NHS Library Quality Assurance Framework (LQAF) England

Version 2.2

April 2012
### READER INFORMATION

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>NHS Library Quality Assurance Framework (LQAF) England</th>
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<tbody>
<tr>
<td><strong>Version</strong></td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Author</strong></td>
<td>NHS Strategic Health Authority Library Leads (SHALL)</td>
</tr>
<tr>
<td><strong>Publication Date</strong></td>
<td>April 2012</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>NHS Library/Knowledge Service Managers</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>National standards for the development of NHS provided library/knowledge services</td>
</tr>
</tbody>
</table>

#### Superseded Documents

This document supersedes:

- NHS Strategic Health Authority Library Leads (SHALL)
- National Library for Health
- *The National Service Framework for Quality Improvement of NHS Funded Library Services in England (NSF), 2008*
- NHS Library and Knowledge Development Network
- *Accreditation of Library and Information Services in the Health Sector: A Checklist to Support Assessment 2nd edition (revised July 2005).*

#### Contact Details

Contact details for Strategic Health Authority Library Leads (SHALL) are available from:

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Foreword

Knowledge is a core function in the full range of health care services, including the provision of evidence for clinical and management decision making, support for clinical governance, information for education and lifelong learning, and information for research. This is consistent with recent reviews, such as the Tooke review on clinical effectiveness\(^1\), and the outcomes of the Darzi Review\(^2\), as well as the pursuit of world class commissioning.

The underpinning aim of NHS library/knowledge services is to put knowledge to work, which in turn will transform patient care and public health. This aim will be supported by implementing the NHS Library Quality Assurance Framework (LQAF) England.

Whether knowledge is accessed through a library space, via the web, in the workplace, in the ward, clinic, or in the community, the delivery of knowledge requires the infrastructure to be in place to enable safe, efficient and effective access to the knowledge base.

The Framework is generic to any type of knowledge service, whether a library, a resource centre, information unit or an individual in a specialized role. The implementation of the LQAF is a significant development in guiding NHS library/knowledge services through an integrated assessment process, with a review of strategies, policies and practices that ensures a 360 degree review of provision. The new standards are based upon and will replace the Health Library and Information Confederation (HeLiCon) standards\(^3\).

The Framework enables a robust quality assessment of library/knowledge services so that an organisation can assess its level of compliance to national standards and demonstrate the fitness for purpose that our 21st century health system demands. It provides a clear focus for action planning across all NHS organisations, driving forward a quality improvement plan, offering clarity of direction for service managers and transparency of development to meet business and client need.

Self-assessment against the criteria of the standards within the LQAF will enable each library/knowledge service to identify any gaps in their service management and provision so that these requirements can be built into their business and service planning.

NHS library/knowledge services will be working toward the implementation of the LQAF standards from the summer of 2010 onwards. The SHALL Service Development Group would like to thank all library/knowledge services staff from throughout England who have contributed their time in feeding back on the criteria and supporting the process.


\(^3\) Available to download from:
Particular acknowledgement is required of the work of the members of the national Task & Finish Group and the regional sub-groups:

Betsey Anagnostelis    Royal Free Hospital (University College London)
* Helen Bingham        NHS South Central
* Bev Chapman          Archway Healthcare Library
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Linda Ferguson         NW Health Care Libraries Unit
Catherine Fisher       City Hospitals Sunderland
Chris Fowler           University of Southampton
Hugh Hanchard          South Tees NHS Trust
Diane Levey            West Hertfordshire Hospitals
Alison Little          Royal Hallamshire Hospital (University of Sheffield)
Donald Mackay          John Radcliffe Hospital (Oxford University)
Simon Millgate         Dartford and Gravesham NHS Trust
*Kim Montacute        NHS Yorkshire & Humberside
Julie Noren            Royal National Orthopaedic Library (University College London)
Barbara Norrey         Essex Public Health Resource Unit
David Peacock          NHS North East (Chair of Service Development Group)
Mike Roddham           Western Sussex NHS Trust
Ray Phillips            Kings Fund
* Chaired Sub-Group

In addition, the Group would like to thank Tricia Ellis and Linda Ferguson for their invaluable and tireless work on coordinating and supporting the Task and Finish Group.

The SHALL Library Service Development Group
March 2010
Version 2.2 April 2012

In 2012, a refresh of the LQAF took place. This followed a survey of SHA library leads and library/knowledge services staff that provided feedback on which of the 48 criteria should be “refreshed” to aid clarity of interpretation. The suggestions and comments were then considered by a Task and Finish Group before this 2012 version of the LQAF was produced. In addition two new knowledge management (KM) criteria were developed and piloted for inclusion in the 2012 version of the LQAF.

The contributions of the following people are gratefully acknowledged:

**Knowledge Management (KM) Criteria Development Group* & KM Criteria Pilot Group**

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NHS Yorkshire & the Humber

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NHS West Midlands

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Heatherwood and Wexham Park Hospitals NHS Foundation Trust

Elizabeth Robertson  
Health Services Library, University of Southampton

Paul Stevenson  
Airedale NHS Foundation Trust
THE NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND

The NHS Library Quality Assurance Framework (LQAF) England provides a framework to focus, target and improve the quality of library/knowledge services that serve all NHS staff. It will be used to audit the quality of the service.

Quality assurance of NHS library/knowledge services has progressed through the following stages:

1996 – 1998  The LINC Health Panel Accreditation Checklist and Toolkit was created.


2002 – 2005  HeLicon and Library and Knowledge Development Network (LKDN) undertook the first revision of the Scheme.

July 2005  The Scheme was revised by Val Trinder and Chris Fowler.

2008  The National Service Framework for Quality Improvement of NHS Funded Library Services in England was created by the National Library for Health. This was endorsed by Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century which was commissioned by the Department of Health and led by Professor Peter Hill.

2009  Following the first national baseline assessment of all NHS library services against the standards within the National Services Framework for NHS Funded Library Services in England, the NHS Strategic Health Authority Leads revised it and created the NHS Library Quality Assurance Framework (LQAF) England.

2010  An annual self-assessment of compliance to the standards within the LQAF by every NHS library/knowledge service took place, similar to the first Baseline Assessment.

2011  Second annual self-assessment took place.

2012  Refresh of the 48 criteria, removal of one criterion and the addition of two criteria in a new section called Knowledge Management.
Introduction

The purpose of the *NHS Library Quality Assurance Framework (LQAF) England* is to establish a quality cycle that will drive forward the modernisation of health library and knowledge services, enabling the delivery of a quality based integrated ‘service offer’ that is aligned with the business objectives of the National Health Service and which demonstrably meets both national and local requirements and expectations.

Benefits of participation

*The NHS Library Quality Assurance Framework (LQAF) England* is intended to provide the mechanism for quality assurance, quality management and quality control for all library/knowledge services that support healthcare organisations. The Framework is generic to any type of knowledge service, whether a library, a resource centre, information unit or an individual in a specialised role.

It is intended that the Framework is implemented within all organisations that deliver care to NHS patients, providing a standardised approach to quality improvement and service modernisation for library/knowledge services across the whole local healthcare economy for all providers of NHS services.

Quality Improvement

*The NHS Library Quality Assurance Framework (LQAF) England* provides a quality assurance tool for health library/knowledge services, establishing an infrastructure through which to deliver the outcomes defined in the Framework. National standards, which define the core services on offer, are needed to ensure the provision of a quality service which is delivered consistently to a uniformly high standard across the country.

Service innovation is also an important aspect of promoting and encouraging the development of high quality knowledge/library services. This has been recognised in the *NHS Library Quality Assurance Framework (LQAF) England*. Further details on the process associated with this can be found at:


and

Standards and Criteria

DOMAINS

The standards within the Framework are set out in five domains:

Domain 1  Strategic Management
Domain 2  Finance and Service Level Agreements
Domain 3  Human Resources and Staff Management
Domain 4  Infrastructure and Facilities
Domain 5  Library/Knowledge Services Service Delivery and Development

Each domain in the *NHS Library Quality Assurance Framework (LQAF) England* addresses an area of work, or activity, carried out by the library/knowledge service and each is made up of statements of criteria for assessment.

CRITERIA

Definition of criteria

The criteria are designed to be measurable through self-assessment and survey processes. They are flexible and adaptable, applicable irrespective of the size and composition of each library/knowledge service. The criteria set out what needs to be achieved, implemented according to local circumstances, with staff teams within the local library/knowledge services deciding and managing how this is to be done.

CRITERIA STRUCTURE

Each criterion defines a component towards compliance with the domain. Breaking the criterion down to basic components enables better measurement of compliance by the surveyor/peer reviewer. For example, if the requirement is:

‘The service has a strategy, approved by the board, costed and reviewed annually.’

The criteria will be broken down into:

1. Has a strategy.
2. Approved by the board.
3. It is costed.
4. It is dated.
5. Reviewed annually.

Describing the five elements will allow the surveyor/peer reviewer to measure full compliance, partial compliance or non-compliance. The guidance that follows will support self-assessment and surveyor/peer reviewer assessment of full, partial and non-compliance with the standards.
## COMPLIANCE

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Compliance:</td>
<td>The criterion is in place. There is evidence to prove this. There is written, observable, established practice. All staff are aware.</td>
</tr>
<tr>
<td>Partial Compliance</td>
<td>The criterion is not fully met. It is being worked on (but this does not include draft documents, see below). There is evidence to show it is being actively addressed – resources identified, plans in place etc.</td>
</tr>
<tr>
<td>Non Compliance:</td>
<td>This has not been considered. No work towards implementation. May be willingness to progress but no supporting action or plans to move forward. What is observed falls far short of the guidance. Draft documents. Unsafe systems of practice.</td>
</tr>
</tbody>
</table>

### Not applicable:

Individual standards or criteria that do not apply to the knowledge service. These need to be agreed with the lead surveyor/peer reviewer and documented as to why they are not applicable. The information can be written on the NHS Libraries Standards Assessment Tool to ensure there is no ambiguity.

A service manager may find that some criteria are not relevant to the particular organisation or service. It will be possible to omit criteria from assessment as long as evidence is provided that demonstrates that the criteria do not apply. For example: For a library/knowledge service that comprises an individual with a computer supporting clinical teams the criteria related to book loans, reservations and study areas may not be relevant to the service and can therefore be omitted. This is subject to agreement with the SHA Library Lead/Quality Lead.

### Guidance

To ensure that standards are interpreted correctly and in a consistent manner across England, the LQAF England Task and Finish Group have developed guidance for each criterion.

This comprises:

- Criterion number and statement.
• Fuller explanation of requirements.
• Definitions.
• Suggested admissible evidence.
• Guidance on what constitutes full compliance.
• Guidance on what constitutes partial compliance.
• Guidance on what constitutes non-compliance.
• Additional tips, tools, templates or references.

STANDARDS REVIEW AND REVISION

In order to ensure that library/knowledge service standards and criteria reflect changes in health care and are representative of best practice, the NHS Library Quality Assurance Framework (LQAF) England will be reviewed on an ongoing basis.

STANDARDS QUALITY ASSURANCE PROCESS

NHS Library/Knowledge Services Assessments against the LQAF Standards

• There will be an annual audit of each NHS library/knowledge service against the LQAF standards using the updated NHS Libraries Standards Assessment Tool (i.e. an Excel workbook).
• Percentage scores of compliance will be published annually at both national and regional level.
• National benchmarks and key performance indicators will be identified.
• Library/Knowledge Service Managers will have the opportunity to identify innovation in their services and seek commendations for innovation.

Regional Assessment of Compliance of Completed Self-assessments

Each SHA Library/Quality Lead will undertake the process of assessing/reviewing compliance of its library/knowledge services against the standards aligned with their SHA quality assurance processes, e.g. as part of a Learning and Development Agreement monitoring visit rather than as a separate quality assurance visit.

Each SHA Lead may undertake one of more of the following quality assurance processes within their areas:

• **Annual random sampling** of library/knowledge services to assess their compliance to the standards.
• **Annual specific sampling** of library/knowledge services against a range of criteria.
• **Annual Peer Reviews/Peer Support visits** to all library/knowledge services - a team of trained and accredited library managers or other quality leads within one SHA area will review, identify issues/concerns prior to a visit and will ask for further clarification of these issues during the peer review visit.
• **Three or four yearly Peer Review visits/Peer Support visits** to all library/knowledge services. A rota of visits will be drawn up by each SHA Library/Quality Lead.
• Annual/three or four yearly Peer Reviews visits on an exception reporting basis. i.e. visiting a highly compliant library/knowledge service or a poorly compliant service or a service that is not indicating any service improvement over a period of time.

Further Information

Further information on the implementation of the *NHS Library Quality Assurance Framework (LQAF) England* and the assessment/review process in each SHA region can be found by contacting the appropriate SHA Library Leads. Contact details are available on the SHALL pages at [www.libraryservices.nhs.uk](http://www.libraryservices.nhs.uk)

March 2010, updated March 2012
Summary of Number of Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>Domain Number</th>
<th>Domain Name</th>
<th>Number of Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strategic Management</td>
<td>11 (36)</td>
</tr>
<tr>
<td>2</td>
<td>Finance and Service Level Agreements</td>
<td>7 (39)</td>
</tr>
<tr>
<td>3</td>
<td>Human Resources and Staff Management</td>
<td>5 (97)</td>
</tr>
<tr>
<td>4</td>
<td>Infrastructure and Facilities</td>
<td>7 (66)</td>
</tr>
<tr>
<td>5</td>
<td>Library/Knowledge Services Service Delivery and Development</td>
<td>19 (36)</td>
</tr>
<tr>
<td></td>
<td>One criterion (5.3k) was deleted following the introduction of two new criteria in the new section 5.4 Knowledge Management in April 2012.</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>49 (274)</td>
</tr>
</tbody>
</table>

In the table above the numbers in brackets indicate the number of criteria in the National Service Framework (NSF) version 1.1 issued March 2008.

NATIONAL LIBRARY FOR HEALTH (2008)

Is available to download at:

NHS SHA Library Leads (2010)
There were 48 criteria in this version of the standards.

Is available to download at:
### Overview of the Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>STRATEGIC MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>NHS library/knowledge services are designed to develop and support all those who work to improve patient and population health, contributing to clinical, non-clinical and management evidence-based practice, research, education and life-long learning.</td>
</tr>
</tbody>
</table>

#### 1.1 STRATEGY

1.1 **1.1a** There is a designated board member accountable for the library/knowledge service with a clear two-way communication process with the library/knowledge service manager.

1.1 **1.1b** There is a formally approved, dated, documented strategy for the provision of NHS funded library/knowledge services.

1.1 **1.1c** The library/knowledge service works with other organisations and agencies across the local health community to modernise and develop services to meet customer needs, expectations and choice.

#### 1.2 IMPLEMENTATION PLAN

1.2 **1.2a** There is a dated, documented plan for the implementation of the strategy for the library/knowledge service with a specified review date that includes measurable outcomes, resources required and timescales involved.

1.2 **1.2b** The implementation plan is actively monitored and reviewed.

1.2 **1.2c** The library/knowledge service actively engages with library/knowledge colleagues in other services/organisations to reduce duplication, avoid gaps in library/knowledge service provision and improve/extend services.

1.2 **1.2d** The library/knowledge service produces a formally documented annual review or report that highlights service developments, outlines customer activity and highlights future actions.

1.2 **1.2e** Library/knowledge service development/improvement is informed by the relevant evidence.

#### 1.3 OPERATIONAL MANAGEMENT

1.3 **1.3a** The operational procedures specific to the library/knowledge service have been developed in consultation with library/knowledge staff, are documented and there is a review process in place.

1.3 **1.3b** There are communication processes in place to support team working.

1.3 **1.3c** The positive impact of library/knowledge services can be demonstrated.
## Overview of the Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND</th>
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<tr>
<td><strong>Domain 2</strong></td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
</tbody>
</table>

### 2.1 FINANCE AND BUDGETS

2.1a There is a separately identifiable budget for the library/knowledge service which takes into account the strategic service aims, objectives and responsibilities of all its customers.

2.1b There is a budget planning process which actively involves the library/knowledge service manager.

2.1c The budget is actively managed by the library/knowledge service manager and reasons for any variations in either income or expenditure are established.

2.1d The library/knowledge service manager uses costing principles to inform decisions on library/knowledge service development.

### 2.2 SERVICE LEVEL AGREEMENTS AND CONTRACTS

2.2a A formal agreement is in place to cover each organisation served, and includes clear specifications for the library/knowledge service being commissioned and funding, where appropriate.

2.2b Library/knowledge service delivery is monitored by parties to the agreement in line with any agreed targets.

2.2c The library/knowledge service manager is involved in the development of service level agreements.
Overview of the Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND</th>
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<tr>
<td>Domain 3</td>
</tr>
<tr>
<td>Description</td>
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</table>

### 3.1 STAFF STRUCTURE AND SKILL MIX

| 3.1 | 3.1a | There is a clear management and staffing structure in place to ensure the aims and objectives of the library/knowledge service are met. |
| 3.1 | 3.1b | A qualified library/information professional actively leads and manages the library/knowledge service and its staff. |
| 3.1 | 3.1c | The number and skill mix of library/knowledge staff is appropriate for service delivery and development needs. |

### 3.2 STAFF DEVELOPMENT

| 3.2 | 3.2a | The development needs of library/knowledge staff are identified and supported to meet both service and personal objectives in line with organisational requirements. |
| 3.2 | 3.2b | Library/knowledge staff actively participate in staff development/CPD activities offered, e.g. by local and regional networks. |
### Overview of the Criteria by Domain in the
NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND</th>
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<tr>
<td><strong>Domain 4</strong></td>
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<tr>
<td><strong>Description</strong></td>
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<td><strong>4.1</strong></td>
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<td>4.1</td>
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<td>4.1</td>
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<td><strong>4.2</strong></td>
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<td>4.3</td>
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<td>4.3</td>
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Overview of the Criteria by Domain in the
NHS Library Quality Assurance Framework (LQAF) England

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<thead>
<tr>
<th>NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND</th>
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<tbody>
<tr>
<td>Domain 5</td>
</tr>
<tr>
<td>Description</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5.1</th>
<th>SERVICE PROMOTION AND MARKETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1a</td>
<td>There is formal documentation that outlines planned library/knowledge service marketing and promotional activities and evidence of engagement in delivering the activities. <em>(REVISED MARCH 2012)</em></td>
</tr>
<tr>
<td>5.1b</td>
<td>There is a process to ensure that all new eligible staff and students are aware of relevant library/knowledge services available to them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.2</th>
<th>INFORMATION SKILLS/ LITERACY TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2a</td>
<td>Information skills (or information literacy) training is delivered and promoted to meet local customer needs. <em>(REVISED MARCH 2012)</em></td>
</tr>
<tr>
<td>5.2b</td>
<td>Information skills (or information literacy) training is embedded in the learning and development programme[s] of the organisation[s] served by the library/knowledge service. <em>(REVISED MARCH 2012)</em></td>
</tr>
<tr>
<td>5.2c</td>
<td>Critical appraisal skills training is delivered and/or promoted to meet the needs of all relevant stakeholders.</td>
</tr>
<tr>
<td>5.2d</td>
<td>The library/knowledge service supports, facilitates and signposts to learning opportunities.</td>
</tr>
</tbody>
</table>
### NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND

<table>
<thead>
<tr>
<th>Domain 5</th>
<th>LIBRARY/KNOWLEDGE SERVICES SERVICE DELIVERY &amp; DEVELOPMENT (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>LIBRARY/KNOWLEDGE SERVICES</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3a</strong> Library/knowledge services are tailored to meet the needs of different customer/staff groups.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3b</strong> The library/knowledge service has systems and processes in place to enable customers to discover and locate library/knowledge resources.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3c</strong> The library/knowledge service’s stock is provided, developed and circulated to meet the needs of customers.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3d</strong> The library/knowledge service provides eligible customers with access to document delivery services.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3e</strong> Library/knowledge service customers are provided with mediated searching services.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3f</strong> The library/knowledge service provides customers with enquiry and referral services.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3g</strong> The library/knowledge service provides and/or supports a range of alerting services appropriate to the customer base.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3h</strong> Library/knowledge service staff support clinical and management decision-making.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3i</strong> Library/knowledge service staff support the research activities of the organisation[s] served.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3j</strong> The library/knowledge service’s delivery standards are controlled by a managed process which includes setting, monitoring, reviewing and revising service delivery standards against customer needs.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3k</strong> <strong>DELETED</strong> No longer being used as replaced by section 5.4 Knowledge Management.</td>
</tr>
<tr>
<td>5.3</td>
<td><strong>5.3l</strong> Library/knowledge services are developed to support information provision for the patient and/or the public.</td>
</tr>
<tr>
<td>Domain 5</td>
<td>LIBRARY/KNOWLEDGE SERVICES SERVICE DELIVERY &amp; DEVELOPMENT (cont.)</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>5.4</td>
<td>KNOWLEDGE MANAGEMENT – New section April 2012</td>
</tr>
<tr>
<td>5.4 5.4a</td>
<td>Members of the library and knowledge services team have an active role in the creation, capture, sharing and adoption of knowledge across the organisations served.</td>
</tr>
<tr>
<td>5.4 5.4b</td>
<td>A member of the library/knowledge services team is an active member of relevant workstreams that coordinate knowledge management activities across organisations served.</td>
</tr>
</tbody>
</table>
Domain 1

Strategic Management – Criteria and Guidance

Domain 1 Description

NHS library/knowledge services are designed to develop and support all those who work to improve patient and population health, contributing to clinical, non-clinical and management evidence-based practice, research, education and lifelong learning.

The pages that follow have a separate page per criterion and provide the following information for each criterion in the domain:

- Criterion number and statement
- Fuller explanation of requirements
- Definitions
- Suggested admissible evidence
- Guidance on what constitutes full compliance
- Guidance on what constitutes partial compliance
- Guidance on what constitutes non-compliance
- Additional tips, tools, templates or references
<table>
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<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>1.1a</td>
<td>There is a designated board member accountable for the library/knowledge service with a clear two-way communication process with the library/knowledge service manager.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

This person is expected to give the library/knowledge service a strategic presence at board level, championing and raising awareness of library services, ensuring that libraries are seen as “Core business of the NHS”. This role may be taken by the Chief Knowledge Officer if one is in post.

If the library/knowledge service is providing services to other NHS organisation[s], it would be expected that formal processes would be in place to ensure effective on-going communication at senior and/or strategic level.

Two-way communication could be either directly with the board member or via the line management chain or by some other formal reporting line (e.g. Strategic Education Board).

**Definitions**

**Chief Knowledge Officer (CKO):**
A senior position with strategic responsibility for knowledge management.

**Suggested admissible evidence**

The accountability for the library/knowledge service could be documented in organisational charts for line management or governance.

Evidence for the communications may include emails, minutes of meetings, and notes of telephone conversations.

**Guidance on full compliance**

The criterion is matched in full including documentation demonstrating an active two-way communication process.

**Guidance on partial compliance REVISED MARCH 2012**

A board member is demonstrated to be accountable for the library/knowledge service, but evidence is poor for an active two-way communication process.

**Guidance on non-compliance**

No board member is accountable for the library/knowledge service.

**Additional tips, tools, templates or references**

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<th>Criterion Number</th>
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<tbody>
<tr>
<td>1.1b</td>
<td>There is a formally approved, dated, documented strategy for the provision of NHS funded library/knowledge services.</td>
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</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

The strategy should be **formally approved** by the NHS organisation[s] served. Formal approval may be given by the host/parent NHS organisation on behalf of other NHS organisations served provided there is a service level agreement in place, covering the other organisations.

In organisations where individual service strategies are not encouraged or permitted, the library/knowledge services strategy may be part of a wider strategy but this must specifically mention this service and include library-related strategic objectives.

The strategy should:

1. Provide the vision and direction for the library/knowledge service over a period of between 2 and 5 years.
2. Take into account those factors that may impact on the delivery of the services over the time scale of the strategy.
3. Be based on consultation with the relevant stakeholders and reflect the aims, objectives and needs of the NHS organisation[s] it serves.
   - Clinical decision making.
   - Commissioning decisions and policy making.
   - Life-long learning by all NHS staff.
   - Research support.

**Definitions REVISED MARCH 2012**

**Approved**: agreed and signed off by the Trust Board, a board/committee with delegated authority or a Trust Director.

**Stakeholder**: the funder[s] of the service and the customer[s] of the service.

**Customer**: the existing users and potential users of a service i.e. an organisation’s whole workforce. This includes the “hard to reach” customers.

**User**: a “customer” who chooses to access the library/knowledge service and makes use of some/all the services offered.

**Suggested admissible evidence REVISED MARCH 2012**

1. The strategy documentation.
2. Documentary evidence of the consultation with a range of stakeholders, such as minutes of meetings, emails etc.
3. Documentary evidence demonstrating formal approval, e.g. minutes (from Trust Board or another board/committee with delegated authority such as Workforce, Education) or email from member of the board/committee.

N.B. If the strategy is **only approved** by a Library Committee this may constitute partial compliance. This will be subject to the membership of the Committee.

4. Evidence that the strategy is available on the NHS organisation[s] Intranet or Internet site and actively shared with stakeholder[s] and service users.

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<tbody>
<tr>
<td>1.1b (Continued)</td>
<td>There is a formally approved, dated, documented strategy for the provision of NHS funded library/knowledge services.</td>
</tr>
</tbody>
</table>
| **Guidance on full compliance** | Completed documentation that includes all of the above elements:  
  - Content as detailed in the “Fuller explanation of requirement” above.  
  - Stakeholder consultation.  
  - Formal approval.  
  - Publicly available on the Trust(s) Internet or Internet. |
| **Guidance on partial compliance** **REVISED MARCH 2012** | Strategy is in development and near to completion.  
  OR  
  Strategy is dated, documented and has evidence of stakeholder consultation but has not been formally approved by all NHS organisation[s] served.  
  OR  
  Strategy is dated, documented and approved but there is little or no evidence of stakeholder consultation. |
| **Guidance on non-compliance** | No evidence of a strategy in place and no active development currently in progress.  
  OR  
  The strategy is at an initial planning stage of development. |
**Strategic planning guidance**  
[http://managementhelp.org/strategicplanning/index.htm](http://managementhelp.org/strategicplanning/index.htm)  
**HSG(97) 47 to date**  
This Department of Health guidance note specifies that NHS library services should be fully multi-professional and meet the needs of all staff groups. |
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<tr>
<td><strong>1.1c</strong></td>
<td>The library/knowledge service works in partnership with other organisations and agencies across the local health community to modernise and develop services to meet customer needs, expectations and choice.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

Use Criterion **1.2c** for resource sharing collaborations such as document supply and joint purchasing.

This refers to strategic partnerships developed in conjunction with other NHS and non-NHS organisations, both public and private, that may benefit the library/knowledge service’s mission and objectives and/or the organisation. The partnership should provide opportunities to enhance the profile of the library/knowledge service and/or deliver services more effectively or improve access to libraries e.g. SCONUL Access Scheme - [http://www.access.sconul.ac.uk/](http://www.access.sconul.ac.uk/)

Examples could include libraries working with libraries/other agencies to deliver patient information, bibliotherapy services or information prescriptions.

Other organisations could include: local authority/social care/HE/FE, pharmaceutical companies, publishers, current awareness service providers, the Reading Agency etc.

**Definitions**

**Customer**: the existing users and potential users of a service i.e. an organisation’s whole workforce. This includes the “hard to reach” customers.

**Suggested admissible evidence REVISED MARCH 2012**

- Joint organisational statements.
- Remits of working groups.
- Minutes of joint meetings etc.
- Project groups or initiatives e.g. joint information skills training
- Evidence of membership and/or partnerships with a local libraries access scheme that includes non-NHS libraries.

N.B. Evidence supplied in Criterion **1.2c** is unlikely to be relevant here

**Guidance on full compliance**

Demonstration of tangible outputs of partnership working, with at least one external organisation or agency.

**Guidance on partial compliance**

Evidence of engagement with partners and/or planned partnership initiatives that have not yet delivered service improvements.

**Guidance on non-compliance**

No evidence of partnership working.

**Additional tips, tools, templates or references**

- **Inspire** [http://www.inspire2.org.uk/](http://www.inspire2.org.uk/)
- **Addlib Cumbria** [http://www.addlibcumbria.co.uk/](http://www.addlibcumbria.co.uk/)
- **The Reading Agency** [http://www.readingagency.org.uk/](http://www.readingagency.org.uk/)
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<tbody>
<tr>
<td>1.2a</td>
<td>There is a dated, documented plan for the implementation of the strategy for the library/knowledge service with a specified review date that includes measurable outcomes, resources required and timescales involved.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

*REVISED MARCH 2012*

A document setting out how the service will work operationally towards achieving the vision and objectives as set out in the strategy. The document states how the objectives will be “actioned” and usually covers a 12 month period. The plan might not be a separate document. It could, for example, be part of an annual review or part of the strategy documentation as an appendix etc.

N.B. This criterion is automatically **NON COMPLIANT** when Criterion 1.1b is **NON COMPLIANT**.

**Definitions**

**Suggested admissible evidence**

*REVISED MARCH 2012*

A dated, documented plan identifying “actions” that will realise the objectives of the strategy.

A plan that exists without an appropriate strategic document (see Criterion 1.1b) is **NON COMPLIANT**.

**Guidance on full compliance**

A dated, documented plan that is **aligned with the strategy** covering:

- Specific, measurable, achievable and relevant outcomes.
- Resources required including staff, time and finances.
- Timescales and target dates.

**Guidance on partial compliance**

The plan is in an advanced stage of development, but has not been finalised.

OR

A completed plan is in place but does not meet the guidance for **Full Compliance** (see above).

**Guidance on non-compliance**

No evidence of an implementation plan.

**Additional tips, tools, templates or references**

*REVISED MARCH 2012*

London Health Libraries


Guidance on developing an action plan

[http://managementhelp.org/strategicplanning/actionplanning.htm](http://managementhelp.org/strategicplanning/actionplanning.htm)
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<th>Criterion Number</th>
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<tbody>
<tr>
<td><strong>1.2b</strong></td>
<td>The Implementation plan is actively monitored and reviewed.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**
REVISED MARCH 2012

Throughout the duration of the plan (usually 12 months) there is active monitoring of progress against targets, customer activity and other factors that impinge on implementation. This informs the regular (as specified in Criterion **1.2a**) review process.

The monitoring and review process should include the library/knowledge services team and colleagues outside the team e.g. service manager’s line manager, library committee, stakeholders.

N.B. This criterion is automatically **NON COMPLIANT** when Criteria **1.1b and 1.2a** are **NON COMPLIANT**.

**Definitions**

**Customer activity**: Includes transaction statistics, evaluations and customer/user surveys etc.

**“Other factors”**: Could include changes in legislation or organisational policies and procedures, organisational changes, new developments in technology or new developments in the library information/knowledge evidence base.

**Suggested admissible evidence**
REVISED MARCH 2012

Examples of monitoring and review may include:
- Use of the LQAF action plan.
- Documentation of activity relating to the implementation of an element of the plan.
- Statistical data monitoring and analysis.
- Evaluation of new developments from library/information evidence base.
- Evidence of meetings with library/knowledge services team and stakeholders to discuss how the plan is progressing.
- Evidence of meetings with the service manager’s line manager where progress on the plan is regularly reviewed.
- Copies of reports to line management about the plan.
- Annual review report written within the last 12 months - as required under Criterion **1.2d**.
- Documented modifications to the plan where appropriate.

**Guidance on full compliance**
REVISED MARCH 2012

The **whole** implementation plan is regularly monitored and reviewed to take account of the elements above by the library/knowledge services team and colleagues outside the team.

**Guidance on partial compliance**
REVISED MARCH 2012

Some **elements** of the plan have been monitored and reviewed by the library/knowledge services team and colleagues outside the team.

**OR**

The plan is monitored and reviewed by either the service manager or the library/knowledge services team but not by anyone from outside the team.

**OR**

The plan is monitored by the library/knowledge services team but not reviewed.

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<tbody>
<tr>
<td>1.2b (Continued)</td>
<td>The Implementation plan is actively monitored and reviewed.</td>
</tr>
<tr>
<td>Guidance on non-compliance</td>
<td>The plan has not been monitored or reviewed.</td>
</tr>
<tr>
<td>Additional tips, tools, templates or references REVISED MARCH 2012</td>
<td>LQAF Action Plan template.</td>
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<tr>
<td>Criterion Number</td>
<td>Criterion</td>
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<tr>
<td>1.2c</td>
<td>The library/knowledge service actively engages with library/knowledge colleagues in other services/organisations to reduce duplication, avoid gaps in library/knowledge service provision and improve/extend services.</td>
</tr>
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</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

This covers active participation and contributing to local, regional and national network[s] to improve the quality and productivity of the services by the advanced sharing of resources, systems or expertise.

*Use* Criterion 1.1c for strategic partnerships.

**Definitions**

In this context “active” means participating in and contributing to the network rather than being a passive observer.

**Suggested admissible evidence**

- Minutes of meetings.
- Activity data.
- Projects involving external colleagues.
- Procedures and processes developed by networks.
- Correspondence from discussion lists/forums/wiki platforms etc.
- Invitations to meetings sent to prospective partners.
- Exploratory e-mails to discuss prospective partnerships.

**Guidance on full compliance**

Must demonstrate active involvement in the network[s] activity and provide evidence for the impact of this on the quality and productivity of services by the advanced sharing of resources, systems or expertise e.g. participation in unified Library Management Systems/Union Catalogues; systematic regional inter-lending and document delivery; strategic planning of services/resources on a collaborative basis.

**Guidance on partial compliance**

Membership of network[s] but no evidence of active participation in service development.

**OR**

Membership of a range of network[s] but no evidence of active engagement in service development.

**OR**

Participation in ILL network[s].

**OR**

Evidence that attempts have been made to initiate partnership working but partnerships have not been established.

**Guidance on non-compliance**

No evidence of membership of any network[s].

**Additional tips, tools, templates or references**
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<tr>
<td>1.2d</td>
<td>The library/knowledge service produces a formally documented annual review that highlights service developments, outlines customer activity and highlights future actions.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

This is an essential part of the strategic planning process, it shows how the library/knowledge service has reached the point at which it currently stands, and it also informs future development. Collecting, analysing and reporting on activity statistics will form part of the review.

This could be part of a wider organisational annual report or review.  
**See also** Criterion 1.2b

**Definitions**

**REVISED MARCH 2012**

“*Formally documented*”: documentation that is shared with the service manager’s line manager and the stakeholder[s] including service users.

The annual review could be a requirement by the NHS stakeholder[s] e.g. as part of the Learning and Development Agreement.

“*Published*”: made available on the NHS organisation[s] Intranet or Internet site and actively shared with stakeholder[s] and service users.

**Suggested admissible evidence**

The annual review document plus annual activity statistics.

**Guidance on full compliance**

**REVISED MARCH 2012**

There is a written annual review of services, written and published within the last 12 months, that includes all the following elements:

1. Highlights service developments.
2. Outlines customer activity.
3. Evaluates and reflects upon the activity during the year to inform future actions.
4. Highlights positive impact on the organisation[s].
5. Highlights future actions from the review.

**Guidance on partial compliance**

Contains some elements specified in **Full Compliance**, above, and in particular the review document is a working document only for internal use by the service manager.

**Guidance on non-compliance**

There is no annual review of services.

**Additional tips, tools, templates or references**

**REVISED MARCH 2012**

London Health Libraries  
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<th>Criterion Number</th>
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<tbody>
<tr>
<td>1.2e</td>
<td>Library/knowledge service development/improvement is informed by relevant evidence.</td>
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</table>

**Fuller explanation of requirement REVISED MARCH 2012**

The library information/knowledge evidence base is developing and research into library information science (LIS) and related subjects is becoming more accessible. Service managers need to keep up to date with developments in the profession. They should regularly consider whether service developments/improvements made in other library/knowledge services or those discussed in the LIS literature should be introduced.

**Definitions REVISED MARCH 2012**

**Relevant evidence:** may include LIS research and LIS service evaluations which contribute to decision making, best practice and innovations, benchmarking data or examples of best practice and innovations, etc. In all cases it should be the most appropriate evidence for the service itself and the service the organisation[s]/stakeholder[s] require.

**Suggested admissible evidence REVISED MARCH 2012**

Evidence should include a mix of internal and external sources e.g.
- Annotated LIS research reports.
- Examples of search strategies from LIS databases.
- References within project plans.
- Empirical knowledge/evidence from other libraries e.g. good or best practice and innovations.
- Customer/user surveys.
- Library/knowledge service usage statistics to inform changes to services.
- Presentations and papers.
- Information needs analysis.
- Attendance at LIS conferences.
- Tables of contents from LIS literature.
- Evidence of reviewing LIS articles at team meetings.

It should demonstrate what LIS evidence was evaluated and implemented to improve or develop services.

**Guidance on full compliance REVISED MARCH 2012**

Demonstrable evidence that a variety of LIS evidence and research, including examples of innovation and best practice, are routinely used to inform the development of existing and new services.

**Guidance on partial compliance REVISED MARCH 2012**

Some use of LIS evidence to review and inform the development of some existing and/or new services.

**OR**

Use of LIS evidence to review and inform the development only of existing services.

**OR**

Use of LIS evidence to review and inform the development of one rather than all services.

**Guidance on non-compliance**

No evidence of this taking place.

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<tbody>
<tr>
<td>1.2e (Continued)</td>
<td>Library/knowledge service development/improvement is informed by relevant evidence.</td>
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</table>

**Additional tips, tools, templates or references (REVISED MARCH 2012)**

- or available through the following wiki
- Evidence Based Librarianship Journal
- NHS library services LQAF innovations
- *Library, Information Science & Technology Abstracts* (LISTA)
  - [www.libraryresearch.com](http://www.libraryresearch.com)
- LIS Research Coalition
  - [http://lisresearch.org/](http://lisresearch.org/)
- Online databases available as part of CILIP membership:
  - [http://www.cilip.org.uk/membership/benefits/informed/online-databases/Pages/default.aspx](http://www.cilip.org.uk/membership/benefits/informed/online-databases/Pages/default.aspx)
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<tr>
<td>1.3a</td>
<td>The operational procedures specific to the library/knowledge service have been developed in consultation with library/knowledge staff, are documented and have a review process in place.</td>
</tr>
</tbody>
</table>

Fuller explanation of requirement

For small services where consultation may not be documented you could include a statement from staff that they are involved.

Definitions

Suggested admissible evidence **REVISED MARCH 2012**

- The minutes of a staff meeting where a new procedure is discussed.
- A documented procedure or Procedure or Operations Manual.
- Evidence of a review process which may include a document management system.

Guidance on full compliance

Operational procedures are documented, are reviewed and all staff are involved in the process.

Guidance on partial compliance **REVISED MARCH 2012**

One or more of the elements for Full Compliance, above, are missing or out-of-date.

Guidance on non-compliance **REVISED MARCH 2012**

No written local procedures in evidence.

Additional tips, tools, templates or references
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<tbody>
<tr>
<td>1.3b</td>
<td>There are communication processes in place to support team working.</td>
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**Fuller explanation of requirement**  
REVISED MARCH 2012

This includes both communication between library/knowledge staff and communication between the library/knowledge service and the organisation. It includes upward communication between the service manager and their line manager and such things as library/knowledge services team meetings.

All library/information staff need to be kept promptly and fully informed of operational news, changes to process, etc. Systems or procedures should be in place to ensure that this takes place irrespective of job role, work location, working hours, or short-term absence. In some circumstances this may not be documented (e.g. verbal handover at change of shift).

**Definitions**

**Suggested admissible evidence**

- Minutes of staff meetings.
- Notes of handovers etc.
- Team diary pages.
- Attendance at organisational briefing sessions.

**Guidance on full compliance**

There is evidence of communication processes in place that all members of the team are aware of and which support team working.

**Guidance on partial compliance**

There is no evidence of formal processes to support the communication and team working, but there is evidence that staff are kept informed.

**Guidance on non-compliance**

There is no evidence of a communication process.

**Additional tips, tools, templates or references**
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<tr>
<td>1.3c</td>
<td>The positive impact of library/knowledge services can be demonstrated.</td>
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**Fuller explanation of requirement**

**REVISED MARCH 2012**

There is a process for the regular evaluation of library/knowledge services to demonstrate positive impact on the organisation[s] served, and for example on patient care outcomes, service improvement, learning and development, cost-savings, reduction of risk, and other organisational objectives as appropriate.

N.B. This criterion is not about complimentary feedback from customers. Examples can be included as evidence only if they clearly show a difference or change in an individual or group resulting from the contact with library/knowledge services.

**Definitions**

**Impact:** demonstrable evidence that the library/knowledge service is enabling the organisation[s] served to meet their strategic objectives in improving patient care.

This could be evidence demonstrating a change in treatment, cost savings made, changes made to delivery of services because of using library/knowledge services.

http://www.systems-thinking.org/mcsc/mcsc.htm

**Suggested admissible evidence**

**REVISED MARCH 2012**

- Results of qualitative and quantitative surveys.
- Quotes that demonstrate where use of library/knowledge services has led to changes in practice or specific care episodes.
- Case studies, papers or notes from meetings where this evidence has been presented.
- Annual reports that include evidence.

**Guidance on full compliance**

Evidence that a **variety of methods** are used to **systematically** gather information about the impact of library/knowledge services on organisational objectives/patient care, and that the information that has been gathered has been used to demonstrate the impact of services.

**Guidance on partial compliance**

**REVISED MARCH 2012**

Evidence that some limited progress has been made towards demonstrating the impact of library/knowledge services, and some information about impact is available.

**OR**

Evidence that the evaluation process is unplanned.

**Guidance on non-compliance**

No techniques are currently used to gather information about the impact of services, and no information about impact is available.

**Additional tips, tools, templates or references**

**REVISED MARCH 2012**

- **Library Impact Toolkit**  
  http://www.libraryservices.nhs.uk/forlibrarystaff/impactassessment/  
  and subsequent pages of the impact toolkit, case studies

- **Alignment Toolkit (London Health Libraries)**  
  http://www.londonlinks.nhs.uk/resources/alignment-toolkit

- **FOLIO Managing Service Quality**  
  http://foliomsq.pbworks.com/w/page/27403076/FrontPage

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<td><strong>1.3c (Continued)</strong></td>
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</table>
| **Additional tips, tools, templates or references REVISED MARCH 2012 (Continued)** | FOLIO – Maxim (Maximising the impact of your service)  
http://foliomaxim.pbworks.com/w/page/6853635/FrontPage  
Lib Value Project  
http://libvalue.cci.utk.edu/  
MAP: Making Alignment a Priority for health libraries (NW)  
http://www.lihn.nhs.uk/lihn-publicarea/alignmenttoolkit/  
SCONUL Impact Initiative  
http://vamp.diglib.shrivenham.cranfield.ac.uk/impact/impact-initiative  |
|  | References:  
CILIP Information and Advice Team  
Resources that demonstrate the value and impact of special library services  
http://www.cilip.org.uk/get-involved/advocacy/special-library-information-services/Pages/special-library-resources-list.aspx  
10.3163/1536-5050.97.4.016  
Domain 2

Finance and Service Level Agreements – Criteria and Guidance

Domain 2 Description

NHS library/ knowledge services are funded to meet the needs and expectations of each organisation(s) they serve: formal service level agreements and contracts are in place and are reviewed and monitored.

The pages that follow provide the following information for each criterion in the domain:

- Fuller explanation of requirements
- Definitions
- Suggested admissible evidence
- Guidance on what constitutes full compliance
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<tr>
<td>2.1a</td>
<td>There is a separately identifiable budget for the library/knowledge service which takes into account the strategic service aims, objectives and responsibilities of all its customers.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

“Separately identifiable budget”: the budget could either be a separate cost centre for the library/knowledge service OR a separate budget line labelled as library/knowledge service in another budget. The service manager should have direct responsibility for initiating expenditure against the budget.

**Definitions**

Customer: the existing users and potential users of a service i.e. an organisation’s whole workforce. This includes the “hard to reach” customers.

**Suggested admissible evidence**

REVISED MARCH 2012

Copy of latest annual budget statement from the Finance Department. Confirmation from the service manager that there are income streams to cover each of the main user groups and deliver the strategic implementation plan ([See also](#) Criterion 1.2a).

**Guidance on full compliance**

Evidence of an identifiable budget for the library/knowledge service for the current financial period, which includes funding to support all of the main user groups and which reflect the strategic service aims and objectives of the host/contracting organisation.

**Guidance on partial compliance**

An identifiable budget for the library/knowledge service for the current financial period, which however does not include funding for all the main user groups or which does not reflect the strategic service aims and objectives of the host/contracting organisation.

**Guidance on non-compliance**

No evidence of an identifiable budget for the library/knowledge service for the current financial period.

**Additional tips, tools, templates or references**

REVISED MARCH 2012

HSG(97) 47 to date  
This Department of Health guidance note specifies that NHS library services should be fully multi-professional and meet the needs of all staff groups.
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<tr>
<td><strong>2.1b</strong></td>
<td>There is a budget planning process which actively involves the library/knowledge service manager.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**  
REVISED MARCH 2012

The service manager, as a recognised budget holder, should be actively involved in the organisation’s annual process of reviewing the previous year’s activities and expenditure, and considering the next year’s demands and service obligations with a member of the finance department. It may include re-allocation of funds, re-basing of the budget, and/or deciding how savings (such as those required under Cost Improvement Plans) will be made. Budget planning is a dynamic and iterative process in order to maximise financial resources.

N.B. This is not about the day-to-day management and monitoring of the budget which is covered in Criterion **2.1c**

**Definitions**  
REVISED MARCH 2012

**Budget planning process**: part of the organisation’s annual business planning process which involves budget holders and the finance staff reviewing the total funding allocated to a service budget. It is recognised that due to cost improvement savings, budgets may not be increased.

**Suggested admissible evidence**  
REVISED MARCH 2012

Examples include a mix of:
- Notes of discussions with stakeholders, line manager or accountant that illustrate that the service manager has been involved in the budget planning process.
- Copies of emails between the service manager and the finance department outlining the impact that unavoidable increases in non-pay expenditure will have on the overall budget.
- Copies of bids/business cases made to the organisation[s] for additional recurrent funding.
- Copies of bids/business cases made to the organisation[s] for non-recurrent funding.

**Guidance on full compliance**  
REVISED MARCH 2012

Evidence that the service manager is actively involved in the organisation[s]’s annual budget planning process.

**Guidance on partial compliance**  
REVISED MARCH 2012

Some evidence of the service manager’s limited involvement/influence in the organisation[s]’s annual budget planning process.

**Guidance on non-compliance**  
REVISED MARCH 2012

No evidence that the service manager is involved in the organisation[s]’s annual budget planning process.

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<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>2.1b (Continued)</td>
<td>There is a budget planning process which actively involves the library/knowledge service manager.</td>
</tr>
</tbody>
</table>

**Additional tips, tools, templates or references**
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1c</td>
<td>The budget is actively managed by the library/knowledge service manager and reasons for any variations in either income or expenditure are established.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

As a budget holder the service manager is responsible for both controlling and monitoring the service’s budget to ensure that expected income is received and that overall spending is as projected. Variations in spending should be recognised and explained, and action taken.

This is about the day-to-day management and monitoring of the service expenditure against the agreed budget.

**Definitions**

“Active monitoring”: this will include receiving regular budget statements from the finance department, investigating variances to the budget with finance staff, agreeing virements within the budget.

“Virements”: The agreed transfer of money from one budget heading – income or expenditure – to another, within a financial year. Virement is a measure of flexibility that allows budget-holding managers to reflect budget variances within a year.

**Suggested admissible evidence**

- A budget statement with additional explanatory notes.
- Notes of discussions with management accountant about monitoring the budget or copies of emails that illustrate discussions and show issues have been resolved and any actions have been completed.
- Service created spreadsheets used to monitor commitments and expenditure.

**Guidance on full compliance**

Budget holder monitors the budget on a regular basis and takes steps to manage any variations in income or under/overspending.

**Guidance on partial compliance**

Budget holder monitors the budget on a regular basis but does not take steps to manage any variations in income or under/overspending.

**Guidance on non-compliance**

Budget holder does not monitor the budget and no active budget management takes place.

**Additional tips, tools, templates or references**
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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</thead>
<tbody>
<tr>
<td>2.1d</td>
<td>The library/knowledge service manager uses costing principles to inform decisions on library/knowledge service development.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

Costing is a business management function. Library/knowledge service managers should be able to calculate the cost of providing services to users by means of a methodology that is reproducible and robust. Costing information will enable informed decisions to be made on how services should be developed in the future and delivered in the most cost efficient way. Knowing costs will help the service manager develop a realistic budget and support negotiations for funding.

Costing principles and processes are described for example, in the SHALL NHS Library Service Costing Framework. Other costing models (see Tools and Tips below) can also be used where appropriate.

**Definitions REVISED MARCH 2012**

"Costing principles": an understanding that in order to be able to “cost” something you need to be able to:

- Identify the clear purpose of the costing exercise – what costing information will be used and why?
- Identify what will be costed - e.g. products, services, processes
- Identify all the relevant costs of human, physical and financial resources regardless of who pays for them – e.g. salaries, materials, overheads, support costs
- Distinguish between direct costs (e.g. salaries) and indirect costs (e.g. IT support)
- Identify how the costs can be attributed to whatever is being costed.

**Costing model**: a systematic methodology for determining the individual cost (including staff, materials and overheads) of each activity undertaken and the total overall cost of providing and running the Library/Knowledge Service.

**Suggested admissible evidence REVISED MARCH 2012**

- Calculations of service costs.
- Presentations to the stakeholders indicating required budget, together with costing rationale to support the case.
- Costed implementation plan for the strategy (see Criterion 1.2b).
- Calculations that show the impact that cost savings could have on the library/knowledge service e.g. branch closures, reduced opening hours, withdrawal of specific services.
- Calculations that show the impact of increased expenditure on the library/knowledge service e.g. a new area of work such as a clinical librarian service, involvement in knowledge management activities.

**Guidance on full compliance**

Service manager is able to demonstrate that costing principles have been used to derive an estimate of the budget(s) required to run the required service(s) and has evidence to show how it was used to determine the cost of service developments.

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<table>
<thead>
<tr>
<th>Criterion Number</th>
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</thead>
<tbody>
<tr>
<td>2.1d (Continued)</td>
<td>The library/knowledge service manager uses costing principles to inform decisions on library/knowledge service development.</td>
</tr>
</tbody>
</table>

**Guidance on partial compliance**

REVISED MARCH 2012

Service manager is able to demonstrate that costing principles have been used to derive an estimate of the budget(s) required to run the required service(s), **but** has not used this to determine service development.

**OR**

Service manager is able to demonstrate that costing principles have been used to only derive an estimate of the budget required to deliver an element of the total service e.g. document supply.

**Guidance on non-compliance**

Service manager has not used costing principles.

**Additional tips, tools, templates or references**

REVISED MARCH 2012

**Costing models:**

**SHALL NHS Library Service Costing Framework**


**JISC InfoNet Costing technology and Services**

[http://www.jiscinfonet.ac.uk/infokits/costing](http://www.jiscinfonet.ac.uk/infokits/costing)

**NHS Costing Manual**


<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>2.2a</td>
<td>A formal agreement is in place to cover each organisation served, and includes clear specifications for the library/knowledge service being commissioned and funding, where appropriate.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

This covers situations mainly where the library/knowledge service has agreements with external organisations e.g. agreement to provide library services to a neighbouring Trust.

Organisations served by the library/knowledge service may include NHS organisations, higher education institutions (or faculties/schools), and private, voluntary or independent sector organisations. A single agreement or memorandum of understanding may cover more than one organisation.

A library/knowledge service may not have a service agreement with its host/parent organisation. If there is an agreement then this should be included.

The agreement should include:
1. The type, price and volume of the service.
2. Facilities.
4. Performance indicators.
5. Monitoring arrangements.
6. Funding where appropriate.

This criterion **excludes**:
- The host/parent organisation where a service agreement does not exist
- Joint procurement agreements between library/knowledge services.

This criterion will be **NOT APPLICABLE** when there are no service agreements in place.

If you are unsure whether this criterion applies to your service then please check with your SHA lead.

**Definitions REVISED MARCH 2012**

- **Service level agreement** (SLA) a negotiated agreement, agreed between a service provider and the customer, which quantifies the minimum level of service and sets out prices and criteria for delivery. It may also be referred to as a service contract or service agreement.

- **Memorandum of understanding** (MOU or MoU) is a document describing an agreement between two parties. It is often used in situations where the parties cannot create a legally enforceable agreement. It is a more formal alternative to a gentlemen’s agreement. May also be referred to as a concordat.

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<table>
<thead>
<tr>
<th>Criterion Number</th>
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</thead>
<tbody>
<tr>
<td><strong>2.2a</strong> (Continued)</td>
<td>A formal agreement is in place to cover each organisation served, and includes clear specifications for the library/knowledge service being commissioned and funding, where appropriate.</td>
</tr>
<tr>
<td><strong>Suggested admissible evidence REVISED MARCH 2012</strong></td>
<td>As a minimum, a list of current service agreements, SLAs, service contracts or MoUs, including the organisation covered, period covered, date signed, and signatories. The content of an SLA/service contract or MoU may be regarded as confidential to the parties involved, however it should be evident that the components listed above have been included e.g. by including the table of contents, a scan of the front page, or a scan of the document excluding any sensitive price information, as appropriate.</td>
</tr>
<tr>
<td><strong>Guidance on full compliance</strong></td>
<td>Evidence that there is a current formal agreement, containing all of the listed elements, covering each organisation served.</td>
</tr>
<tr>
<td><strong>Guidance on partial compliance REVISED MARCH 2012</strong></td>
<td>Evidence of current formal agreements with some but not all organisations served, or evidence of current formal agreements which do not include all elements. <strong>OR</strong> Evidence of current formal agreements with several organisations, some of which have not been signed off.</td>
</tr>
<tr>
<td><strong>Guidance on non-compliance REVISED MARCH 2012</strong></td>
<td>An agreement that has lapsed or has not yet been signed off by parties.</td>
</tr>
<tr>
<td><strong>Additional tips, tools, templates or references</strong></td>
<td>Most organisations issue templates and guidance for SLAs/service contracts. Pantry, S &amp; Griffiths, P (2001) <em>The Complete Guide to Preparing and Implementing Service Level Agreements</em> 2nd ed London: Facet Publishing This book covers all aspects of SLAs in a library context, and makes the important point about engaging customers in the process of specifying their needs. Example of a library service level agreement between two trusts can be downloaded from <a href="#">here</a>.</td>
</tr>
<tr>
<td>Criterion Number</td>
<td>Criterion</td>
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<tr>
<td>------------------</td>
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</tr>
<tr>
<td><strong>2.2b</strong></td>
<td>Library/knowledge service delivery is monitored by parties to the agreement(s), at regular intervals.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

Each service agreement should specify the process and frequency of monitoring by the customer and deliverer of the service. There must be evidence that this monitoring/reporting takes place in practice.

N.B. If Criterion **2.2a** is NOT APPLICABLE then neither is Criterion **2.2b** nor Criterion **2.2c**.

**Definitions**

**Suggested admissible evidence**

REVISED MARCH 2012

- Dated notes and actions from service monitoring meetings.
- Activity statistics that relate to specific agreements.
- Copies of written reports provided for the service agreement customer.

**Guidance on full compliance**

REVISED MARCH 2012

Evidence that each service agreement is supported by regular monitoring and reporting that details activity, standards, targets and, where appropriate, expenditure.

**Guidance on partial compliance**

REVISED MARCH 2012

Evidence that some but not all service agreements are regularly monitored and reported on and/or that monitoring is infrequent or ad-hoc.

**Guidance on non-compliance**

REVISED MARCH 2012

No evidence that monitoring of, or reporting on service agreements takes place.

**Additional tips, tools, templates or references**
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2c</td>
<td>The library/knowledge service manager is involved in the development of service agreements.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

The service manager, as the person responsible for the delivery of the service to the parties included in the service agreement, should be included in their development and costing and pricing. Formal preparation and negotiation processes may be done by another part of the organisation or by an external organisation, but the key point is that the service manager is involved, consulted and able to provide professional input.

N.B. If Criterion 2.2a is **NOT APPLICABLE** then neither is Criterion 2.2b nor Criterion 2.2c.

**Definitions**

REVISED MARCH 2012

- **Service level agreement** (SLA) a negotiated agreement, agreed between a service provider and the customer, which quantifies the minimum level of service and sets out the costs and/or prices and criteria for delivery. It may also be referred to as a **service contract** or **service agreement**.

- **Memorandum of understanding** (MOU or MoU) is a document describing an agreement between two parties. It is often used in situations where the parties cannot create a legally enforceable agreement. It is a more formal alternative to a gentlemen's agreement. May also be referred to as a **concordat**.

**Suggested admissible evidence**

- Consultation exercises and evidence of commentary on draft versions of the service agreement.
- Minutes or notes of meetings where the service manager has been consulted in the development of the service agreement.

**Guidance on full compliance**

REVISED MARCH 2012

The service manager is involved in the development of **all** existing or draft service agreements/MoUs.

**Guidance on partial compliance**

REVISED MARCH 2012

The service manager has limited involvement in the development of existing or draft service agreements/MoUs. **OR** The service manager is involved in the development of **some** but not all service agreements/MoUs.

**Guidance on non-compliance**

REVISED MARCH 2012

The service manager is not involved in the development of any existing or draft service agreements/MoUs.

**Additional tips, tools, templates or references**
NHS Library Quality Assurance Framework (LQAF)

Domain 3

Human Resources and Staff Management – Criteria and Guidance

Domain 3 Description

NHS library/knowledge services staff are managed and supported to meet the changing needs and expectations of the service and to fulfil their own personal and professional potential.

The pages that follow provide the following information for each criterion in the domain:

- Fuller explanation of requirements
- Definitions
- Suggested admissible evidence
- Guidance on what constitutes full compliance
- Guidance on what constitutes partial compliance
- Guidance on what constitutes non-compliance
- Additional tips, tools, templates or references
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1a</td>
<td>There is a clear management and staffing structure in place to ensure the aims and objectives of the library/knowledge service are met.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

Clear line management structures within the library/knowledge service need to be in place that provide ultimate accountability of all staff to the service manager. Where there are exceptions to this because of local contractual arrangements (e.g. where an HEI employs some staff), day-to-day reporting should be to the service manager.

**Definitions**

A staffing structure is comprised of functions, relationships, responsibilities, authorities, and communications of individuals within each department.

**Suggested admissible evidence**

- Organisational chart showing where the library sits within the organisation.
- Copies of job descriptions showing reporting relationships and staff structure.

**Guidance on full compliance**

Demonstration of a staffing structure which identifies the service job roles/functions, with clear lines of responsibility, accountability and communication, which ensures that staff are able to meet the aims and objectives of the service.

**Guidance on partial compliance**

Organisational chart has not been updated and/or is incomplete. A staffing structure exists but there are no clear lines of responsibility, staff are not able to evidence that the aims and objectives of the service are being met.

**Guidance on non-compliance**

No evidence of a clear management and staffing structure being in place.

**Additional tips, tools, templates or references**
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1b</td>
<td>A qualified library/information professional actively leads and manages the library/knowledge service and its staff.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

This means that both day-to-day operational management and strategic leadership of the service are in the hands of someone who has a recognised information or library skills qualification.

*See also* the requirements under section 3.2 Staff Development.

**Definitions**

“**Qualified**” : The library/knowledge service manager has a qualification accredited by the Chartered Institute of Library and Information Professionals see [http://www.cilip.org.uk/jobs-careers/qualifications/accreditation/courses/Pages/default.aspx](http://www.cilip.org.uk/jobs-careers/qualifications/accreditation/courses/Pages/default.aspx)

OR has obtained a related library/knowledge/information management qualification.

“**Actively leads**” : is accountable for both the strategic development of the service and service improvement/development.

**Suggested admissible evidence**

- Qualification certificates.
- Job description and person specification.

**Guidance on full compliance**

A qualified and suitably experienced librarian/information professional is responsible for both the management and leadership of the service.

**Guidance on partial compliance**

The qualified professional is not actively engaged in both leadership and management of the service.

**Guidance on non-compliance**

There is no professionally qualified professional with responsibility for leading and managing the service.

**Additional tips, tools, templates or references**

- Chartered Institute of Library and Information Professionals (CILIP) Qualifications [http://www.cilip.org.uk/jobs-careers/qualifications/Pages/qualifications-.aspx](http://www.cilip.org.uk/jobs-careers/qualifications/Pages/qualifications-.aspx)
- CILIP accredited courses [http://www.cilip.org.uk/jobs-careers/qualifications/accreditation/courses/Pages/default.aspx](http://www.cilip.org.uk/jobs-careers/qualifications/accreditation/courses/Pages/default.aspx)
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<tr>
<th>Criterion Number</th>
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</thead>
<tbody>
<tr>
<td>3.1c</td>
<td>The number and skill mix of library/knowledge staff is appropriate for service delivery and development needs.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

There should be sufficient staff in the service, with the appropriate skills to meet the service delivery targets and development needs (see Criteria 1.2a and 1.2b Implementation Plan).

The NHS Cost Framework [http://www.libraryservices.nhs.uk/wiki/NHSCostFramework.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/NHSCostFramework.MainPage.ashx) (or equivalent) can be used to work out the staffing levels (i.e. number of Whole Time Equivalents (WTEs) at professional and para-professional level needed to open the library and provide a range of agreed services.

*See also* Criterion 2.1d Finance and Budgets.

**Definitions**

**Suggested admissible evidence**

- Evidence from using the NHS Cost Framework or similar tool (see Skills for Health tools listed in Tips below) to show required staffing levels and skill mix for required activity.
- Evidence of how the range of services provided by the library/knowledge service has been planned to match the skill-mix.
- Strength, weaknesses, opportunities, threats (SWOT) analysis.

**Guidance on full compliance**

The staffing level and skills mix are appropriate for service delivery and there is flexibility to allow the development of new services/new ways of working.

This means that:

- All routine tasks can normally be completed and kept up to date without staff having to work excess duty or regular overtime.
- Professional staff do not regularly have to do significant amounts of clerical work or vice-versa (excluding one-person libraries).

**Guidance on partial compliance**

The staffing level and skills mix is not adequate at present but active steps are being taken to address this (e.g. a vacancy, in the process of being filled or staff being trained to fill a skills gap).

**OR**

The staffing level and skills mix are appropriate for service delivery but levels are insufficient to allow the development of new services/new ways of working.

N.B. This is the place to raise concerns that service managers may have about being under staffed or not having staff with the appropriate skills to achieve this criterion.

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<table>
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<th>Criterion Number</th>
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<tbody>
<tr>
<td>3.1c (Continued)</td>
<td>The number and skill mix of library/knowledge staff is appropriate for</td>
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<tr>
<td></td>
<td>service delivery and development needs.</td>
</tr>
</tbody>
</table>

**Guidance on non-compliance REVISED MARCH 2012**

The staffing level and skills mix is not adequate at present and attempts to resolve the problem have been unsuccessful.

**OR**

The staffing level and skills mix is not adequate at present and there have not been any attempts to resolve the problem.

Service managers should not be afraid to raise their concerns under this criterion.

**Additional tips, tools, templates or references REVISED MARCH 2012**

**Skills for Health**

https://tools.skillsforhealth.org.uk/

A range of tools to help you determine the skill mix of your team such as the Team Assessment which can show where the team has gaps in competence as well as showing which competences are met and by whom.

**Healthcare Workforce Portal – Skill mix “How to guide “**

http://www.healthcareworkforce.nhs.uk/resources/latest_resources/skill_mix_'how_to'_guide.html

**SHALL NHS Library Service Costing Framework**

Available to authorised NHS library/knowledge services staff at

<table>
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<th>Criterion Number</th>
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</thead>
<tbody>
<tr>
<td>3.2a</td>
<td>The development needs of library/knowledge staff are identified and supported to meet both service and personal objectives in line with organisational requirements.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

There should be a systematic, regular process for assessing staff development needs e.g. through an appraisal or personal development review, and for providing resources to satisfy them. Development opportunities should satisfy a mix of specific service needs and personal needs to enable individuals to grow in their roles. **Use Criterion 3.2b** to reflect issues relating to staff shortages and understaffing.

### Definitions

**Suggested admissible evidence**

<table>
<thead>
<tr>
<th>REVISED MARCH 2012</th>
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</thead>
<tbody>
<tr>
<td>● Collated list of development needs for the library/knowledge services team.</td>
</tr>
<tr>
<td>● Lists of recent:</td>
</tr>
<tr>
<td>o Appraisals/professional development reviews dates for all staff.</td>
</tr>
<tr>
<td>o Development opportunities undertaken by each member of staff.</td>
</tr>
<tr>
<td>● Current (i.e. no older than 3 years) examples of:</td>
</tr>
<tr>
<td>o Personal development plans or equivalent.</td>
</tr>
<tr>
<td>o Certificates of attendance showing that staff have the opportunity to attend training course and are able to pursue personal development.</td>
</tr>
<tr>
<td>● Training needs analysis for library/knowledge services team.</td>
</tr>
</tbody>
</table>

N.B. Service managers should be mindful of the requirements of the Data Protection Act when providing records of individuals. Anonymised records/certificates may be submitted if verified and initialled by the service manager.

Where possible, evidence should include examples of development activities arising from both service and personal objectives.

### Guidance on full compliance

**REVISED MARCH 2012**

There is evidence of all staff having their development needs identified through a systematic approach and being provided with appropriate learning and development opportunities to meet both the organisation requirements and their personal development needs.

### Guidance on partial compliance

**REVISED MARCH 2012**

A systematic and equitable approach to identifying and supporting learning and development needs has not been put in place e.g. some, but not all staff have been provided with appropriate learning and development opportunities.

**OR**

A systematic and equitable approach to identifying and supporting learning and development needs is in place but the learning and development opportunities are not integrated with organisational objectives and personal needs.

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<table>
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<tbody>
<tr>
<td>3.2a (Continued)</td>
<td>The development needs of library/knowledge staff are identified and supported to meet both service and personal objectives in line with organisational requirements.</td>
</tr>
</tbody>
</table>

**Guidance on non-compliance REVISED MARCH 2012**

Little or no evidence that staff learning and development requirements are being identified and supported.

**Additional tips, tools, templates or references REVISED MARCH 2012**

Staff could have access to a mentoring or coaching scheme.

- **NHS Job Profiles - Library staff**

- **Chartered Institute of Library and Information Professionals (CILIP) Qualifications**
  [http://www.cilip.org.uk/jobs-careers/qualifications/Pages/qualifications-.aspx](http://www.cilip.org.uk/jobs-careers/qualifications/Pages/qualifications-.aspx)

- **NHS Knowledge and Skills Framework**

- **National Occupational Standards (NOS) - Libraries, Archives, Records and Information Management Services**
  [http://www.ukstandards.co.uk/nos-search/Pages/SearchResults.aspx?k=library%20standards](http://www.ukstandards.co.uk/nos-search/Pages/SearchResults.aspx?k=library%20standards)

- **Quantum² - Dialog competencies for information professionals**

**References:**


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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>3.2b</td>
<td>Library/knowledge staff actively participate in staff development/CPD activities offered, e.g. by local and regional networks.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

Participation is to meet genuine staff development needs and will therefore be determined by the relevance of activities offered.

This links to Criterion 3.2a which covers identification of development needs.

**Definitions**

**Suggested admissible evidence**

REVISED MARCH 2012

- Minutes of meetings attended.
- Event attendance records.
- Course agendas.
- Staff training records.
- Reflection on activities attended e.g. in a Newsletter.
- Evidence of cascade training to colleagues.
- Lists of recent development opportunities undertaken by each member of staff.
- Evidence of active participation in email discussion lists.

N.B. Service managers should be mindful of the requirements of the Data Protection Act when providing records of individuals. Anonymised records/certificates may be submitted if verified and initialled by the service manager.

**Guidance on full compliance**

REVISED MARCH 2012

Staff participate in staff development/CPD activities provided by their local Trust and/or local/regional networks. Attendance is documented.

**Guidance on partial compliance**

REVISED MARCH 2012

There is limited participation in appropriate staff development/CPD activities due to staff shortages or under staffing within the service.

**Guidance on non-compliance**

REVISED MARCH 2012

No evidence of any participation where appropriate activities are known to have been available.

OR

Staff do not have the opportunity to participate in appropriate activities.

OR

Staff do not regularly have the opportunity to participate in available activities due to staff shortages or under staffing.

**Additional tips, tools, templates or references**
NHS Library Quality Assurance Framework (LQAF) England

Domain 4

Infrastructure and Facilities – Criteria and Guidance

Domain 4 Description

The service infrastructure is in place to support the library/knowledge service and the needs of the customer base in a suitable environment.

The pages that follow provide the following information for each criterion in the domain:

- Fuller explanation of requirements
- Definitions
- Suggested admissible evidence
- Guidance on what constitutes full compliance
- Guidance on what constitutes partial compliance
- Guidance on what constitutes non-compliance
- Additional tips, tools, templates or references
<table>
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<tr>
<th>Criterion Number</th>
<th>Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1a</td>
<td>Access to electronic resources is managed in accordance with local need, and national and local licensing agreements.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

This criterion relates to the management of access to e-resources; the sufficiency and scope of the e-resources is covered under Criterion 5.3c.

The requirement is that there are processes, policies and licences in place to ensure that:

- E-resources are readily accessible to customers from the workplace and home as required, as well as from within the library, and for walk-in library/knowledge service users if permitted.
- Access management arrangements support compliance with supplier and publisher licences.
- The number and terms of licences are sufficient to meet needs.

**Definitions**

**Suggested admissible evidence**

<table>
<thead>
<tr>
<th>REVISED MARCH 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen shots of links or links to e-resources e.g. via library website and/or Intranet.</td>
</tr>
<tr>
<td>Promotional materials.</td>
</tr>
<tr>
<td>Library procedures.</td>
</tr>
<tr>
<td>Summary of key points of licences.</td>
</tr>
<tr>
<td>Usage/turnaway statistics.</td>
</tr>
<tr>
<td>Reports from users.</td>
</tr>
</tbody>
</table>

**Guidance on full compliance**

Customers may have access to electronic information resources from their workplace or home, where licences permit this. The service manager can demonstrate awareness of and compliance with the licensing terms of each of the electronic resources that are provided. There is evidence that steps have been taken to make access as straightforward as possible whilst complying with supplier and organisational requirements and technical constraints.

If applicable, there is evidence that advice has been sought where licence terms are unclear, that action has been taken based on usage/turnaway statistics.

**Guidance on partial compliance**

Only some of the above requirements (see Full Compliance) are being met. OR

There are satisfactory and compliant access arrangements for some resources, but not others.

**Guidance on non-compliance**

There are no processes in place to ensure full access or full compliance with licences.

**Additional tips, tools, templates or references**

Where local licensing arrangements are unclear, advice should be sought from trust legal advisors or other entities deemed able to give authoritative advice.
<table>
<thead>
<tr>
<th>Criterion Number</th>
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</thead>
<tbody>
<tr>
<td>4.1b</td>
<td>Information technology (IT) systems are in place to enable delivery of library/knowledge services and resources to all customers at the time and place of need.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

IT infrastructure within the library/knowledge service includes software/equipment/tools to minimise manual processes and to exploit existing and emerging technologies.

This might include:
- Library web presence.
- Inter-library loan software.
- Library management systems.
- Up-to-date local records in shared/union catalogues.
- Equipment such as scanners, photocopiers, computers, printers and personal digital assistants (PDAs).
- Wireless networking, mobile technologies.
- Web plugins and Web 2.0 (now called social media) technologies.
- Learning tools etc.

**Definitions**

**Learning tools** – tools that enable and support all kinds of learning - formal structured learning, personal learning, group learning and intra-organisational learning.

See list at: [http://www.c4lpt.co.uk/Directory/index.html](http://www.c4lpt.co.uk/Directory/index.html)

**Plugin[s]** - also called addin/add-in or addon/add-on consists of a computer program that interacts with a host application (a web browser or an email client, for example) to provide a certain, usually very specific, function "on demand.

**Web 2.0** (or Web 2) is the popular term for advanced Internet technology and applications including blogs, wikis, RSS and social bookmarking.

See list at: [http://whatis.techtarget.com/definition/0,,sid9_gci1169528,00.html](http://whatis.techtarget.com/definition/0,,sid9_gci1169528,00.html)

**Suggested admissible evidence**

REVISED MARCH 2012

- Brief descriptions of library’s IT infrastructure.
- Web links/URLs.
- Promotional material.
- Asset register (where available).
- Maintenance contracts.

**Guidance on full compliance**

The IT infrastructure of the library/knowledge service meets the needs of the library/knowledge staff and users.

The service manager should also engage with the organisation’s IT department and/or learning staff/educationalists to ensure that system integration and ‘user friendliness’ of the library/knowledge service ‘offer’ is maximised.

**Guidance on partial compliance**

Staff and customers are unable to access (or access is continually blocked) to a particular resource or technology.

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<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>4.1b (Continued)</td>
<td>Information technology (IT) systems are in place to enable delivery of library/knowledge services and resources to all customers at the time and place of need.</td>
</tr>
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</table>

**Guidance on non-compliance**

Overall provision of the service is hindered by lack of access to appropriate IT infrastructure.

**Additional tips, tools, templates or references**

CILIPS (CILIP in Scotland) and Scottish Library and Information Council
http://www.slainte.org.uk/slainte2/index.html

Practical guidance and tips for working with Web2.0, as well as case studies from other libraries in Scotland. Also includes their publication *A Guide to Web 2.0 in Libraries*

23 Things
http://23things.wetpaint.com/

Course which introduces library staff to Web 2.0, Library 2.0, and new technologies.
<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>4.2a</td>
<td>There are processes, and where applicable, contracts or service agreements in place to ensure that goods, services, facilities and equipment purchased by or provided to the library/knowledge service are fit for purpose and properly maintained.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

This criterion relates to all goods, services, facilities and equipment purchased by or provided to the library/knowledge service, including:

- Library resources (including books, journals and e-resources).
- General IT systems, hardware, software and services (including library management systems)
- General and library-specific security systems
- General and library-specific office equipment (including photocopiers and scanners).

For library-specific goods and services, service managers should be involved in producing specifications, and/or use appropriate local, regional or national service contracts and framework agreements, and delivery against the specification should be monitored.

There should be processes in place for resolving facilities, systems and equipment faults. Library/knowledge staff must know who to contact when problems arise. For library-specific goods and services, there should be maintenance and servicing agreements in place, which specify call-out times and clarify when/whether additional charges become applicable.

It is recognised that for large and/or multi-site services monitoring of service specifications may be carried out by another department or by the central library.

**Definitions**

**Suggested admissible evidence**

SLA or service contracts, library procedures manual, evidence of maintenance visits or active monitoring by library staff.

**Guidance on full compliance**

All library-specific goods/services provided under contract or service agreement are monitored against a service specification. There is a process for reporting and resolving problems with goods, services, facilities and equipment and evidence that all library/knowledge staff are aware of procedures. There are no significant issues with fitness-for-purpose or maintenance of goods, services, facilities and equipment.

**Guidance on partial compliance**

Some but not all of the above requirements are met.

OR

There are currently some issues with fitness-for-purpose or maintenance of goods, services, facilities and equipment but these are being resolved.

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<tbody>
<tr>
<td><strong>4.2a (Continued)</strong></td>
<td>There are processes, and where applicable, contracts or service agreements in place to ensure that goods, services, facilities and equipment purchased by or provided to the library/knowledge service are fit for purpose and properly maintained.</td>
</tr>
<tr>
<td><strong>Guidance on non-compliance REVISED MARCH 2012</strong></td>
<td>There are significant problems with fitness-for-purpose or maintenance of goods, services, facilities and equipment which are impacting on the quality/delivery of library/knowledge services.</td>
</tr>
<tr>
<td><strong>Additional tips, tools, templates or references</strong></td>
<td></td>
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<tr>
<td>Criterion Number</td>
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<tr>
<td><strong>4.3a</strong></td>
<td><strong>The physical space occupied by the library/knowledge service meets current service needs.</strong></td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

This relates to the appropriateness of the physical space e.g. for housing stock, different types of study space to accommodate different learning styles and workstations etc.

Accommodation should not be cramped and there should be some spare capacity at peak times.

Use of this physical space should also be actively reviewed to meet changing, and where possible projected, needs.

**Definitions**

**Suggested admissible evidence**

- Photographs.
- Floor plans.
- Feedback from customers.
- Measurement of current usage through occupancy surveys.
- Evidence the library space meets the requirements of HSE office space standards [http://www.hse.gov.uk/office/index.htm](http://www.hse.gov.uk/office/index.htm)
- User surveys on the library space or extracts from a general user survey that relate to the library space.
- Documents demonstrating that a review of the library space has been undertaken.

**Guidance on full compliance**

No issues with physical space for **95%** of the opening times.

**Guidance on partial compliance**

There is a recurrent identified issue.

**Guidance on non-compliance**

There is insufficient (or inappropriate) space to meet customer needs for the majority of the opening times and no plans to address this.

**Additional tips, tools, templates or references**

[JISC InfoNet Learning space design](http://www.jiscinfonet.ac.uk/infokits/learning-space-design)
<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>4.3b</td>
<td>Library/knowledge staff have a dedicated work area appropriate to service needs.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

Desks may not be required for each individual but may include hot-desking arrangements as an identified area for library/knowledge staff use.

**Definitions**

**Dedicated work area:** An area to which only library/knowledge staff have access to whilst they are present.

**Suggested admissible evidence**

- Photographs,
- Signage,
- Desk rota,
- Hot-desking arrangements.

**Guidance on full compliance**

There is a dedicated work area appropriate to service needs.

**Guidance on partial compliance**

Dedicated area which does not meet service needs e.g. too small or inappropriate space.

**Guidance on non-compliance**

There is no dedicated area despite there being an identified need for it and its absence impacts on service delivery or confidentiality.

**Additional tips, tools, templates or references**


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<th>Criterion Number</th>
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<tbody>
<tr>
<td>4.3c</td>
<td>The library/knowledge service has access to equipped teaching/seminar rooms for staff/user training and development activities.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

The equipped teaching rooms **do not** need to be in the library nor necessarily on the same site as the library.

**Definitions**

**Suggested admissible evidence**

- List of rooms that are available.
- Room booking policy.
- Room access sheets.
- Programme of training events.

**Guidance on full compliance**

Teaching/training rooms are available to meet service needs.

**Guidance on partial compliance**

The teaching/training room is available but it is insufficient to meet training needs such as not being available when required or is poorly equipped.

**Guidance on non-compliance**

REVISED MARCH 2012

The teaching/training room[s] cannot be booked by the library/knowledge staff. **OR**

There are no suitable teaching/training room facilities available.

**Additional tips, tools, templates or references**


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<th>Criterion Number</th>
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<tbody>
<tr>
<td>4.3d</td>
<td>&quot;Reasonable adjustments&quot; are made to premises and facilities in accordance with appropriate legislation to ensure a safe working environment for staff and library/knowledge service users.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

“Reasonable adjustments” are not those solely required by Disability Discrimination Acts (DDA). For this criterion it is also covers changes required under health and safety legislation such as those identified through health and safety inspections or appropriate risk assessments.

**Definitions REVISED MARCH 2012**

**Appropriate legislation** would include health and safety regulations such as *Management of Health and Safety at Work Regulations 1999, Health and Safety (Display Screen Equipment) Regulations 1992* and *Manual Handling Operations Regulations 1992* etc. and *Equality Act 2010*.

**Suggested admissible evidence**

- Photographs
- Records of work carried out
- DDA audit or accessibility audit.
- Copies of recent risk assessments (e.g. fire, substances, display screen) and action plans.

**Guidance on full compliance**

Assume full compliance unless specific issues have been raised.

**Guidance on partial compliance**

Issues have been identified and are being addressed.

**Guidance on non-compliance REVISED MARCH 2012**

Issues have been identified and are “reasonable” but are not planned to be addressed.

OR

Issues have been identified and are “reasonable” but have not been addressed.

**Additional tips, tools, template or references REVISED MARCH 2012**

Service managers are advised to make contact with their organisation’s Health and Safety lead.

**Risk assessment information and guidance**

http://www.hse.gov.uk/office/index.htm

**Disability Discrimination Act 1995**


**Disability Discrimination Act 2005**

www.opsi.gov.uk/acts/acts2005/ukpga_20050013_en_1

**Equality Act 2010**

NHS Library Quality Assurance Framework (LQAF) England

Domain 5

Library/Knowledge Services Service Delivery and Development – Criteria and Guidance

Domain 5 Description

Library/knowledge services are designed and delivered to support the needs of all those who work to improve patient and population health, supporting clinical, non-clinical and management practice and staff development.

Library/knowledge services provide opportunities to develop information skills/literacy and evidence based health skills.

Library/knowledge services actively engage in and support knowledge management activities and workstreams across the organisations served.

The guidance

The pages that follow provide the following information for each criterion in the domain:

- Fuller explanation of requirements
- Definitions
- Suggested admissible evidence
- Guidance on what constitutes full compliance
- Guidance on what constitutes partial compliance
- Guidance on what constitutes non-compliance
- Additional tips, tools, templates or references
### Criterion Number

<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.1a REVISED MARCH 2012</td>
<td>There is formal documentation that outlines planned library/knowledge service marketing and promotional activities and evidence of engagement in delivering the activities.</td>
</tr>
</tbody>
</table>

### Fuller explanation of requirement REVISED MARCH 2012

The documentation should identify the series of actions to be undertaken to successfully interest potential customers in a library/knowledge service product or service and to persuade them to use/engage with it. For further information see Additional tips, tools... below.

The plan does not have to be a separate document but could be part of other corporate documents (e.g. business plan, annual report).

There must be evidence that the plan is implemented.

The plan may include a provision for capitalising on additional ad-hoc events that arise but were not anticipated or expected. This may include involvement with e.g. national learners’ week, SHA events, Trust events, health promotion campaigns (e.g. no-smoking day, mental health day) where appropriate.

This will help demonstrate partnership working with other agencies/departments and libraries in other sectors.

The impact of marketing and the promotional activities should be reviewed and evaluated on a regular basis and at least annually.

### Definitions

**Marketing** refers to finding a market for your product or service and ensuring your customers have the opportunity to take advantage of it. This includes market research and analysis, branding and publicity.

**Publicity/promotion** refers to the process of creating awareness of your product or service, through advertising using a wide variety of media and through participating in promotional events.

### Suggested admissible evidence REVISED MARCH 2012

1. **Documentation:**
   - Copy of marketing plan/promotional plan/strategy OR
   - Relevant sections from corporate documents e.g. business plan, annual plan.

2. **Plus evidence of implementation e.g.**:
   - Excerpts from newsletters.
   - Feedback/photographs from events.
   - Promotional materials.
   - Service events calendars.
   - Documentation from planning meetings.

3. **Evidence of evaluation of the plan/strategy.**

### Guidance on full compliance REVISED MARCH 2012

Documentation exists and there is evidence that the service implements the marketing plan **and** actively seeks out **and** participates in relevant activities. The evidence should also demonstrate that the plan and participation in promotional related activities is **reviewed and evaluated.**

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<tr>
<td>5.1a REVISED MARCH 2012 (Continued)</td>
<td>There is formal documentation that outlines planned library/knowledge service marketing and promotional activities and evidence of engagement in delivering the activities.</td>
</tr>
</tbody>
</table>

**Guidance on partial compliance REVISED MARCH 2012**

- Documentation exists but there is little or no evidence of implementation. OR
- Documentation exists and the plan is implemented but there is little or no evidence of the plan and promotional related activities being reviewed and evaluated. OR
- Promotional related activities are evident but there is no documented plan.

**Guidance on non-compliance REVISED MARCH 2012**

- No documentation exists and there is minimal promotion of the service e.g. through ad-hoc participation in promotional related activities.

**Additional tips, tools, templates or references REVISED MARCH 2012**

- Chartered Institute of Marketing - Plans http://www.cim.co.uk/resources/plansandstrategy/home.aspx
- Promoting and Marketing Library and Information Services (ProMISe) http://promise.pbworks.com/
- Library Public Relations & Marketing http://www.mlanet.org/resources/index.html#libpr
- Marketing Plan Template http://www.rhcs.com.au/resources.html Includes a worked example of a marketing plan and guidance on how to develop one.
- New Mexico State Library – Marketing Plan Workbook www.nmstatelibrary.org/docs/development/planning/Marketing_Plan_Workbook.pdf
- Ohio Library Foundation Marketing the Library e-learning modules http://www.olc.org/marketing/
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<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.1b</td>
<td>There is a process to ensure that all new eligible staff and students are aware of relevant library/knowledge services available to them.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

There are procedures in place for the induction of all new staff/eligible students to the library/knowledge service at an organisational and/or individual level. This procedure is typically called user induction. The library/knowledge service may receive or obtain regular notification of all new eligible staff and students. This may be linked to the general organisational induction process. It could include a library stand at a “marketplace” style induction. A range of communication media and contact opportunities should be used.

### Definitions REVISED MARCH 2012

**User induction**: this can also be called user orientation or library orientation. Its purpose is to introduce new/prospective library users to the services and/or facilities that a library/knowledge service can offer them. It would normally include user registration and a tour of the library and/or an introduction to/overview of the services/facilities by library/knowledge services staff. User induction can be 1-1 or group and can be formal or informal/ad hoc.

### Suggested admissible evidence REVISED MARCH 2012

- User induction programme.
- User induction pack.
- User induction checklist.
- Excerpt from corporate induction pack.
- Evidence of follow-up from Athens registration, or follow-up from new starter lists.
- E-learning package.
- WebEx (or equivalent) training session recording.

### Guidance on full compliance REVISED MARCH 2012

Information on services and induction sessions is actively promoted e.g. sent or emailed to every eligible new staff member and students with a follow-up process.

### Guidance on partial compliance REVISED MARCH 2012

Library inductions for all eligible new staff and students only happen on request.

### Guidance on non-compliance

Library/knowledge service registration is completed for those staff or students who attend the library but there is no induction.

### Additional tips, tools, templates or references

Useful article on delivering inductions by different methods from an HE perspective at: [www.sconul.ac.uk/publications/newsletter/40/21.pdf](http://www.sconul.ac.uk/publications/newsletter/40/21.pdf)
<table>
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<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>5.2a RESISED MARCH 2012</td>
<td>Information skills (or information literacy) training is delivered and promoted to meet local customer needs.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

The service is involved in the delivery of information skills/literacy training, including evidence based resources to groups and/or individuals. This excludes mediated searches (see Criterion 5.3e). The delivery mode (including whether formal or informal sessions are provided) and content is informed by research e.g. training needs analysis or feedback from customers (formal or informal) or may be planned and agreed directly with customers.

All training should be regularly evaluated. It is expected that the trainer[s] will be suitably qualified and/or have relevant experience.

**Definitions RESISED MARCH 2012**

Information skills (also called information literacy): a set of abilities enabling individuals to "recognize when information is needed and have the ability to locate, evaluate, and use effectively the needed information." [American Library Association, 1989]

**Suggested admissible evidence**

- Information skills/literacy programme.
- Session outline.
- Learning outcomes.
- PowerPoint presentation
- Accreditation from professional bodies.
- E-learning objects or package.
- Training needs analysis.
- Evaluation forms
- Promotional posters/leaflets
- Curriculum.

**Guidance on full compliance**

A range of training is planned and delivered and it is informed by customer feedback and/or training needs analysis AND the training is evaluated.

OR

A range of training is agreed and planned with the customer and delivered AND the training is evaluated.

**Guidance on partial compliance**

Training is planned and delivered but it is limited to certain staff groups and/or by topics/resources AND the training is evaluated.

OR

Training is planned and delivered and is informed by a training needs analysis but no evaluation of the sessions takes place.

OR

Training is planned and delivered but not informed by customer feedback / requirements.

**Guidance on non-compliance**

No training occurs.  

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<tr>
<td>5.2a REVISED MARCH 2012 (Continued)</td>
<td>Information skills (or information literacy) training is delivered and promoted to meet local customer needs.</td>
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</table>

Additional tips, tools, templates or references REVISED MARCH 2012

- **The Designing and Delivering Information Skills Training Courses (InfoSkills)**
  - [http://infoskillsuk.pbworks.com/](http://infoskillsuk.pbworks.com/)
  - An online interactive course on information skills training that is being delivered by email and Web pages

- **London Health Libraries Trainers Toolkit**
  - [http://www.londonlinks.nhs.uk/groups/clinical-librarians-information-skills-trainers-group/trainers-toolkit](http://www.londonlinks.nhs.uk/groups/clinical-librarians-information-skills-trainers-group/trainers-toolkit)

- **Big Blue Information Skills Training toolkit**
  - [http://www.library.mmu.ac.uk/bigblue/toolkit/](http://www.library.mmu.ac.uk/bigblue/toolkit/)

- **Information Literacy website**
  - [http://www.informationliteracy.org.uk](http://www.informationliteracy.org.uk)

- **Medical Library Association’s Health Information Literacy Curriculum**
  - [http://www.mlanet.org/resources/healthlit/index.html](http://www.mlanet.org/resources/healthlit/index.html)

- **Sconul’s Information Skills Model**
  - [http://www.sconul.ac.uk/groups/information_literacy/papers/Seven_pillars.html](http://www.sconul.ac.uk/groups/information_literacy/papers/Seven_pillars.html)
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<tr>
<td>5.2b REVISED MARCH 2012</td>
<td>Information skills (or information literacy) training is embedded in the learning and development programme[s] of the organisation[s] served by the library/knowledge service.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**
Library/knowledge services should not deliver information skills/literacy training in isolation. It should be offered as part of the organisation[s] overall learning and development programme. There should be close links to other trainers in the organisation[s] so that where possible there can be mutual promotion of each other’s training.

**Definitions REVISED MARCH 2012**
Information skills (also called information literacy): a set of abilities enabling individuals to "recognize when information is needed and have the ability to locate, evaluate, and use effectively the needed information." [American Library Association, 1989]

**Suggested admissible evidence REVISED MARCH 2012**
- A programme of information skills (or information literacy) training is included in the Trust/organisation training/education/learning and development programme.
- Pages from printed or web-based learning and development programme showing information skills/literacy training
- Evidence that information skills is delivered as part of another Trust training event.
- Screenshots or live links to Intranet/Internet pages that show library training is promoted by other teams in the organisation.
- Evidence of promotion of library training by other trainers e.g. course hand-outs, emails etc.

**Guidance on full compliance**
The service can demonstrate that information skills/literacy sessions are an integral part of the opportunities offered by the organisation[s] served. All staff groups have the opportunity to attend an information skills/literacy training session.

**Guidance on partial compliance**
A limited number of sessions have been attended by selected staff groups following inclusion in the learning and development prospectus/guide/handbook.
**OR**
Training is embedded in some educational programmes / activities but not all e.g. Junior doctors/ F1 and F2 programmes.

**Guidance on non-compliance REVISED MARCH 2012**
No presence in either the printed or web-based learning and development prospectus/guide/handbook.
**OR**
Information skills training is not embedded in any educational programmes.

**Additional tips, tools, templates or references**
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<tbody>
<tr>
<td>5.2c</td>
<td>Critical appraisal skills training is delivered and/or promoted to meet the needs of all relevant stakeholders.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

Critical appraisal skills are part of the set of health informatics skills that NHS staff require [see](https://tools.skillsforhealth.org.uk/competence/show/html/id/2993/).

Library/knowledge staff need not be solely responsible for the delivery of Critical Appraisal Skills Training but must be able to signpost to relevant courses or sources of information.

**Definitions**

"Critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context." [http://www.whatisseries.co.uk/whatis/](http://www.whatisseries.co.uk/whatis/)

**Stakeholder:** the funder[s] of the service and the customer[s] of the service.

**Suggested admissible evidence REVISED MARCH 2012**

- Training notes, copies of lesson plans or guides produced to support critical appraisal activity.
- Examples of involvement in critical appraisal skills training delivered by others in the organisation[s].
- Lists of resources available in the library to support critical appraisal.
- Screenshot or live link to library Intranet/Internet page that lists websites etc. to support critical appraisal.

**Guidance on full compliance**

There is clear up to date information on critical appraisal training/guidance available AND library/knowledge staff are able to support enquirers AND/OR signpost to appropriate training providers.

**Guidance on partial compliance**

There is limited information on critical appraisal training/guidance available. OR There is limited information on how library /knowledge staff are able to support enquirers. OR Library /knowledge staff are unable to signpost to appropriate training providers.

**Guidance on non-compliance**

There is no information available on critical appraisal training/guidance AND library/knowledge staff are not able to re-direct enquiries to an information source or appropriate training provider.

**Additional tips, tools, templates or references REVISED MARCH 2012**

- [Critical Appraisal Skills Programme (CASP) UK](http://www.casp-uk.net/)
- [SIGN](http://www.sign.ac.uk/methodology/checklists.html)
- [University Hospitals Leicester](http://www.uhl-library.nhs.uk/resourcescritapp.html)
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.2d</td>
<td>The library/knowledge service supports, facilitates and signposts to learning opportunities.</td>
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</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

This extends the standard at Criterion 5.2b and indicates how embedded the library/knowledge service is as part of the organisation’s overall learning and development.

The service works with HR/training suppliers to advertise, promote and direct customers to, other related courses and learning activities within the organisation and/or local area. This also includes supporting e-learning, IT skills, skills for life, etc.

**Definitions**

- Library/knowledge service involvement in wider organisational e-learning/training and learning / widening participation policies and services.
- Resources to support courses attended by Trust staff.
- Photographs, posters, flyers, leaflets, minutes from meetings, documentation (e.g. training strategy, curricula), and room bookings, open access computers for e-learning.
- Involvement in wider organisational "Matrix" Quality assurance process for Information Advice and Guidance (IAG).
- Signposting to IAG resources - physical and electronic.

**Suggested admissible evidence**

REVISED MARCH 2012

- The service supports, advertises **AND** directs learners to a range of organisational and external training opportunities.
- The service advertises organisational **AND** external training opportunities but plays no active role in supporting the organisational training.
- The service has no awareness of organisational **AND** external training opportunities available outside the library/knowledge service.

**Additional tips, tools, templates or references**

REVISED MARCH 2012

- Matrix Standard website

- Careers information, advice and guidance
<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.3a</td>
<td>Library/knowledge services are tailored to meet the needs of different customer/staff groups.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

The service must ensure equity of access to the services and service delivery methods it provides for all its eligible customers.

The service needs to be able to demonstrate that it provides services, a range of resources and uses service delivery models that are customised to the needs and preferences of specific service users. It is not about delivering all the same services to everyone.

To determine what is required the library/knowledge service should carry out an information needs assessment/analysis. This is also linked to carrying out market research and analysis as per Criterion 5.1a.

Tailored/customised services could include:
- Current awareness services for a particular individual or group (e.g. Reference evidence at Criterion 5.3g).
- Information skill training using e-resources that are most relevant to a particular individual or group (e.g. Reference evidence at Criterion 5.3e).
- Sections of the website or blogs etc. Dedicated to a particular subject or staff group e.g. Physiotherapy or medical secretaries.
- Subject themed library leaflets or resource guides.
- Providing different customer groups with information at varying levels of detail.

Different service delivery models will for example include:
- Provision of postal loans and on-line and telephone requesting for remote users.
- Out-of-hours access (if local circumstances permit) where there is an expressed need or requirement for it.

**Definitions REVISED MARCH 2012**

- **Tailor/customise**: to make, alter or adapt services, and the ways in which they are delivered, based on an analysis of user needs.
- **Remote users**: those who access the service by telephone, e-mail or the website and may rarely or never visit the physical library/knowledge service’s service point.
- **User/information needs assessment**: the process of using one or more techniques to collect and analyse data on the information needs of library/knowledge service users or potential users.

**Suggested admissible evidence REVISED MARCH 2012**

- User/information needs assessment/analysis.
- Print and electronic forms for requesting books/journal articles/searches.
- Evidence of e-mail enquiries.
- Web-based online public access catalogues (OPACs).
- Range of information guides for a variety of staff groups and topic based information guides.
- Guides (printed or electronic) to the library/knowledge service that promote the availability of the tailored services etc.
- Tailored current awareness services (reference evidence at Criterion 5.3g).

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<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.3a (Continued)</td>
<td><strong>Library/knowledge services are tailored to meet the needs of different customer/staff groups.</strong></td>
</tr>
</tbody>
</table>

**Guidance on full compliance**

Based on the user needs analysis, a range of resources **AND/OR** forms of service delivery is tailored/customised to meet the needs of different user/staff groups.

**Guidance on partial compliance**

Standard services are available with very limited customisation to meet the specific needs of different groups.

**OR**

Some user/staff groups have some services/resources tailored to their needs.

**Guidance on non-compliance**

The library/knowledge service provides standard services to all customers/staff groups because either an information needs analysis has not been conducted **OR** the results have not been implemented.

**Additional tips, tools, templates or references REVISED MARCH 2012**

**References:**


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<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>5.3b</td>
<td>The library/knowledge service has systems and processes in place to enable customers to discover and locate library/knowledge resources.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement REVISED MARCH 2012**

This criterion assesses how easy it is to use the systems and processes from a user’s point of view. It covers the discovery and location devices for both physical and electronic stock. Systems and processes include:
- Visible and up-to-date directional and informational signage inside and outside the library.
- Online Public Access Catalogue (OPAC) including Web OPAC URL.
- A recognisable classification scheme for printed and/or electronic stock.
- Intranet/internet links to knowledge resources.

**Definitions REVISED MARCH 2012**

**Discover and locate**: customers can trace printed and electronic resources and see what services are available and be able to find or access them while either in the library or by accessing it remotely.

**Signposting**: means by which library customers are guided to the physical or virtual location of printed and electronic resources or available services.

**Suggested admissible evidence REVISED MARCH 2012**

- Photographs.
- Signage (internal and external).
- Classification guide.
- Shelf guides.
- Floor plans.
- Screenshots.
- User guides/library leaflets.
- Programmes for library induction.
- “Script” for library tours.
- Customer/user surveys.

**Guidance on full compliance REVISED MARCH 2012**

The collection is well organised with clear signposting to all physical and/or electronic resources which enables customers to find and locate resources independently.

**Guidance on partial compliance**

- Signposting to physical/electronic resources is incomplete or is organised so that users may need to request assistance.
- OR
- There is no classification scheme.
- OR
- There is no OPAC.

**Guidance on non-compliance REVISED MARCH 2012**

Users are unable to regularly locate resources and identify relevant services independently of the library/knowledge services staff.

**Additional tips, tools, templates or references**
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<th>Criterion Number</th>
<th>Criterion</th>
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<tbody>
<tr>
<td>5.3c</td>
<td>The library/knowledge service's stock is provided, developed and circulated to meet the needs of customers.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**  
REVISED MARCH 2012

This criterion covers both physical (e.g. printed) and electronic stock. The library/knowledge service should plan and implement collection development. This should reflect the needs of appropriate groups as defined in the strategy/business plan. Stock development/selection should also incorporate suggestions/feedback from customers and other stakeholders. The availability of lending, reservation and renewal services should be based on customer/user requirements.

**Definitions**

**Collection development**: the process of planning and building a balanced collection of library materials (printed and electronic) based on an ongoing assessment of customer needs. Usually this is summarised as a written policy. [http://lu.com/odlis/about.cfm](http://lu.com/odlis/about.cfm)

**Stock circulation**: library stock on loan to users for a set period. Users can renew the loan period and put holds on items that are in circulation so they can borrow the item after it has been returned. An automated circulation system may allow users to renew and reserve items via the online library catalogue.

**Suggested admissible evidence**  
REVISED MARCH 2012

- Collection development policy.
- Electronic resources selection policy.
- Stock withdrawn data.
- User suggestions.
- Customer/user consultation.
- Customer/user needs analysis.
- Journals review.
- Meeting minutes.
- Print and electronic usage statistics.
- Core lists.
- Member regulations.
- Procedures manual.
- URL for library website.

**Guidance on full compliance**  
REVISED MARCH 2012

There is substantial evidence that both printed and electronic stock is:  
- managed effectively,  
- up-to-date and  
- reflects a wide range of user/customer needs.  

**Guidance on partial compliance**

- Stock is updated but old stock is not removed.  
- Updated stock does not reflect customer/user needs.  
- Stock is circulated to users but there are no systems in place to renew or reserve items by the user.

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<tr>
<td>5.3c (Continued)</td>
<td>The library/knowledge service’s stock is provided, developed and circulated to meet the needs of customers.</td>
</tr>
</tbody>
</table>

**Guidance on non-compliance**

- This is little evidence that stock is updated or withdrawn and it does not reflect customer/user needs.
- **OR**
  - Stock is circulated and no systems are in place to monitor circulation data.

**Additional tips, tools, templates or references REVISED MARCH 2012**

- International Federation of Library Associations and Institutions Section on Acquisition and Collection Development (2001)
  - [http://archive.ifla.org/VII/s14/nd1/gcdp-e.pdf](http://archive.ifla.org/VII/s14/nd1/gcdp-e.pdf)

- CILIP Health Libraries Group – Core collections
  - [http://www.cilip.org.uk/get-involved/special-interest-groups/health/core-collections/Pages/default.aspx](http://www.cilip.org.uk/get-involved/special-interest-groups/health/core-collections/Pages/default.aspx)

**Reference:**

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<tr>
<td>5.3d</td>
<td>The library/knowledge service provides eligible customers with access to document delivery services.</td>
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</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

This includes local, regional and national provision and is regardless of whether charges are levied on customers. Customers should be advised, e.g. through a policy, which membership categories are eligible to access the document delivery service and what limitations the service may apply e.g. number of requests that can be processed at one time, non-use of potential suppliers because of the cost to the service. Non-eligible customers are directed at alternative sources of supply as appropriate.

The availability of the service should be promoted to the users through various channels e.g. leaflets, website etc.

**Definitions**

REVISED MARCH 2012

Document delivery service: a means of obtaining and delivering non-stock items to users subject to the eligibility criteria.

**Suggested admissible evidence**

REVISED MARCH 2012

- Document supply/delivery policy.
- Membership categories list.
- Service Level Agreements.
- URL or screenshot of page from library/knowledge service website/blog detailing the availability of the service.

**Guidance on full compliance**

The service provides non-stock items at the request of eligible customers in line with Service Level Agreements or agreement with the stakeholder[s].

**Guidance on partial compliance**

Document supply is restricted to certain staff groups.

OR

The document supply/delivery policy AND/OR the service guide/Customer Charter does not make clear the circumstances in which the service may not be able to provide a full service (e.g. does not use all potential document suppliers or meet all user requests because of cost) and this is not publicised to customers.

**Guidance on non-compliance**

No document supply service is provided where there is a demonstrable case or agreement for there to be one.

**Additional tips, tools, templates or references**
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<th>Criterion Number</th>
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<tr>
<td>5.3e</td>
<td>Library/knowledge service customers are provided with mediated searching services.</td>
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**Fuller explanation of requirement REVISED MARCH 2012**

Library/knowledge staff perform searches on behalf of customers and this service is widely publicised/promoted to ALL potential users of the service including non-clinical staff. **N.B.** This may exclude searches for students or for educational purposes e.g. assignments/essays.

This may be not applicable for HE-provided services and where the service is not specified or is excluded from service level agreements etc.

**Definitions REVISED MARCH 2012**

*(Now matches national statistics)*

**Mediated searching:** literature searching is carried out by trained library/information staff on behalf of a customer. **N.B.** This excludes instances of “assisted searches” i.e. when the requestor is sitting beside the librarian or when a user starts the search, but then requests help with their search. This should be included under Criterion 5.2a.

**Suggested admissible evidence REVISED MARCH 2012**

- Search requests forms from both clinical/medical.
- Feedback from searches supplied.
- Literature searching protocol.
- Impact assessment of the service. *(See also Criterion 1.3c)*
- Promotional leaflets.
- URL or screenshot of page from library/knowledge service website/blog detailing the availability of the service.

**Guidance on full compliance REVISED MARCH 2012**

Search services are provided to meet the needs of customers and availability of the service is widely promoted to ALL potential customers.

**Guidance on partial compliance REVISED MARCH 2012**

Search services are provided but are restricted to specific staff groups (e.g. clinical or medical) **AND/OR** there is little promotion/publicity of the service to potential users.

**Guidance on non-compliance REVISED MARCH 2012**

A mediated search service is not provided.

**Additional tips, tools, templates or references**
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<th>Criterion Number</th>
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<tr>
<td>5.3f</td>
<td>The library/knowledge service provides customers with enquiry and referral services.</td>
</tr>
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</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

Library/knowledge staff undertake “general” enquiries on behalf of customers and this service is widely publicised/promoted. This criterion also covers occasions when library/knowledge staff refer customers to more appropriate information providers or a more knowledgeable source e.g. NHS Direct for patients and/or the public, HE libraries for students.

N.B. This criterion excludes mediated searches which are covered by Criterion 5.3e.

**Definitions**

REVISED MARCH 2012 (Now matches national statistics)

**Enquiry:** A request (made in person, by telephone, or electronically) from a customer for general assistance which can be categorised as:

1. Procedural – relating to library rules and regulations.
2. Directional – locating a specific stock item, resource or section of the library.
3. Information resource related – where the library staff identify and answer problems posed by library users.

The number and/or details of questions are usually recorded in an enquiry/transaction log by category for statistical purposes.

**Suggested admissible evidence**

REVISED MARCH 2012

- General enquiry request forms/software.
- Feedback from customers who used the service.
- Impact assessment of the service. ([See also](#)) Criterion 1.3c
- Promotional leaflets.
- General enquiry log book.
- URL or screenshot of page from library/knowledge service website/blog detailing the availability of the service.

**Guidance on full compliance**

REVISED MARCH 2012

General enquiries are answered within timescale agreed with customer AND the service is promoted to customers.

**Guidance on partial compliance**

General enquiries are answered but are restricted to specific staff groups AND/OR there is little publicity/promotion of the service.

**Guidance on non-compliance**

REVISED MARCH 2012

A general enquiry or referral service is not provided.

**Additional tips, tools, templates or references**

- Additional tips, tools, templates or references related to providing enquiry and referral services.
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<th>Criterion Number</th>
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<tr>
<td><strong>5.3g</strong></td>
<td>The library/knowledge service provides and/or supports a range of alerting services appropriate to the customer base.</td>
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</tbody>
</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

All customers should be made aware of the various means by which they can obtain up to the minute information. A variety of services should be available to cater for the requirements peculiar to different groups of customers and their different interests. Library/knowledge staff might not necessarily produce or send out the alerts but they should be promoting the range of information sources and technology available to all customers to enable them to keep up to date. Library/knowledge staff should support users to access external current awareness or alerting services e.g. how to sign up for journal table of contents (E-TOCs) or save searches on NHS Evidence.

**Definitions**

Alerting services: the means by which library/knowledge service customers keep up to date in their particular subject areas.

Current awareness service (CAS): a service or publication designed to alert customers to recently published literature in their field of interest or specialisation. [http://lu.com/odlis/about.cfm](http://lu.com/odlis/about.cfm)

**Suggested admissible evidence**

REVISED MARCH 2012

- Examples of TOCs alerting/NHS Evidence links/National RSS directory.
- Links to and distribution of alerting services e.g. Trust Intranet links to NHS Evidence.
- Current awareness bulletin distribution lists.
- Promotional material advertising in-house current awareness services.
- URL or screenshot of page from library/knowledge service website/blog detailing the availability of the service.
- Evidence of review mechanisms to ensure customers are satisfied with their alerting resources.

**Guidance on full compliance**

REVISED MARCH 2012

Evidence of providing a range of alerting services that are available to all customers. The services should meet customer needs and be based on customer feedback.

**Guidance on partial compliance**

The service provides alerting services which are not available to all customers. 
**OR**

The alerting services provided do not meet the needs of the customers.

**Guidance on non-compliance**

REVISED MARCH 2012

No evidence of providing current awareness or an alerting service. 
**OR**

No evidence of signposting customers to external sources of alerting services.

**Additional tips, tools, templates or references**

CASH website [http://www.netvibes.com/keeping-up-to-date#Specialist_Bulletins](http://www.netvibes.com/keeping-up-to-date#Specialist_Bulletins)
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<tr>
<td>5.3h</td>
<td>Library/knowledge service staff support clinical and management decision-making.</td>
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</table>

**Fuller explanation of requirement**

REVISED MARCH 2012

The information, or the services supplied by the library/knowledge service, is/are provided to improve the services (or commissioning of services) provided by the organisation[s] so that the library/knowledge service is not seen solely as an educational resource. In some organisations this may be by means of clinical and/or outreach librarian services.

**Definitions**

REVISED MARCH 2012

*"Point of care" e-resources*: includes Map of Medicine, guideline and protocol development.

**Outreach services**: Programmes and activities that enable a library/knowledge service to deliver traditional services outside the physical walls of its facilities.

**Non-clinical management**: covers staff such as the Trust executives, HR, finance, supplies etc.

**Suggested admissible evidence**

REVISED MARCH 2012

- Activities of clinical/outreach library/knowledge staff.
- Feedback from service users/customers.
- Impact assessments.
- Surveys.
- Clinical governance processes.
- Guideline, protocol or Map of Medicine involvement.
- Lists of resources to support non-clinical staff in their decision making process.
- Trust project documentation.

**Guidance on full compliance**

REVISED MARCH 2012

The library/knowledge service actively and routinely provides information and services that support both clinical staff AND non-clinical management staff in their decision making.

**Guidance on partial compliance**

REVISED MARCH 2012

The service provides limited OR ad hoc support for clinical AND/OR non-clinical management decision making.

**Guidance on non-compliance**

REVISED MARCH 2012

Services and information provided by the library/knowledge service are solely for educational or CPD purposes AND there is little evidence to show how the service supports clinical and non-clinical management decision making.

OR

Services and information provided by the library/knowledge service support clinical but not non-clinical management decision making.

**Additional tips, tools, templates or references**
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<th>Criterion Number</th>
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<tr>
<td>5.3i</td>
<td>Library/knowledge service staff support the research activities of the organisation[s] served.</td>
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</table>

**Fuller explanation of requirement**

The library/knowledge service is actively engaged with the organisation[s] research activities, and offers a range of services and resources to support clinical and non-clinical research within their organisation[s].

**Definitions**

Research – covers both patient-based research and “research that improves practice in relation to the organisation and delivery of healthcare” e.g. as defined by the National Institute for Health Research Service Delivery and Organisation programme.

**Suggested admissible evidence REVISED MARCH 2012**

- Minutes of attendance at NHS research network meetings e.g. Clinical Research Networks (see list under NIHR Infrastructure in Additional tips...)
- Correspondence with individual researchers.
- Examples of marketing materials aimed at researchers.
- Details of specific services (e.g. reference checking, proof reading) offered for researchers.
- Involvement in the management of or recording of published research by Trust staff e.g. organisational repositories or included in library catalogue.
- Specific software to aid research such as reference management software, SPSS.
- Lists of research-specific stock such as research methodology, statistical analysis.
- Evidence of involvement in research projects carried out in the Trust.

**Guidance on full compliance REVISED MARCH 2012**

The library/knowledge service has established links with both the formal research networks (where they exist) within their organisation[s] and individual researchers/projects. A range of specific services are offered and marketed to the local/organisation[s] research community.

**Guidance on partial compliance**

There is “ad-hoc” informal support for researchers AND/OR a limited range of services offered for researchers.

**Guidance on non-compliance**

There is no specific link to the research community and no specific service offered to researchers.

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<tr>
<td>5.3i (Continued)</td>
<td>Library/knowledge service staff support the research activities of the organisation[s] served.</td>
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</table>

**Additional tips, tools, templates or references**

- **REVISED MARCH 2012**
  - National Institute for Health Research (NIHR)  
    [http://www.nihr.ac.uk/research/Pages/default.aspx](http://www.nihr.ac.uk/research/Pages/default.aspx)  
    also see the Publications and Research Databases pages.
  
  - NIHR Service Delivery and Organisation programme  
    [http://www.sdo.nihr.ac.uk/index.html](http://www.sdo.nihr.ac.uk/index.html)  
    Information about non-clinical research carried out in the NHS.
  
  - NIHR Infrastructure  
    [http://www.nihr.ac.uk/infrastructure/Pages/default.aspx](http://www.nihr.ac.uk/infrastructure/Pages/default.aspx)  
    lists the range of research networks, centres, services etc.
  
  - Research Information Network (RIN)  
    A systematic study of the value of the services that libraries in the UK provide to researchers.
The library/knowledge service’s delivery standards are controlled by a managed process which includes setting, monitoring, reviewing and revising service delivery standards against customer needs.

**Fuller explanation of requirement**

REVISED MARCH 2012

Service priorities and service standards that may vary according to staff groups or specific customer needs should be identified. An information needs assessment may help with this.

The standards will outline the levels of service that a user can expect from the library/knowledge service and will:

- detail services and timescales/response times,
- be monitored by the service and
- reviewed so that if standards are not met, appropriate action is taken.

At a minimum there should be service standards for:

1. General enquiries.
3. Mediated searches.

Performance indicators, e.g. as stated in Service Level Agreements, may inform service standards development.

**See also** the requirements under Criteria 2.2a, 2.2b and 2.2c

**Definitions**

REVISED MARCH 2012

**Information needs assessment:** the process of using one or more techniques to collect and analyse data on the information needs of library/knowledge service users or potential users.

**Suggested admissible evidence**

REVISED MARCH 2012

- Service leaflets.
- Customer charter.
- Evidence of monitoring and reviewing standards e.g. as a regular item on library/knowledge service team meetings.
- Audits of services detailing % of standards met and reasons if not met.
- Annual service reviews (**See** Criterion 1.2d).
- Library/knowledge staff objectives.
- Quality management programme.
- URL or screenshot of page from library/knowledge service website/blog detailing the delivery standards for the services.

**Guidance on full compliance**

All service standards are based on an analysis of customer needs. All the standards:

1. detail level of service,
2. response times,
3. exceptions and
4. charges

are publicised, measured **AND** reviewed at least once per year.

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<tr>
<td><strong>5.3j</strong> (Continued)</td>
<td>The library/knowledge service’s delivery standards are controlled by a managed process which includes setting, monitoring, reviewing and revising service delivery standards against customer needs.</td>
</tr>
</tbody>
</table>

**Guidance on partial compliance**  
Service standards are set without reference to customer/user needs.  
OR  
At least one of the minimum service standards is set and monitored and reviewed.  
OR  
The 3 minimum service standards are set but are not monitored and/or reviewed.

**Guidance on non-compliance**  
No service delivery standards are set.  
OR  
One service delivery standard is set but is not monitored or reviewed.

**Additional tips, tools, templates or references**  
**REVISED MARCH 2012**  
| M25 Quality Working Group Service Level Definitions  
[http://www.m25lib.ac.uk/service_level_definition_template_2.html](http://www.m25lib.ac.uk/service_level_definition_template_2.html)  
Provides templates for developing service delivery standards (including some examples) and key performance indicators.  
UK university libraries list their library performance or service level standards on their websites. |
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<tr>
<td>5.3k</td>
<td>Library/knowledge service staff work in collaboration with those responsible for corporate intelligence.</td>
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</table>

This criterion has been **DELETED** from the standards with effect from April 2012. It has been replaced by two new standards in the new section 5.4 Knowledge Management.
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<th>Criterion Number</th>
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<tr>
<td>5.3l</td>
<td>Library/knowledge services are developed to support information provision for the patient and/or the public.</td>
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</table>

**Fuller explanation of requirement**

This criterion is only applicable to those library/knowledge services where they are required by the organisation[s] to provide services to patients and/or the public. This would normally be specified in Service Level Agreements or formally agreed with the organisation[s].

Examples of services might include:
- Walk-in access to electronic resources.
- Patients and the public having full access to library/knowledge service resources.
- Providing information leaflets via patient advice and liaison services (pals) and front-line staff.

*See* Criterion 5.3f for general enquiry and referral services e.g. signposting patients and/or the public to more appropriate information providers.

**Definitions**

**Suggested admissible evidence REVISED MARCH 2012**

- Evidence of partnership working with the public library service.
- Links to Health Promotion Services.
- Links to Patient Advice and Liaison Services (PALS).
- Examples of specific services provided.
- Relevant sections from library/knowledge service strategy and/or implementation plan.
- Consumer Health Information strategy.
- URL or screenshot of page from library/knowledge service website/blog detailing the availability of the service.

**Guidance on full compliance REVISED MARCH 2012**

A library/knowledge service exists for use by patients and/or public **AND** promoted **AND** library/knowledge staff are able to support enquirers.

**Guidance on partial compliance REVISED MARCH 2012**

A library/knowledge service exists for use by patients and/or the public but is not widely promoted.

**Guidance on non-compliance**

The library/knowledge service is required to provide services to patients and/or the public but there is no evidence to suggest services are provided.  

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<td>5.3I (Continued)</td>
<td>Library/knowledge services are developed to support information provision for the patient and/or the public.</td>
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</table>

**Additional tips, tools, templates or references**

**REVISED MARCH 2012**

- Libraries and their contribution to the health and wellbeing of the population: A Literature Review by NHS Lambeth Public Health Directorate - September 2011

- Inspire

**Reference:**

Brettle, A., Ormandy, P. (2008) *Do NHS libraries have a role in providing information to patients, carers and the public?* Salford: University of Salford.

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<td>5.4a NEW for 2012</td>
<td>Members of the library and knowledge services team have an active role in the creation, capture, sharing and adoption of knowledge across the organisations served.</td>
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**Fuller explanation of requirement**

Staff who work in the library and knowledge services are actively collaborating with staff in other departments/directorates e.g. colleagues responsible for Freedom of Information, document management, Intranet and Internet development, Evidence Based Practice Facilitators etc.

Some of the activities that the library and knowledge services team should be involved with over and above core services include the:
- Transfer/harvesting of knowledge, understanding of ways of working and lessons learned.
- Management or organisation of corporate knowledge.
- Bringing together of knowledge from data, patient experience and research.
- Use of best practice, evidence from research and models of service from elsewhere to enable innovation, clinical effectiveness and cost effectiveness.

**Definitions**

**Active role:**
Direct participation in the workstream such as initiating or facilitating knowledge management or knowledge transfer activities.

**Across the organisations served:**
Collaboration with colleagues in the organisations served who are not members of the library and knowledge services team.

**Knowledge harvesting/transfer:**
A structured approach to help an organisation understand and record the knowledge and experience of people, often before they leave or move roles.


**Corporate knowledge:**
This is sometime called “organisational or institutional memory”. It comprises the organisation’s archives (paper and electronic including data collections) and the memories of the individuals who work or have worked at the organisation.

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**Suggested admissible evidence**

Documented evidence that members of the library/ knowledge services team are involved in initiating, facilitating or developing activities that enable:

A. The effective creation and capture of knowledge across the organisation(s) such as:

- Communities of practice, including, guideline development groups, pathway development groups.
- Collaborative spaces e.g. Wiki and blog development.
- Running Knowledge Management workshops.
- Learning before, during and after actions or events.

AND

B. The effective sharing and adoption of knowledge across the organisation(s) such as:

- Knowledge sharing and adoption as part of the appraisal process.
- Knowledge sharing events, such as lunch and learns, lesson learned, peer assists.
- Knowledge retention and transfer processes.
- Before Action Reviews (BAR).
- After Action Reviews (AAR).
- Lessons Learned.
- Document management.
- Web content, e.g. White pages (i.e. an on-line application to help people locate other people across organisations, with expertise they want to tap into.)

**Guidance on full compliance**

Evidence of the library and knowledge service team’s involvement or collaboration with other colleagues in the organisations served (i.e. outside of their service) in **at least one activity from BOTH list A AND list B** included in “Admissible Evidence” section above.

**Guidance on partial compliance**

Evidence of the library and knowledge service team’s involvement or collaboration with other colleagues in the organisations served (i.e. outside of their service) in **at least one activity from EITHER list A OR list B** included in “Admissible Evidence” section above.

**Guidance on non-compliance**

There is **no evidence** of any involvement in the creation, capture, sharing or adoption of knowledge with colleagues in the organisations served outside the library and knowledge services team.

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**Additional tips, tools, templates or references**

- Department of Health Informatics Knowledge Management Team (NHS Network version)
  - [http://nww.connectingforhealth.nhs.uk/km](http://nww.connectingforhealth.nhs.uk/km) and subsequent pages
- The Improvement Network
- Local Government Improvement and Development (formerly IDea)
  - [http://www.idea.gov.uk/idk/core/page.do?pageId=8152457](http://www.idea.gov.uk/idk/core/page.do?pageId=8152457)
- NHS Education Scotland (brief introduction to knowledge management)
  - [http://www.infoliteracy.scot.nhs.uk/knowledge-management.aspx](http://www.infoliteracy.scot.nhs.uk/knowledge-management.aspx)
- Knowledge Board
- The Gurteen Knowledge Website
  - [http://www.gurteen.com/](http://www.gurteen.com/)
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<td>5.4b NEW for 2012</td>
<td>A member of the library/knowledge services team is an active member of relevant workstreams that coordinate knowledge management activities across organisations served.</td>
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**Fuller explanation of requirement**

The knowledge management workstreams meet to plan, implement and embed knowledge sharing and capturing across organisations served. The meetings could be either physical or virtual (e.g. tele/video conference, Community of Practice etc.) The relevant workstreams may include intelligence, health informatics, IT, education and training, research, clinical effectiveness, communications and information governance.

N.B. This criterion is **Not Applicable** if knowledge management activities are not evident within the organisations served.

**Definitions**

**Knowledge:**
A combination of data, information, research, evidence, best practice and experience.

**Knowledge Management:**
"Knowledge management is a conscious strategy for moving the right knowledge to the right people at the right time to assist sharing and enabling the information to be translated into action to improve the organizational performance."

O'Dell & Grayson (1997) *If Only We Knew What We Know: The Transfer of Internal Knowledge and Best Practice.*

In the NHS knowledge management is a deliberate action to inform decision making, to enable learning and improve organisation performance and health outcomes.

**Active member:**
Someone who directly participates in the relevant workstreams leads or is involved in projects or producing reports etc. rather than someone who attends meetings as an observer and does not make any contributions.

**Suggested admissible evidence**
Evidence, through notes/minutes or examples, of the involvement of library/knowledge services staff in current knowledge management work streams, health informatics or health intelligence.

Evidence of the outcomes of relevant workstreams activities e.g. new tools and resources to support Knowledge Management.

**Guidance on full compliance**
Evidence of actions taken by the library/knowledge services resulting from the agenda or the work plan of the relevant workstreams.

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**Guidance on partial compliance**

A member of the library/knowledge services team is part of the knowledge management workstreams but does not take an active role in the work of the group e.g. they may be acting in an observer role or unable to fully engage with the work of the relevant workstreams.

**Guidance on non-compliance**

There are relevant workstreams but no member of the library/knowledge services team is involved with the workstreams.

**Additional tips, tools, templates or references**

- **Knowledge Management Framework for Health Informatics** available on the NHS Intranet [www.connectingforhealth.nhs.uk/km](http://www.connectingforhealth.nhs.uk/km)
- **The Improvement Network** (you need to register for this site) [http://www.improvementnetwork.gov.uk/imp/core/page.do?pageId=1115496](http://www.improvementnetwork.gov.uk/imp/core/page.do?pageId=1115496)
- **NHS Education Scotland** (brief introduction to knowledge management) [http://www.infoliteracy.scot.nhs.uk/knowledge-management.aspx](http://www.infoliteracy.scot.nhs.uk/knowledge-management.aspx)
- **Knowledge Board** [http://www.knowledgeboard.com/](http://www.knowledgeboard.com/)
- **The Gurteen Knowledge Website** [http://www.gurteen.com/](http://www.gurteen.com/)
- **School of Health and Related Research (ScHARR) at the University of Sheffield** FOLIO Team (not updated since 2005) [http://g2gkm.pbworks.com/w/page/4269306/FrontPage](http://g2gkm.pbworks.com/w/page/4269306/FrontPage)
- **Knowledge Management Online Learning Resources** [www.ksslibraries.nhs.uk/elearning/km](http://www.ksslibraries.nhs.uk/elearning/km)

Resources jointly developed by DH Informatics Knowledge Management Team and NHS Library and Knowledge Services, Kent, Surrey and Sussex
Appendix 1:

Recognising and Rewarding Innovation in NHS Health Library/Knowledge Services

Guidance on innovations and the revised form to complete when submitting innovations will be available at:


and

NHS Library Quality Assurance Framework (LQAF) England

Version 2.2

April 2012

For further information please contact your local Strategic Health Authority Library Lead or visit www.libraryservices.nhs.uk