses and AHPs. This is often the most impactful way of delivering evidence-based medicine for the benefits of patients and the public.

A question was asked about the progress on the HDAS platform. Richard Osborn (Health Education England) and Marion Spring (NICE) said that this was taking longer than anticipated but they want the system to work properly rather than to an unrealistic deadline. At present restricted testing is taking place with external users and HEE, NIC and Public Health England would make a joint decision on a final release date.

A question was asked about the Membership model for 2018 and I discussed the problem for part time workers who may not find the new fees affordable. The Chief Executive of CILIP (Nick Poole) replied that he was aware of the situation for part time workers and encouraged people to continue to raise this issue in feedback sessions. HLG said they had lobbied for lone workers, unwaged and

international members for similar reasons. After the session, I was approached by a member who thanked me for raising the issue because she was part time and was considering leaving CILIP when the new membership model was introduced because of the cost implications but hadn't felt assertive enough to raise the issue to panel.

7b Knowledge Café: join an open and creative conversation and see knowledge management in action. Rachel Cooke, Caroline Storer and Laura Wilkes (Surrey and Sussex Healthcare NHS Trust, NHS Digital and West Suffolk NHS Foundation Trust)

Knowledge Management concepts and techniques can be a bit scary but it's actually quite easy to implement some of them. This session was a demonstration of a knowledge café – a non-threatening way of helping people to network and share their insights.

The sessions work as follow: a group of people sit around a table and have a 20 minute discussion around a pre-arranged topic. There is the option to have a "tablecloth" to jot down thoughts on but the intention is not to write anything down "formally". After 20 minutes, music is played and half the group move clockwise, half anticlockwise and one member chooses to stay to get involved in the new group that comes to the table/summarise what has been said. This happens three times to complete an hour's café working. A shorter version of this concept, known as the "Espresso café" is also available on the KM website.

We tried this in the session using the question: "What do we need to do in the next 5 years to totally destroy our organisation?" It was interesting trying to deconstruct everything we'd been trying to build over the course of the conference right at its end!

There is an option to go around the tables asking for a favourite "action" that people could take away with them and have a think about/have a go at but this is entirely optional. The concept isn't about capturing all the information, but about breaking down barriers. The conversation flows and there are no right or wrong answers. A facilitator is generally only needed if there's an anticipation of little to no interaction/overt conflict amongst group members.

This technique works very well amongst groups who know each other very little or are wary of each other. Ice breaker concepts can be good – so for example "What would you do if you weren't a librarian/nurse/etc.?" in that it allows for creative non-threatening thoughts to develop.

Sometimes Knowledge Management is not all about evaluation and impact – it's about breaking down barriers and gaining insights.