# READER INFORMATION

<table>
<thead>
<tr>
<th>Title</th>
<th>NHS Library Quality Assurance Framework (LQAF) England</th>
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</thead>
<tbody>
<tr>
<td>Version</td>
<td>2.3a</td>
</tr>
</tbody>
</table>
| Author | Health Education England Library and Knowledge Services Leads (HEE LKSL)  
(previously NHS Strategic Health Authority Library Leads (SHALL)) |
| Publication Date | 2.3a April 2016  
2.3 May 2014  
2.2 April 2012  
2.1 April 2010 |
| Target Audience | NHS Library/Knowledge Service Managers |
| Description | National standards for the development of NHS provided library/knowledge services |
| Superseded Documents | This document supersedes:  
Health Education England Library and Knowledge Services Leads  
NHS Strategic Health Authority Library Leads (SHALL)  
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  
| Contact Details | Contact details for HEE Library and Knowledge Services Leads 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 effectiveness¹, and the outcomes of the Darzi Review², 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) standards³.

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.

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³ Available to download from:  
Version 2.1 April 2010: Acknowledgements

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
Janet Coomber                NHS SE Coast
Clare Edwards                NHS West Midlands
Tricia Ellis                 NHS South West
Liz Farrell                  Salford PCT
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: Acknowledgements

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**

- Emma Aldrich - Maidstone & Tunbridge Wells NHS Trust
- Betsy Anagnostelis - Royal Free Hospital (University College London)
- Morag Clarkson - Croydon Health Services NHS Trust
- *Rachel Cooke - Surrey and Sussex Healthcare NHS Trust
- Ann Daly - Birmingham Women’s NHS Foundation Trust
- *Linda Ferguson - NW Health Care Libraries Unit
- Gwen Giles - Heart of England NHS Foundation Trust
- *Louise Goswami - NHS South East Coast
- Christopher Hand - Birmingham Community Healthcare NHS Trust
- Maureen Horrigan - Liverpool Heart and Chest NHS Foundation Trust
- *Sue Lacey-Bryant - NHS MK Commissioning
- Sarah Lawson - King's College London
- *Judy Lehmann - Formerly Brighton and Sussex University Hospitals NHS Trust
- Catherine McLaren - George Eliot Hospital NHS Trust
- Sheila Marsh - North Cumbria University Hospitals NHS Trust
- Tracey Roberts Cuffin - University Hospitals Morecambe Bay NHS Trust
- Margaret Rowley - Worcestershire Health ICT Services
- *Ben Skinner - Brighton and Sussex University Hospitals NHS Trust
- Jacqui Smale - Hull and East Yorkshire Hospitals NHS Trust
- *David Stewart - NW Health Care Libraries Unit
- *Kim Wilshaw - NHS Yorkshire & the Humber

**LQAF Refresh Task and Finish Group**

- Tricia Ellis - NHS South West
- Linda Ferguson (Chair) - NW Health Care Libraries Unit
- Catherine Fisher - City Hospitals Sunderland NHS Foundation Trust
- Diane Levey - West Hertfordshire Hospitals NHS Trust
- Bertha Low - NHS West Midlands
- Frances Norton - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- Elizabeth Robertson - Health Services Library, University of Southampton
- Paul Stevenson - Airedale NHS Foundation Trust

**The SHALL Service Development Group**

April 2012
Version 2.3 May 2014: Acknowledgements

In 2014 a Task and Finish Group was established to review the knowledge management criteria originally added in 2012. Members were asked to comment on the two criteria and make suggestions for improvement. The final merged criterion was produced by a team of three (*) and agreed by the all the Task and Finish Group.

The additional tips, tools, templates or references where checked for currency and were either updated or removed as required.

The contributions of the following people are gratefully acknowledged:

Knowledge Management (KM) Criteria Review Task and Finish Group

*Rachel Cooke
Surrey and Sussex Healthcare NHS Trust

Dorothy Curtis
Gloucestershire Hospitals NHS Foundation Trust

Ann Daly
Birmingham Women’s NHS Foundation Trust

Shelley de Kock
Leeds Community Healthcare NHS Trust

*Linda Ferguson (Chair)
NW Health Care Libraries Unit

Catherine Fisher
City Hospitals Sunderland NHS Foundation Trust

Gwen Giles
Heart of England NHS Foundation Trust

Dominic Gilroy
Leeds and York Partnership NHS Foundation Trust

Mic Heaton
Chesterfield Royal Hospital NHS Foundation Trust

Leanne Kendrick
The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust

Jocelyn Matthews
York Teaching Hospitals NHS Foundation Trust

*Tracey Roberts Cuffin
University Hospitals Morecambe Bay NHS Trust

Jacqui Smale
Hull and East Yorkshire Hospitals NHS Trust

Lorna Wilson
Norfolk & Norwich University Hospital NHS Foundation Trust

Helen Weir
Harrogate and District NHS Foundation Trust

* Revisers of the KM criteria

The HEE Library and Knowledge Services Leads (LKSL) Service Development Group

May 2014

Version 2.3a April 2016: Acknowledgements

Following publication of Health Education England’s Knowledge for Healthcare Working groups supported by Task and Finish Groups were established to implement the work programmes. A major review of LQAF will be carried out in 2016/17.

Criterion 1.3c Impact has been edited to bring it in line with the revised “Impact Toolkit” by the Value and Impact Task and Finish Group.

Criterion 5.3l Patient and Public information guidance has been revised by the Patient and Public Information Task and Finish Group.

For further information please see http://kfh.libraryservices.nhs.uk/
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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>1996 – 1998</td>
<td><em>The LINC Health Panel Accreditation Checklist and Toolkit</em> was created.</td>
</tr>
<tr>
<td>2002 – 2005</td>
<td>HeLicon and Library and Knowledge Development Network (LKDN) undertook the first revision of the Scheme.</td>
</tr>
<tr>
<td>July 2005</td>
<td>The Scheme was revised by Val Trinder and Chris Fowler.</td>
</tr>
<tr>
<td>2008</td>
<td><em>The National Service Framework for Quality Improvement of NHS Funded Library Services in England</em> was created by the National Library for Health. This was endorsed by <em>Report of a National Review of NHS Health Library Services in England: From knowledge to health in the 21st Century</em> which was commissioned by the Department of Health and led by Professor Peter Hill.</td>
</tr>
<tr>
<td>2009</td>
<td>Following the first national baseline assessment of all NHS library services against the standards within the <em>National Services Framework for NHS Funded Library Services in England</em>, the NHS Strategic Health Authority Leads revised it and created the <em>NHS Library Quality Assurance Framework (LQAF) England</em>.</td>
</tr>
<tr>
<td>2010</td>
<td>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.</td>
</tr>
<tr>
<td>2011 to date</td>
<td>Annual self-assessments against the LQAF criteria.</td>
</tr>
<tr>
<td>2012</td>
<td>Refresh of the 48 criteria, removal of one criterion and the addition of two criteria in a new section called Knowledge Management.</td>
</tr>
<tr>
<td>2014</td>
<td>Review and revision of the two knowledge management criteria producing one merged and updated criterion. Updating of website links and references to produce LQAF version 2.3</td>
</tr>
<tr>
<td>2016</td>
<td>Minor revisions to impact criterion 1.3c and patient and public information criterion 5.3l. Establishment of LQAF Task and Finish group to review LQAF and create a new version.</td>
</tr>
</tbody>
</table>
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

Compliance               Definition

Full Compliance:         The criterion is in place.
                          There is evidence to prove this.
                          There is written, observable, established practice.
                          All staff are aware.

Partial Compliance       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.

Non Compliance:          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.

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 HEE
                          LKSL/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.

Compliance Scoring System

The percentage compliance is based on the number of applicable criteria so that no-one is penalised and uses a weighted points system as follows:

Each “full compliance” criterion is scored as 2 points.
Each “partial compliance” criterion is 1 point.
If a criterion is scored as “non-compliance” then it does not score any points.

The percentage compliance is based on this formula:

\[
\frac{((\text{Full Compliance criteria \times 2}) + (\text{Partial Compliance criteria} \times 1))}{(\text{Number of applicable criteria for the service} \times 2) \times 100}
\]

So if a service does not have any service level agreements (criteria 2.2a,b,c) then the total number of applicable criteria in 2014 would be 48 minus 3 which is 45.

E.g. 45 applicable criteria of which 35 are fully compliant, 8 partially compliant and 2 non-compliant which gives:

\[
\frac{((35 \times 2) + (8 \times 1) + (2 \times 0))}{(45 \times 2) \times 100} = 87\%
\]

\[
\frac{((70) + (8) + (0))}{(90) \times 100} = 78/90 = 0.87 \times 100 = 87\%
\]

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

Each HEE LKSL 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 HEE 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 HEE LKSL/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 Health Education England area can be found by contacting the appropriate HEE Library and Knowledge Services Lead at http://www.libraryservices.nhs.uk/shall/lkslcontacts/


March 2010, updated March 2012, updated May 2014
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>
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<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></td>
</tr>
<tr>
<td></td>
<td>April 2012 - One criterion (5.3k) was deleted following the introduction of a new section 5.4 Knowledge Management (KM) in with two new criteria resulting in 19 criteria.</td>
<td></td>
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<tr>
<td></td>
<td>May 2014 - One KM criterion (5.4b) was merged with 5.4a so there are now 18 criteria in this section.</td>
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<tr>
<td></td>
<td>TOTAL</td>
<td>48 (274)</td>
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</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)
The National Service Framework for Quality Improvement of NHS Funded Library Services in England (NSF). It is available to download at:

NHS SHA LIBRARY LEADS (2010)
There were 48 criteria in this version of the standards. It is available to download at:

NHS SHA LIBRARY LEADS (2012)
There were 49 criteria in this version of the standards. It is available to download at:
### Overview of the Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

#### NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>STRATEGIC MANAGEMENT</th>
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<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>
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<tr>
<th>NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND</th>
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<tr>
<td><strong>Domain 2</strong></td>
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<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td><strong>2.1</strong> FINANCE AND BUDGETS</td>
</tr>
<tr>
<td>2.1 2.1a</td>
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<tr>
<td>2.1 2.1b</td>
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<td>2.1 2.1c</td>
</tr>
<tr>
<td>2.1 2.1d</td>
</tr>
<tr>
<td><strong>2.2</strong> SERVICE LEVEL AGREEMENTS AND CONTRACTS</td>
</tr>
<tr>
<td>2.2 2.2a</td>
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<tr>
<td>2.2 2.2b</td>
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<tr>
<td>2.2 2.2c</td>
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</tbody>
</table>
Overview of the Criteria by Domain in the
NHS Library Quality Assurance Framework (LQAF) England

<table>
<thead>
<tr>
<th>Domain 3</th>
<th>HUMAN RESOURCES AND STAFF MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>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.</td>
</tr>
</tbody>
</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. |
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#### NHS Library Quality Assurance Framework (LQAF) England

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

<table>
<thead>
<tr>
<th>Domain 5</th>
<th>LIBRARY/KNOWLEDGE SERVICES SERVICE DELIVERY &amp; DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Library/knowledge services provide opportunities to develop information skills/literacy and evidence based health skills.</td>
</tr>
<tr>
<td></td>
<td>Library/knowledge services actively engage in and support knowledge management activities in the organisation(s) served.</td>
</tr>
</tbody>
</table>

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

| 5.2 | INFORMATION SKILLS/ LITERACY TRAINING |
| 5.2a | Information skills (or information literacy) training is delivered and promoted to meet local customer needs. *(REVISED MARCH 2012)* |
| 5.2b | 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. *(REVISED MARCH 2012)* |
| 5.2c | Critical appraisal skills training is delivered and/or promoted to meet the needs of all relevant stakeholders. |
| 5.2d | The library/knowledge service supports, facilitates and signposts to learning opportunities. |
**Overview of the Criteria by Domain in the**

**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 5.3a</td>
<td>Library/knowledge services are tailored to meet the needs of different customer/staff groups.</td>
</tr>
<tr>
<td>5.3 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>
<tr>
<td>5.3 5.3c</td>
<td>The library/knowledge service’s stock is provided, developed and circulated to meet the needs of customers.</td>
</tr>
<tr>
<td>5.3 5.3d</td>
<td>The library/knowledge service provides eligible customers with access to document delivery services.</td>
</tr>
<tr>
<td>5.3 5.3e</td>
<td>Library/knowledge service customers are provided with mediated searching services.</td>
</tr>
<tr>
<td>5.3 5.3f</td>
<td>The library/knowledge service provides customers with enquiry and referral services.</td>
</tr>
<tr>
<td>5.3 5.3g</td>
<td>The library/knowledge service provides and/or supports a range of alerting services appropriate to the customer base.</td>
</tr>
<tr>
<td>5.3 5.3h</td>
<td>Library/knowledge service staff support clinical and management decision-making.</td>
</tr>
<tr>
<td>5.3 5.3i</td>
<td>Library/knowledge service staff support the research activities of the organisation[s] served.</td>
</tr>
<tr>
<td>5.3 5.3j</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>
| 5.3 5.3k | **DELETED IN April 2012**  
No longer being used as replaced by section 5.4 Knowledge Management. |
| 5.3 5.3l | Library/knowledge services are developed to support information provision for the patient and/or the public. |
## Overview of the Criteria by Domain in the NHS Library Quality Assurance Framework (LQAF) England

### NHS LIBRARY QUALITY ASSURANCE FRAMEWORK (LQAF) ENGLAND

<table>
<thead>
<tr>
<th>Domain 5</th>
<th>LIBRARY/KNOWLEDGE SERVICES SERVICE DELIVERY &amp; DEVELOPMENT (cont.)</th>
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</thead>
<tbody>
<tr>
<td>5.4</td>
<td>KNOWLEDGE MANAGEMENT – Revised May 2014</td>
</tr>
<tr>
<td>5.4 5.4a</td>
<td>Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisations served.</td>
</tr>
<tr>
<td>5.4 5.4b</td>
<td>DELETED IN May 2014</td>
</tr>
<tr>
<td></td>
<td>No longer required as merged with 5.4a above.</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>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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</thead>
<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**

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).

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Chief Knowledge Officer (CKO): A senior position with strategic responsibility for knowledge management.</th>
</tr>
</thead>
</table>

| 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 | 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. |

<p>| Additional tips, tools, templates or references | CKO guidance <a href="http://www.libraryservices.nhs.uk/ckosupport/">http://www.libraryservices.nhs.uk/ckosupport/</a>&lt;br&gt;Search for 1.1a in “text” at <a href="http://ksslks.co.uk/data/web/innovations.htm">http://ksslks.co.uk/data/web/innovations.htm</a>&lt;br&gt;For updates to URLs and additional references see <a href="http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx">http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx</a> |</p>
<table>
<thead>
<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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</thead>
<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>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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**

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**

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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<table>
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<tr>
<th>Criterion Number</th>
<th>Criterion</th>
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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 Intranet.

**Guidance on partial compliance**

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.

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

REVISED MAY 2014

  

- **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.

  **Search** for 1.1b in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

  **For updates to URLs and additional references see**
  
<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>1.1c</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**

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/page/about-sconul-access-0](http://www.access.sconul.ac.uk/page/about-sconul-access-0)

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**

- 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**


*The Reading Agency* [http://www.readingagency.org.uk/](http://www.readingagency.org.uk/)

*Search* for 1.1c in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

*For updates to URLs and additional references see* [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<th>Criterion Number</th>
<th>Criterion</th>
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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**

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**

Not applicable.

**Suggested admissible evidence**

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**

- **London Health Libraries**

- **Guidance on developing an action plan**
  [http://managementhelp.org/strategicplanning/actionplanning.htm](http://managementhelp.org/strategicplanning/actionplanning.htm)

- **Search** for **1.2a** in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

- For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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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**

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**

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**

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**

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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<table>
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>1.2b (Continued)</td>
<td>The Implementation plan is actively monitored and reviewed.</td>
</tr>
<tr>
<td></td>
<td>The plan has not been monitored or reviewed.</td>
</tr>
<tr>
<td>Additional tips, tools, templates or references</td>
<td>LQAF Action Plan template.</td>
</tr>
<tr>
<td></td>
<td><strong>Search</strong> for 1.2b in “text” at <a href="http://ksslks.co.uk/data/web/innovations.htm">http://ksslks.co.uk/data/web/innovations.htm</a></td>
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<tr>
<td><strong>1.2c</strong></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>
</tbody>
</table>

**Fuller explanation of requirement**
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**
Search for 1.2c in “text” at [http://kslks.co.uk/data/web/innovations.htm](http://kslks.co.uk/data/web/innovations.htm)

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<tr>
<th>Criterion Number</th>
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<tbody>
<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**

“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**

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 AND
2. Outlines customer activity AND
3. Evaluates and reflects upon the activity during the year to inform future actions AND
4. Highlights positive impact on the organisation[s] AND
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**

<table>
<thead>
<tr>
<th>London Health Libraries</th>
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</table>

Search for 1.2d in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

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

**Fuller explanation of requirement**

The library information/knowledge evidence base is developing and research in to 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**

**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**

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**

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**

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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<tr>
<th>Criterion Number</th>
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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 MAY 2014**

- Library, Information Science & Technology Abstracts (LISTA) [www.libraryresearch.com](http://www.libraryresearch.com)
- Library and Information Research Group [https://sites.google.com/site/lirgweb/home](https://sites.google.com/site/lirgweb/home)
- LIS Research Coalition (3 year project that ended on 31st July 2012) [http://lisresearch.org/](http://lisresearch.org/)
- Search for 1.2e in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)
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<tbody>
<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**

- 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**

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

**Guidance on non-compliance**

No written local procedures in evidence.

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

University of Illinois at Urbana-Champaign

http://uiuc.libguides.com/writing-library-policies

Search for 1.3a in “text at http://ksslks.co.uk/data/web/innovations.htm

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</thead>
<tbody>
<tr>
<td>1.3b</td>
<td>There are communication processes in place to support team working.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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**

Not applicable.

**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**

Search for 1.3b in “text at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td>1.3c</td>
<td>The positive impact of library/knowledge services can be demonstrated.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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
- Service improvement/development
- Informed decision making
- Improved productivity
- Collaborative working
- Sharing information/advising colleagues
- Patient and Public Information
- Guidelines/Pathway/policy development
- Audit
- Research & Publication
- Legal/Ethical questions
- Commissioning/contracting
- Publication
- Learning and development
- Cost savings
- Time savings
- Risk reduction and improved safety
- CPD
- Teaching or presentations

**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**: “difference or change in an individual or group resulting from the contact with library services”

**ISO 16439:2014 – Information and documentation – methods and procedures for assessing the impact of libraries**

http://www.iso.org/iso/catalogue_detail.htm?csnumber=56756

**Suggested admissible evidence**

Evidence of use of the Impact toolkit and for example:

- 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 and that the information that has been gathered has been used to demonstrate the impact of services.

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<tbody>
<tr>
<td><strong>1.3c</strong> (Cont. 1)</td>
<td><strong>The positive impact of library/knowledge services can be demonstrated.</strong></td>
</tr>
</tbody>
</table>

**Guidance on partial compliance**

- 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**

- **Library Impact Toolkit**
  - and subsequent pages of the impact toolkit, case studies

- **CILIP Impact Toolkit**

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

- **FOLIO – Maxim (Maximising the impact of your service)**
  - [http://foliomaxim.pbworks.com/w/page/6853635/FrontPage](http://foliomaxim.pbworks.com/w/page/6853635/FrontPage)

- **Lib Value Project**
  - [http://libvalue.cci.utk.edu/](http://libvalue.cci.utk.edu/)

- **Making Alignment a Priority (MAP) toolkit**
  - [http://maptoolkit.wordpress.com/](http://maptoolkit.wordpress.com/)
  - A toolkit to support the planning, modernisation and delivery of health library and information services.

- **Calculating & Demonstrating Value of NHS LIS – members only**

Available to registered members of the [www.libraryservices.nhs.uk](http://www.libraryservices.nhs.uk) website only.

A commissioned course for which the resources have been made available courtesy of Sandra Ward of Beaworthy Consulting and Ian Wooler of IDW Consultancy.

**References:**


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<tbody>
<tr>
<td>1.3c (Cont. 2)</td>
<td>The positive impact of library/knowledge services can be demonstrated.</td>
</tr>
</tbody>
</table>

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

REVISED MAY 2014, APRIL 2016

**References (cont.)**


[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215058/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215058/)


Search for 1.3c in “text at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

For updates to URLs and additional references see  
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
- 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>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**

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 MAY 2014**

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.


or download a stored copy from our site

For updates to URLs and additional references see

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<tr>
<td>2.1b</td>
<td>There is a budget planning process which actively involves the library/knowledge service manager.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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**

**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**

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**

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

**Guidance on partial compliance**

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

**Guidance on non-compliance**

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

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

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

None provided.

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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**

None provided.

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<tr>
<td>2.1d</td>
<td>The library/knowledge service manager uses costing principles to inform decisions on library/knowledge service development.</td>
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</table>

**Fuller explanation of requirement**

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 HEE LKSL NHS Library Service Costing Framework. Other costing models (see Tools and Tips below) can also be used where appropriate.

**Definitions**

“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**

- 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**

REVISED MAY 2014

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 or changes to services.

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<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**

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 changes to services.

**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 MAY 2014**

**Costing models:**

- HEE Library & Knowledge Leads (was 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
  

- KING, D.W.
  
  Methods to assess the use, value, cost and ROI of all academic library services.

- KONT, K., JANSTON, S. Activity-Based Costing (ABC) and Time-Driven Activity-Based Costing (TDABC): Applicable Methods for University Libraries?
  

- Search for 2.1d in “text at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

- For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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**

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 HEE LKSL.

**Definitions**

**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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<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</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</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. OR 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</strong></td>
<td>An agreement that has lapsed or has not yet been signed off by parties.</td>
</tr>
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<td>Criterion Number</td>
<td>Criterion</td>
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<tr>
<td>2.2b</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**

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**

- 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**

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**

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**

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

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

None provided.

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<tbody>
<tr>
<td><strong>2.2c</strong></td>
<td>The library/knowledge service manager is involved in the development of service agreements.</td>
</tr>
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</table>

**Fuller explanation of requirement**

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**

- **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**

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

**Guidance on partial compliance**

- 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**

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

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

None provided.

*For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)*
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
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<tr>
<th>Criterion Number</th>
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<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**

Search for 3.1a in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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>
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</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**

**REVISED MAY 2014**

"**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/cilip/jobs-and-careers/qualifications-and-professional-development/cilip-qualifications](http://www.cilip.org.uk/cilip/jobs-and-careers/qualifications-and-professional-development/cilip-qualifications)

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**

**REVISED MAY 2014**

Chartered Institute of Library and Information Professionals (CILIP) Qualifications

CILIP accredited courses

NHS Knowledge and Skills Framework (Simplified)
[http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Simplified-KSF/Pages/SimplifiedKSF.aspx](http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Simplified-KSF/Pages/SimplifiedKSF.aspx)

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<tr>
<td>3.1c</td>
<td>The number and skill mix of library/knowledge staff is appropriate for service delivery and development needs.</td>
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</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 understaffed or not having staff with the appropriate skills to achieve this criterion.

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

**Guidance on non-compliance**

- 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 MAY 2014**
  - **Skills for Health**
    - [https://tools.skillsforhealth.org.uk/](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.

- **HEE LKSL (was SHALL) NHS Library Service Costing Framework**

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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**

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

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**

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**

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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<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**

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

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

Staff could have access to a mentoring or coaching scheme.

- **NHS Job Profiles - Library staff**

- **Chartered Institute of Library and Information Professionals (CILIP)**

- **Chartered Institute of Library and Information Professionals (CILIP)**
  Professional Knowledge and Skills Base (PKSB)

- **NHS Knowledge and Skills Framework (Simplified)**
  [http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/SimplifiedKSF/Pages/SimplifiedKSF.aspx](http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/SimplifiedKSF/Pages/SimplifiedKSF.aspx)

- **OCLC WebJunction**
  [http://webjunction.org/documents/webjunction/Competency_Index_for_the_Library_Field.html](http://webjunction.org/documents/webjunction/Competency_Index_for_the_Library_Field.html)
  An updated edition of competency statements that address a broad spectrum of library service and practice.

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

**References**


**For updates to URLs and additional references see**

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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**

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**

- 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**

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

**Guidance on partial compliance**

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

**Guidance on non-compliance**

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**

Search for 3.2b in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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
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<tr>
<th>Criterion Number</th>
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<tbody>
<tr>
<td><strong>4.1a</strong></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**

Not applicable.

**Suggested admissible evidence**

- Screen shots of links or links to e-resources e.g. via library website and/or Intranet.
- Promotional materials.
- Library procedures.
- Summary of key points of licences.
- Usage/turnaway statistics.
- Reports from users.

**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.

Search for 4.1a in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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**

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**

- Brief descriptions of library’s IT infrastructure highlighting, where relevant, any issues with the infrastructure.
- Web links/URLs.
- Promotional material.
- Assets 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>

| 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](http://www.slainte.org.uk/slainte2/index.html)  
**REVISED MAY 2014**  
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://cpd23.blogspot.co.uk/2011/05/cpd23-things.html](http://cpd23.blogspot.co.uk/2011/05/cpd23-things.html)  
Course which introduces library staff to Web 2.0, Library 2.0, and new technologies.  
Suite of publications on social media including a guide for Chief Executives and a toolkit for embedding social media in an organisation.  
Search for 4.1b in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)  
For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx) |
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<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>
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</table>

**Fuller explanation of requirement**

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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<td><strong>Guidance on non-compliance</strong></td>
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<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>
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<tr>
<td>4.3a</td>
<td>The physical space occupied by the library/knowledge service meets current service needs.</td>
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</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**

  A resource for library planning and design, a database of library buildings and a marketplace for services.

- **JISC InfoNet Learning space design** [http://www.jiscinfonet.ac.uk/infokits/learning-space-design](http://www.jiscinfonet.ac.uk/infokits/learning-space-design)

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF_MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF_MainPage.ashx)
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<tr>
<td>4.3b</td>
<td>Library/knowledge staff have a dedicated work area appropriate to service needs.</td>
</tr>
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</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 rotas,
- 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**

None provided.

For updates to URLs and additional references see

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<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>
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</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**
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**
None provided.

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<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>
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</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**

**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**

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, templates or references**

REVISED MAY 2014

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

*Risk assessment information and guidance*


*Disability Discrimination Act 1995*


*Disability Discrimination Act 2005*


*Equality Act 2010*


*For updates to URLs and additional references see*

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 in the organisation(s) 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
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<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.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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, HEE 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**

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**

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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<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>
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</table>

**Guidance on partial compliance**
- 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**
- 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**
- Chartered Institute of Marketing - Plans
  [http://www.cim.co.uk/marketingplanningtool/intro.asp](http://www.cim.co.uk/marketingplanningtool/intro.asp)
- FOLIO: Promoting and Marketing Library and Information Services (ProMISe)
  [http://promise.pbworks.com/](http://promise.pbworks.com/)
- Libraries Marketing blog
  [http://themwordblog.blogspot.co.uk/](http://themwordblog.blogspot.co.uk/)
- Library Marketing Toolkit
- Marketing & Management Tools and Templates
  Includes sample marketing plans.
- Marketing Plan Template
  Includes a worked example of a marketing plan and guidance on how to develop one.
- New Mexico State Library – Marketing Plan Workbook
- Ohio Library Foundation Marketing the Library e-learning modules
  [http://www.olc.org/marketing/](http://www.olc.org/marketing/)
- Search for 5.1a in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)
- For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
<table>
<thead>
<tr>
<th>5.1b</th>
<th>There is a process to ensure that all new eligible staff and students are aware of relevant library/knowledge services available to them.</th>
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<tr>
<td>Fuller explanation of requirement</td>
<td>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.</td>
</tr>
<tr>
<td>Definitions</td>
<td><strong>User induction</strong>: 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.</td>
</tr>
</tbody>
</table>
| Suggested admissible evidence | - 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 | 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 | 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: [http://www.sconul.ac.uk/search?searchBox=INDUCTION&sort_by=score&sort_order=DESC](http://www.sconul.ac.uk/search?searchBox=INDUCTION&sort_by=score&sort_order=DESC)  

Search for 5.1b in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)  

For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<tbody>
<tr>
<td>5.2a</td>
<td>Information skills (or information literacy) training is delivered and promoted to meet local customer needs.</td>
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</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
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. (Continued Overleaf)
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<tr>
<td>5.2a (Continued)</td>
<td>Information skills (or information literacy) training is delivered and promoted to meet local customer needs.</td>
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</tbody>
</table>

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

**REVISED MAY 2014**

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

- FOLIO: The Designing and Delivering Information Skills Training Courses (InfoSkills)
  An online interactive course on information skills training that is being delivered by email and Web pages

- Information Literacy website

- London Health Libraries Trainers Toolkit

- SCONUL’s Information Skills Model
  [http://www.sconul.ac.uk/sites/default/files/documents/SCONUL%20digital_literacy_lens_v4_0.doc](http://www.sconul.ac.uk/sites/default/files/documents/SCONUL%20digital_literacy_lens_v4_0.doc)

- Search for 5.2a in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

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<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.</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**

*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**

- 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**

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**

None provided.  
Search for **5.2b** in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)  
For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<tr>
<td>5.2c</td>
<td>Critical appraisal skills training is delivered and/or promoted to meet the needs of all relevant stakeholders.</td>
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</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/](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 REVISED MAY 2014**

“**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. what is series.co.uk/whatis/pdfs/What_is_crit_appr.pdf](http://www. whatisseries.co.uk/whatis/pdfs/What_is_crit_appr.pdf)

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

**Suggested admissible evidence**

- 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**

- Critical Appraisal Skills Programme (CASP) UK
  [http://www.casp-uk.net/](http://www.casp-uk.net/)

- SIGN
  [http://www.sign.ac.uk/methodology/checklists.html](http://www.sign.ac.uk/methodology/checklists.html)

- University Hospitals Leicester
  [http://www.uhl-library.nhs.uk/resourcescritapp.html](http://www.uhl-library.nhs.uk/resourcescritapp.html)

- For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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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**

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.

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<tr>
<th>Definitions</th>
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<tr>
<td>Suggested admissible evidence</td>
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<tr>
<td>• Library/knowledge service involvement in wider organisational e-learning/training and learning / widening participation policies and services.</td>
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<td>• Resources to support courses attended by Trust staff.</td>
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<tr>
<td>• Photographs, posters, flyers, leaflets, minutes from meetings, documentation (e.g. training strategy, curricula), and room bookings, open access computers for e-learning.</td>
</tr>
<tr>
<td>• Involvement in wider organisational &quot;Matrix&quot; Quality assurance process for Information Advice and Guidance (IAG).</td>
</tr>
<tr>
<td>• Signposting to IAG resources - physical and electronic.</td>
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</table>

**Guidance on full compliance**

The service supports, advertises **AND** directs learners to a range of organisational and external training opportunities.

**Guidance on partial compliance**

The service advertises organisational **AND** external training opportunities but plays no active role in supporting the organisational training.

**Guidance on non-compliance**

The service has no awareness of organisational **AND** external training opportunities available outside the library/knowledge service.

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

**Matrix Standard website**

http://www.matrixstandard.com/

**Careers information, advice and guidance**

http://www.skillsforhealth.org.uk/developing-your-organisations-talent/careers-information,-advice-and-guidance/

For updates to URLs and additional references see

http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx
Criterion Number | Criterion
--- | ---
5.3a | Library/knowledge services are tailored to meet the needs of different customer/staff groups.

**Fuller explanation of requirement**
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**
**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**
- 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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<tr>
<td><strong>5.3a (Continued)</strong></td>
<td>Library/knowledge services are tailored to meet the needs of different customer/staff groups.</td>
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</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**

References:


Search for 5.3a in “text” at http://ksslks.co.uk/data/web/innovations.htm

For updates to URLs and additional references see http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx
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<tbody>
<tr>
<td><strong>5.3b</strong></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**

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**

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**

- 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**

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**

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

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

  Helps you label key resources and services so users can find them.

  Search for 5.3b in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

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

**Fuller explanation of requirement**

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**

**REVISED MAY 2014**

**Collection development**

The process of planning and building a useful and balanced collection of library materials over a period of years, based on an ongoing assessment of the information needs of the library's clientele, analysis of usage statistics, and demographic projections, normally constrained by budgetary limitations... [http://www.abc-clio.com/ODLIS/odlis_c.aspx#collecdevel](http://www.abc-clio.com/ODLIS/odlis_c.aspx#collecdevel)

**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**

- 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**

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.

**AND**, where required and subject to member regulations, eligible customers can reserve, borrow and renew items of stock held by the library/knowledge service.

**Guidance on partial compliance**

Stock is updated but old stock is not removed.

**OR**

Updated stock does not reflect customer/user needs.

**OR**

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>
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</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**

- CILIP Health Libraries Group – Core collections
  - [http://www.cilip.org.uk/health-libraries-group/core-collections/core-collections-detail](http://www.cilip.org.uk/health-libraries-group/core-collections/core-collections-detail)
- International Federation of Library Associations and Institutions Section on Acquisition and Collection Development (2001)

**References:**


**Search** for 5.3c in “text” at [http://kssiks.co.uk/data/web/innovations.htm](http://kssiks.co.uk/data/web/innovations.htm)

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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**
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**

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

**Suggested admissible evidence**
- 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**
- HealthILL mailing list to request copies of articles (last resort only) [http://lists.libraryservices.nhs.uk/cgi-bin/mailman/listinfo/healthill](http://lists.libraryservices.nhs.uk/cgi-bin/mailman/listinfo/healthill)
- Search for 5.3d in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)
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<td>5.3e</td>
<td>Library/knowledge service customers are provided with mediated searching services.</td>
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**Fuller explanation of requirement**

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**

**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**

- 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**

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**

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**

A mediated search service is not provided.

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

**REVISED MAY 2014**

**Grey literature search flow**


Search flow for finding grey literature produced by the FADE Library (now Cheshire & Merseyside CSU)

**For updates to URLs and additional references see**

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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>
</tbody>
</table>

**Fuller explanation of requirement**

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**

**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**

- 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**

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**

A general enquiry or referral service is not provided.

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

**REVISED MAY 2014**

**References**:


For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
<table>
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<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.3g</td>
<td>The library/knowledge service provides and/or supports a range of alerting services appropriate to the customer base.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**

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 scholars, **researchers**, **readers**, customers, or employees to recently **published literature** in their **field(s)** of **specialization**...Such services can be tailored to fit the **interest profile** of a specific individual or group.

www.abc-lio.com/ODLIS/odlis_c.aspx#currentawareness

**Suggested admissible evidence**

- Examples of E-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**

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**

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 aims to keep health professionals up-to-date with new developments for the benefit of patient care and improved decision making.

**For updates to URLs and additional references see** [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx)
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<th>Criterion Number</th>
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<tbody>
<tr>
<td>5.3h</td>
<td>Library/knowledge service staff support clinical and management decision-making.</td>
</tr>
</tbody>
</table>

**Fuller explanation of requirement**
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**
- "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**
- 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**
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**
The service provides limited OR ad hoc support for clinical AND/OR non-clinical management decision making.

**Guidance on non-compliance**
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**
NIHR Health Services and Delivery Research Programme (2013)
New Evidence on Management and Leadership.
A digest of recent research and evidence on healthcare management and leadership. Includes how managers use evidence to make decisions.

For updates to URLs and additional references see
http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx
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<tbody>
<tr>
<td>5.3i</td>
<td>Library/knowledge service staff support the research activities of the organisation[s] served.</td>
</tr>
</tbody>
</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**

- 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**

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. *(Continued Overleaf)*
<table>
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<tr>
<th>Criterion Number</th>
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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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</tbody>
</table>

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

**REVISED MAY 2014**

- **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.nets.nihr.ac.uk/programmes/hsdr](http://www.nets.nihr.ac.uk/programmes/hsdr)
  - 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.

- **NHS Health Research Authority**
  - [http://www.hra.nhs.uk/](http://www.hra.nhs.uk/)
  - Established December 2011 to “protect and promote the interests of patients and the public in health research.”

- **Research Information Network (RIN)**
  - A systematic study of the value of the services that libraries in the UK provide to researchers.

- **Search** for 5.3i in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)

- **For updates to URLs and additional references see**
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<tr>
<td>5.3j</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>

**Fuller explanation of requirement**

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 [publicised] 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
- be 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**

**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.

**Publicised**: made widely known to the users, advertised to the users e.g. delivery standards included in the LKS guide and/or in the description of the service on the LKS website.

**Suggested admissible evidence**

- 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.

*(Continued Overleaf)*
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<tr>
<td>5.3j (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 MAY 2014**  
M25 Quality Working Group Service Level Definitions  
Provides a template for developing service delivery standards (including 18 examples) and key performance indicators  
UK university libraries and some NHS libraries list their library performance or service level standards on their websites.  
Search for 5.3j in “text” at [http://ksslks.co.uk/data/web/innovations.htm](http://ksslks.co.uk/data/web/innovations.htm)  
For updates to URLs and additional references see [http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx](http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx) |
<p>| <strong>Criterion Number</strong> | <strong>Criterion</strong> |
| 5.3k | This criterion was DELETED from the standards in 2012 as it was incorporated into criterion 5.4a. |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>5.3I</td>
<td>Library/knowledge services are developed to support information provision for the patient and/or the public.</td>
</tr>
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</table>

**Fuller explanation of requirement**

**REVISED APRIL 2016**

**NOTE:** At present library/knowledge services which are not required by the organisation[s] to provide services to patients and/or the public may opt to regard this criterion as “not applicable”. From 2017, all NHS-funded library/knowledge services will be expected to evidence some level of direct or indirect contribution to patient and public information.

Examples of services might include:
- Walk-in use of print resources for reference.
- Helping healthcare staff to provide high quality patient information.
- Patients and the public having full access to library/knowledge service resources. LKS staff can signpost these users to high quality reliable information.
- Providing information leaflets via patient advice and liaison services (PALS) and front-line staff.


**Definitions**

**Suggested admissible evidence**

- 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**

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**

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

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

**REVISED MAY 2014, APRIL 2016**

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

NHS Libraries and Knowledge Services : NHS Libraries and Patient / Public Information
http://www.libraryservices.nhs.uk/forlibrarystaff/patientinformation/

Ideas bank (of innovations and best practice)

Useful websites

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.
http://www.lihn.nhs.uk/index.php/hclu/hclu-publications#Role

Search for 5.3I in “text” at http://ksslks.co.uk/data/web/innovations.htm

For updates to URLs and additional references see
http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx
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<th>Criterion Number</th>
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<tr>
<td>5.4a REVISED MAY 2014</td>
<td>Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisation(s) served.</td>
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</table>

**Fuller explanation of requirement REVISED MAY 2014**

**TO NOTE:**

1. This criterion covers activities that are *over and above the core activities of an LKS* which are covered in sections 5.1, 5.2 and 5.3 e.g. blogs/web pages to promote the service are covered in 5.1a, 5.3b
2. You **do not** have to be involved with all colleagues in all departments/directorates/divisions/work areas.
3. Where the LKS team serves more than one organisation then it is expected that the focus will be on the host organisation.
4. If you serve more than one organisation you **do not** have to be involved in these activities in all organisations.

Staff from LKS use their knowledge, skills and expertise while working with colleagues in another department/directorate/division/work area to support sharing and learning to enable the organisation to improve and innovate.

- Freedom of Information,
- Records/document management,
- Intranet and Internet development,
- Research and Innovation,
- Business intelligence,
- Evidence Based Practice Facilitators.

Examples of collaborative work with which the LKS team could be involved include working with:

- Clinical staff or non-clinical managers: Facilitating individuals and teams to share practice and experiences, including learning lessons to improve service delivery
- IT or records/document management colleagues: Advising on the management or organisation of corporate knowledge such as the Internet/Intranet/SharePoint.
- Business intelligence colleagues: Capturing and disseminating knowledge gathered from reviewing a combination of NHS activity data, experience and market research alongside published research evidence.
- Research and Innovation colleagues or Evidence Based Practice Facilitators: Enabling the use of best practice, evidence from research and models of service from elsewhere to assist innovation, clinical effectiveness and cost effective use of resources.
- Other colleagues on projects that plan and implement knowledge sharing and encourage the use of knowledge capturing tools within the organisation.

See also: [Surrey and Sussex Healthcare NHS Trust](#) for further examples and the search the [HEE LKSL innovations database](#) for potential examples of KM type activity.

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<tr>
<td>5.4a (Cont. 1)</td>
<td>Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisation(s) served.</td>
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### Definitions

#### REVISED MAY 2014

<table>
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<tr>
<th>Active involvement:</th>
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<tr>
<td>Direct participation such as advising, initiating or facilitating tasks required to complete the work. The individual contributes ideas or concepts to solve an issue or influences how the planned outcome is achieved.</td>
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</table>

#### Knowledge reuse:

Using the different types of knowledge (e.g. lessons learned, research evidence, best practice) to inform decisions and practice.

#### Knowledge:

"Knowledge is a fluid mix of framed experiences, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information. It originates and is applied in the minds of knowers. In organizations, it often becomes embedded not only in documents or repositories but also in organizational routines, processes, practices and norms.”


#### In the organisation(s) served:

Collaboration with colleagues in the organisations served (or at least one where several organisations are served) who are not members of the LKS team. It is expected that the focus will be on the host organisation but this does not have to be the case.

#### Corporate knowledge:

This is sometimes called “organisational or institutional memory”. It comprises the organisation’s archives (paper, electronic and data collections) and the captured/recorded knowledge of the individuals who work or have worked at the organisation.

The NHS has produced several reports e.g. Department of Health (2000) *Organisation with a memory* and Department of Health (2014) *A promise to learn – a commitment to act: improving the safety of patients in England* (Berwick Report) that look at the key factors at work in organisational failure and learning particularly in relation to patient safety.

(Continued Overleaf)
### Criterion Number
#### 5.4a (Cont. 2)
**REVISED MAY 2014**

**Criterion**

Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisation(s) served.

### Suggested admissible evidence
**REVISED MAY 2014**

Documented evidence of members of the LKS team advising, initiating, developing or facilitating activities to enable the creation and capture of knowledge and/or the effective sharing and use or reuse of knowledge in the organisation(s).

Examples of this **may include but are not exclusively restricted** to those listed below:

- Facilitating communities of practice to share knowledge and experience e.g. guideline development groups or pathway development group.
- Conducting literature searches and creating an evidence summary or digest of search results e.g. to enable the production of policies and guidelines. *(See 5.3e for other categories of mediated literature searches)*
- Facilitating or actively participating in journal clubs, where the focus is on using the articles to change or develop practice.
- Advising on structure, search tools, indexing of organisation(s) Intranet/Internet sites.
- Developing collaborative spaces e.g. Wikis and blogs for the organisation or a defined group in the organisation.
- Running workshops that introduce KM tools and their application to individuals/services.
- Supporting learning before *(Before Action Reviews (BAR)), during *(After Action Reviews (AAR)) and after actions or events *(Retrospective Reviews)* sessions.
- Setting up, advising or facilitating knowledge sharing events, such as lunch and learns, lessons learned, peer assists or acting as a recorder for one of the events.
- Setting up, facilitating, or advising on **knowledge retention and transfer processes**.
- Supporting the production of Lessons Learned publications.
- Advising on effective document management e.g. on filing structures (electronic or paper) or supporting purchase and implementation of electronic document management systems.
- Advising on effective **records management** e.g. on appropriate archiving methods.
- Creating/maintaining web content for other department(s)/directorate(s)/division(s)/work area(s) e.g. database of staff expertise or interests.
- Creating/maintaining institutional repositories or databases of publications by current and past members of the organisation.
- Evidence of being consulted/involved in the development of an organisation’s knowledge management strategy or plans e.g. section on role of LKS.
- Reports/updates from projects or collaborative work plans.

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<tr>
<td><strong>5.4a (Cont. 3)</strong> REVISED MAY 2014</td>
<td>Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisation(s) served.</td>
</tr>
<tr>
<td><strong>Guidance on full compliance</strong> REVISED MAY 2014</td>
<td>Documented evidence of the LKS team’s involvement or collaboration with non-LKS colleagues in the organisation served (or at least one where several organisations are served) in at least two distinct activities that create, capture, share, use or reuse knowledge. See examples of types of activity in <a href="#">admissible evidence</a>.</td>
</tr>
<tr>
<td><strong>Guidance on partial compliance</strong> REVISED MAY 2014</td>
<td>Documented evidence of the LKS team’s involvement or collaboration with non-LKS colleagues in the organisation served (or at least one where several organisations are served) in at least one activity that create, capture, share, use or reuse knowledge. See examples of types of activity in <a href="#">admissible evidence</a>.</td>
</tr>
<tr>
<td><strong>Guidance on non-compliance</strong> REVISED MAY 2014</td>
<td>There is no documented evidence of any member of the LKS team being involved in the creation, capture, sharing or utilisation or reuse of knowledge with non-LKS colleagues in the organisation served.</td>
</tr>
</tbody>
</table>
| **Additional tips, tools, templates or references** REVISED MAY 2014 | **GLOSSARY**
**IDeA knowledge management strategy team**
KM tools, techniques and information activities and how to implement them.

**E-LEARNING**
**Introduction to KM and processes**
[http://www.ksslibraries.nhs.uk/elearning/km](http://www.ksslibraries.nhs.uk/elearning/km)
Developed by the former DH Informatics Knowledge Management Team and NHS Library and Knowledge Services, Kent, Surrey and Sussex.

**USEFUL SITES WITH KM RESOURCES**

**Chris Collison**
[http://chriscollison.wordpress.com/](http://chriscollison.wordpress.com/)

**The Gurteen Knowledge Website**

**Health and Social Care Information Centre** (Andrew Lambe’s work)
[http://systems.hscic.gov.uk/icd/knowledge](http://systems.hscic.gov.uk/icd/knowledge)
and KM tools at [http://systems.hscic.gov.uk/icd/knowledge/kmtools](http://systems.hscic.gov.uk/icd/knowledge/kmtools)

**KM mailing list**: [http://lists.libraryservices.nhs.uk/cgi-bin/mailman/listinfo/km](http://lists.libraryservices.nhs.uk/cgi-bin/mailman/listinfo/km)

**KM Postcards**
Set of 6 revised postcards that provide step by step instructions on using KM tools and techniques to capture or share learning, knowledge and experience. *(Continued Overleaf)*
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<td>5.4a (Cont. 4)</td>
<td>Members of the library/knowledge services (LKS) team are actively involved in the creation, capture, sharing, utilisation or reuse of knowledge in the organisation(s) served.</td>
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<td></td>
<td>Toolkit of approaches to KM from Knowledge for Healthcare KM task and Finish Group.</td>
</tr>
<tr>
<td>Additional tips, tools, templates or references (Cont.)</td>
<td>NHS Education Scotland <a href="http://www.knowledge.scot.nhs.uk/together.aspx">http://www.knowledge.scot.nhs.uk/together.aspx</a></td>
</tr>
<tr>
<td></td>
<td>Subsequent pages include KM resources and toolkit.</td>
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<tr>
<td></td>
<td>School of Health and Related Research (ScHARR), University of Sheffield <a href="http://g2gkm.pbworks.com/w/page/4269306/FrontPage">http://g2gkm.pbworks.com/w/page/4269306/FrontPage</a></td>
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<tr>
<td></td>
<td>FOLIO: Getting to grips with knowledge management.</td>
</tr>
<tr>
<td></td>
<td>Not updated since 2005 but still valid from an NHS LKS perspective.</td>
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<td></td>
<td>Tfpl <a href="https://www.tfpl.com/resources/consultancy/km-know-how-to-guide">https://www.tfpl.com/resources/consultancy/km-know-how-to-guide</a></td>
</tr>
<tr>
<td></td>
<td>KM “How to guides” for knowledge harvesting, CoPs etc.</td>
</tr>
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<td></td>
<td>Site registration required.</td>
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<td></td>
<td>References:</td>
</tr>
<tr>
<td></td>
<td>Search for 5.4a and/or 5.4b in “text” at <a href="http://ksslks.co.uk/data/web/innovations.htm">http://ksslks.co.uk/data/web/innovations.htm</a></td>
</tr>
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<td></td>
<td>For updates to URLs and additional references see <a href="http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx">http://www.libraryservices.nhs.uk/wiki/LQAF.MainPage.ashx</a></td>
</tr>
</tbody>
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<thead>
<tr>
<th>Criterion Number</th>
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<tr>
<td>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>
<tr>
<td><strong>This criterion has been DELETED from the standards as it has been merged with 5.4a above.</strong></td>
<td></td>
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</tbody>
</table>
Appendix 1:

Recognising and Rewarding Innovation in NHS Health Library/Knowledge Services

Guidance on innovations and the revised form to complete when submitting innovations or initiatives to be shared is available at:


and

NHS Library Quality Assurance Framework (LQAF) England

Version 2.3a

April 2016

Further information

Find contact details for all Health Education England Library and Knowledge Services Leads at http://www.libraryservices.nhs.uk/lksl/lkslcontacts/

Find out more about NHS Library and Knowledge Services by visiting www.libraryservices.nhs.uk