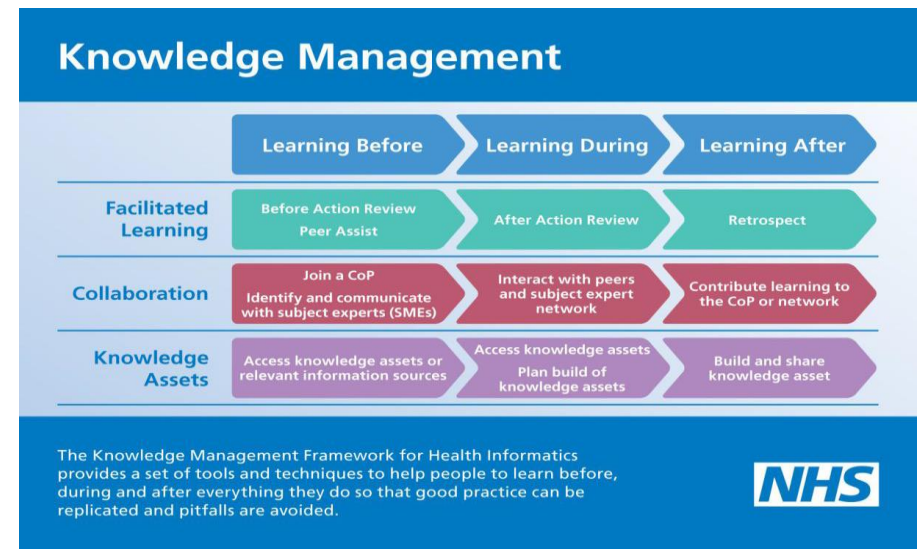# Oxford Health NHS FT (OHFT) Libraries Strategy 2017-20

Purpose: This document outlines our strategy for the years 2017 – 2020. It is informed by a wide range of national, regional and local drivers discussed in a variety of documents (see Appendix 2). It will be reviewed annually and re-shaped to take account of changing directions. The document explains how OHFT Libraries will support the vision of our core stakeholder OHFT to deliver excellent patient care, being '**caring, safe** and **excellent' so that** "no matter who you are or where you are, you will tell us that you receive: '**outstanding care delivered by outstanding people**' and supports the aims of other key stakeholders including Health Education England (HEE), NHS England (NHSE), Oxfordshire Commissioning Group (OCG), South West and Central Commissioning Support Unit (NHS SWCSU)and Public Health England (PHE).

It is closely aligned to the **Knowledge for Healthcare Development Framework for NHS Library and Knowledge Services (KfHC)** which affirms the "**Pivotal role of healthcare library and knowledge services**" "**which underpin all aspects of the NHS**." The framework aims to "articulate the direction of travel for healthcare library and knowledge services, to inform priorities and decision-making" **(Knowledge for HealthCare 2014).**

Contents

Vision and Values

We support high quality, evidenced based patient centred care through the provision of a professional library and knowledge service ensuring, *"NHS bodies, their staff, learners, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement"* *(Knowledge for Healthcare 2014)*

Values

"Information will increasingly become the currency of healthcare in the future…Our ability to access, understand and interpret it will be a key determinant in the future success of our healthcare system." **(Health Education England Strategic Framework 2014-2029).**

"Healthcare library and knowledge services are a powerhouse for education, lifelong learning, research and evidence-based practice.
Our ambition is to extend this role so that healthcare knowledge services become business-critical instruments of informed decision-making and innovation". Professor Ian Cummings (KfHC p2)

Key Objective 1. Maintaining access to the knowledge base of evidence; providing a high quality library & knowledge service

Outcome: Staff are able to make informed decisions leading to improved outcomes for patients

Context

Our Priorities. To lead research and adopt evidence that improves the quality of care. Innovation, research and learning is a core part of everyone's role **(OHFT Strategic Plan 2015-16)**

Access to all services has to be as easy and convenient as possible….Services will be digital by default and delivery to mobile devices will be standard practice **(KfHC p16)**

…There is often a large gap between evidence-based treatment guidelines and current practice (Nolte and McKee, 2008). Therefore, there is much to do to achieve this vision.**(KfHC p9)**

Equipping workforce with knowledge to deliver excellent patient care **(H E Wessex 2013)**
a 21st century system of integrated care, where clinicians work closely together in flexible teams, formed around the needs of patients and not driven by professional convenience or historic location **RCGP (2013)**
Evidence does not speak for itself but needs to be mobilised at the right time, and through the right people, to make a difference in decision making." **(NIHR 2013 p11)**
…need for information literacy competencies to complement the clinical competence framework, helping nurses, midwives, healthcare assistants and nursing students develop their skills in using information and knowledge and apply this to their practice." **(RCN 2011 p.3)**

Activities (with measures of success)

- Provide relevant, up-to-date resources (1,5,6,8,9,10)

- Promote membership: maintain/update records/inductions (1,2,3),

- Broaden range of electronic resources, "digital by default" to meet needs of customers. (6,8,10)

- Investigate discovery platforms.(1,6,7)

- Maintain relevant collection of local printed materials. (9,10)

- Investigate provision of point of care tools. (1,6,8)

- Ensure seamless access to resources and services. (6,8)

- Promote awareness of LKS through marketing activities to ensure maximum usage/benefit (1,2,3,4,5,6,7,8,10)

- Proactively support users to make good use of the knowledge base.(1,3,4,5,6,7,8,10)

- Regularly consultation with users about resource provision.(1,5,6,8,10)

Measures

1. Increase in awareness/satisfaction of/with services (Annual Survey).
2. Increase in membership to 60% of OHFT staff by 2020.
3. Increase in induction sessions provided(group and individual)
4. Increase # training sessions provided (group and individual).
5. Impact/satisfaction, surveys and case studies =<90%.
6. Increase in sign-up for NHS OpenAthens to 35% of OHFT staff by 2020
7. Increase in #teams using services.
8. Increase in use of electronic resources via NHS OpenAthens.
9. Less than 15% of titles in current collection over 10 years.
10. Circulation statistics show increase in priority stock areas.

Risks *For mitigation see implementation plan*

- May be unable to recurrently fund required resources.
- Changes to regional and national provision may put pressure on local budget
- Complexity of authorisation controls may impede use of electronic resources
- Local IT restrictions may prevent access to electronic resources
- Library staff are able to maintain/develop skills required to deliver services
- Service may not be able to retain/recruit skilled library staff to deliver services
- Library staff may not be able to meet increasing demand for services

Key Objective 2. Enable effective use of the knowledge base; mobilise knowledge to deliver on NHS priorities, supporting lifelong learning and wellbeing of NHS staff and facilitating the dissemination of research and innovation.

Outcome: Staff and students can utilise evidence to support decisions for delivering high quality care; attract and retain a motivated, well trained and valued workforce to deliver excellent care.

Context

Our Priorities. To support leaders to maintain a positive culture for teams. To support teams to improve the quality of care by transforming services' To lead research and adopt evidence that improves the quality of care'**(OHFT Strategic Plan 2016-18)**

Knowledge is a valuable asset that needs to be managed so that healthcare organisations are able to apply knowledge, build know-how and continue to learn in order to improve organisational efficiencies and patient outcomes. Knowledge management is a vehicle for organisational development and service improvement. **(KfHC 2014)**

Increasingly, library and knowledge staff will have a greater role as knowledge brokers, sharing their expertise in all aspects of the knowledge cycle to support NHS staff to find and evaluate the information they need **(KfHC 2014)**

There needs to be a greater focus on synthesising evidence.**(KfHC 2014)**

NHS staff tell us that they value targeted services including horizon scanning, current awareness and automated alerts and briefings that present synthesised evidence. **(KfHC 2014)** Clear and consistent signposting is needed to help the healthcare workforce and learners locate information resources, whilst information skills training will remain a key element of the offer from NHS knowledge services.**(KfHC 2014)**

There is often a large gap between evidence-based treatment guidelines and current practice **(Nolte and McKee, 2008)**

Evidence does not speak for itself but needs to be mobilised at the right time, and through the right people, to make a difference in decision making." **(NIHR 2012)**

…have the tools, training and support to deliver compassionate care, and opportunities to develop and progress. Care professionals should be supported to maximise the time they spend directly contributing to the care of patients **(DoH. NHS Constitution 2013)**

"need for information literacy competencies to complement the clinical competence framework, helping nurses, midwives, healthcare assistants and nursing students develop their skills in using information and knowledge and apply this to their practice." **(Royal College of Nursing 2011)**

Our staff will need excellent information and IT skills to enable them to work across domestic and professional settings **(HEE Framework 15 (2014)**

…a workforce fit for the future, able to meet the needs of patients of today and tomorrow…Individuals supported to be more flexible throughout their career, open to innovation and change, broadening rather than just deepening knowledge. Will have adaptable skills responsive to evidence and innovation to enable 'wholeperson' care **(HEE Framework 15 2014)**

…to provide support and opportunities for staff to maintain their health, wellbeing and safety **(DoH. NHS Constitution 2013)**

Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work a system devoted to continual learning and improvement of patient care, top to bottom and end to end….embracing wholeheartedly an ethic of learning **(Berwick Review 2013)**

… *knowledge about best practice, research and innovation, promotes the adoption and dissemination of better quality service delivery to reduce variability and poor practice* **Health Education Wessex (2013)**

A marker of quality within NHS organisations is those with research activity able to demonstrate evidence of improved patient outcomes and health service delivery **(DoH Everybody Counts 2013)**

accelerating the quicker adoption of cost-effective innovation - both medicines and medtech **(DoH The NHS Five Year Forward View 2014)**

Activities (with measures of success)

- Deliver/facilitate information/study skills training/support including critical appraisal, journal clubs, research tools and writing for publication (4,5)

- Provide support for blended and e-learning. (12)

- Maintain/develop website to allow customers, including researchers remote access to services/resources.(1,7)

- Promote awareness of LKS through marketing activities to ensure maximum usage/benefit. (1,2,3,4,5,6,7,8,9,10,11)

- Promote literature searching service including synthesised summaries.(1,4,6)

- Deliver more tailored current awareness services.(8,13)

- Assist with wellbeing initiatives including maintaining a collection of self-help books, fiction, using library spaces for wellbeing activities (eg Mindfulness).(13,14,15)

- Maintain or increase study space and facilities (1, 4).

- Signpost career development options including sources of funding and linking with local education and training department opportunities. (7,13)

- Establish web-based repository to record all innovation and service development activities to encourage the capture, storage and sharing of knowledge in the organisation & to support service improvement and innovation (11,15)

Measures

1. Increase in awareness/satisfaction of/with services (Annual Survey).
2. Increase in sign-up for NHS OpenAthens to 35% by 2020.
3. Increase in use of electronic resources via NHS OpenAthens.
4. Impact/satisfaction, surveys and case studies =<90%
5. Increase # training sessions provided (group and individual).
6. Increase # literature searches provided.
7. Increase in use of website- increase in # requests made by online forms(LS, DS, AL,KS)
8. Increase in sign up to current awareness services
9. Items received and supplied total increase.
10. Circulation statistics show increase in priority stock areas.
11. Increase in usage of repository – count of records added/searches.
12. Increase in OHFT use of e learning.
13. Increase involvement in partnerships, internal and external.
14. LKS involvement in supporting patients (list of reading groups, contribution to web pages, wellbeing activities, relevant lit searches provided, # of promotional activities – eg awareness days, alerting services provided).
15. Increase in website usage (Sessions/page views/individual users)

Risks *For mitigation see implementation plan*

- Service may be unable to recurrently fund new service developments including resources, software
- Library staff may not be able to develop skills required
- Library staff may lack capacity to meet increasing demand for services.
- Service may be unable to retain/recruit skilled library staff
- Customers may not have time to attend training
- Service may be unable to fund recurrent cost of KnowledgeShare

Key Objective 3. Deliver a cost effective service; collaborating with other providers, improve the patient experience

Outcomes: NHS staff and students are able to access high quality, cost effective library and knowledge services; working in partnership with others to minimise duplication, implement improvements & reduce costs whilst extending services; enhance the patient experience by signposting to reliable information and locating evidence to inform service improvements.

Context

Our Strategy. We will make the best use of the time and resources available within our system to deliver greater value care for patients….work with other health and social care providers to act as a catalyst for transforming our health care system. Teams will be able to do improve care and use the latest technologies to do things differently or do different things to deliver better patient outcomes. **Our Priorities.** To ensure OHFT is high performing and financially viable. To make care a joint endeavour with patients, families and carers **(OHFT Strategic Plan Summary 2015-16)**

…the outputs and expertise of healthcare library and knowledge staff will underpin improvements in patient care and safety, experience and outcomes through informed decision-making, and the spread of innovation **(KfHC 2014)**

…Invite stakeholders to work with us to transform and optimise healthcare library and knowledge services, harness new technologies, and champion service development and re-configuration, thereby extending their reach and maximising value for money. **(KfHC 2014)**

There must be greater emphasis on partnership working. (KfHC 2014) Our ambitious vision can only be realised by making our finite resources go further and make more impact, and improve quality by reducing inappropriate levels of variation **(KfHC 2014)**

libraries could develop closer working relationships with clinical practice and support evidence based practice and decision making **(HEWessex 2013**)

Working together we can make the biggest difference, ensuring great outcomes for everyone delivered through convenient services, under strong financial discipline, with enthusiastic and committed staff. Maximising quality, effectiveness and efficiency means working at volume and connecting actively to research and teaching **(DoH Everybody Counts, 2013)**

…system of integrated care, where clinicians work closely together in flexible teams, formed around the needs of patients **(RCGP 2013)**

…Better patient care will only be delivered by co-operation and partnership across the system **(Framework 15 2013)**

…fresh perspectives or partnerships, bringing in different types of expertise **(DoH Everybody Counts 2013)**

…Better partnerships and more joint working are required **(Willis Commission on Nursing Education 2011)**

…easily accessible, reliable and relevant information in a form you can understand, and support to use it (**DoH NHS Constitution 2013)**

…as patients become more informed, professional advice may be just one of many inputs into their decision-making There is a growing consensus that more engaged patients lead to better outcomes and lower costs **(Framework 15 2013)**

We will give citizens the knowledge, skills and confidence to manage their own healthcare **(DoH Putting Patients First 2014)**

…improve the information to which people have access—not only clinical advice, but also information about their condition and history **(DoH NHS Five Year Forward Plan 2014)**

Patient satisfaction is linked to the quality of information. **(KfHC 2014)**

Activities (with measures of success)

Access to LKS

- Support OHFT initiatives for service improvement and productivity. (3,9,10,11,12,13,14)
- Support OHFT as Apprenticeship provider (subject to funding & facilities)(6)
- Ensure balanced budget is maintained and identify areas to deliver cost improvement savings e.g. by streamlining services.(3)
- Improve e-resource awareness & use. (4,6)
- Continue/extend costed, tailored services to external users to generate income or where required by core offer- CCGs, PH, NHS England. (1,3,12,13)
- Monitor current staff mix. (10)

Partnerships

- Integrate services more closely with corporate and clinical teams by attending team meetings and conducting ward visits. (6,7,8,9,11)
- Work with key departments e.g. Communications, L&D, PALS, R&D, Improvement & Innovation, Wellbeing(7,9,10,11)
- Work with other NHS libraries: sharing best practice, resources, participating in joint opportunities/initiatives, current awareness delivery, CPD.(11,12,13)
- Partner with Public Libraries and HEIs e.g. Reading Groups for patients; initiatives for resource/ knowledge sharing; offering student guides.(12,13)
- Partner with other LKS across STP/AHSN areas to offer LKS.(3,11,12,13)

PPI

- Use PPI KfHC toolkit in developing resources to support patients e.g. improve patient access to quality information; literature searches /alerts to inform resources and local production of patient information..(2, 13, 14)
- Support local, regional and national patient safety initiatives.(9,10,13,14)

Measures

1. Compliant with KPIs for SLAs
2. LQAF maintain/increase 96% compliance.
3. Keep within budget/increase income from external sources.
4. Cost per consultation subscribed e journals = >£10
5. Items received and supplied total increase
6. Increase in provision and use of resources supporting Trust priority areas
7. Increase # of training/reflective reading sessions (group & individual).
8. Increase # of literature searches
9. Increase in #teams using services
10. Increased # of collaborative current awareness services provided
11. Increase in LKS collaboratively provided services
12. Increase involvement in partnerships, internal and external
13. LKS involvement in supporting patients (list of reading groups, contribution to web pages, wellbeing activities, relevant literature searches provided, # of promotional activities – e.g. awareness days, alerting services provided)

Risks *For mitigation see implementation plan*

- May be unable to fund new developmental services (uncertain/ static funding streams)
- Unsuitable KPIs leading to ending of SLAs
- Trust financial restraints may prevent effective service delivery.
- Service may not be able to retain/recruit skilled library staff to deliver services.
- Library staff may lack capacity to meet increasing demand for services

Key Objective 4.   Develop the knowledge and skills of library staff

Outcomes: NHS staff receive proactive services from knowledgeable expert librarians supported by well-trained para-professional staff.

Context

- **Our Strategy.** Services from across the system will work together as teams and share responsibility for delivering outcomes for patients and carers.
- **Our Priorities.** To lead research and adopt evidence that improves quality of care. To support teams to improve the safety and quality of care they provide. **(OHFT Strategic Plan Summary 2015-16)**

- The clinical and outreach models are expanded to become standard practice. Information skills training programmes, augmented by e-learning delivery, should continue to be developed **….**There is potential to better align healthcare library and knowledge services with technology enhanced learning initiatives. **(KfHC 2014)** …Drive the redesign of roles for healthcare library staff, to improve efficiency and enable the adoption of new models of service. **(KfHC 2014)**

- Increasingly the NHS will see knowledge specialists embedded within clinical, commissioning and management teams. Delivery of high quality evidence in the workplace at the point of need, by professionally qualified knowledge staff, demonstrates significant benefits. NHS staff and learners want to receive a personalised service. **(KfHC 2014)**
- The healthcare library and knowledge workforce requires enhanced skills, including synthesising information, knowledge management, marketing, website design and usability testing…More sharing and integration of back-office functions is essential to underpin these changes. **(KfHC 2014)**
- …Individuals supported to be more flexible throughout their career, open to innovation and change…All NHS leaders and managers should actively address poor teamwork and poor practices of individuals, using approaches founded on learning, support, listening and continual improvement, as well as effective appraisals, retraining and, where appropriate, revalidation **(Berwick Review 2013)**

Activities (with measures of success)

- Develop/maintain core competencies for roles. (1,2)
- Training needs analysis for library staff. (1,2)
- Develop CPD opportunities with local partners (1,2,3).
- Use KfHC Talent Management toolkit. (1,2)
- Investigate opportunities to develop technical skills – courses, shadowing IT, purchasing associated technology (1,2,3)
- Participate in regional/national networks (1,2,3)
- Encourage innovative solutions to service delivery.(1,2,3)
- Support chartered membership of the Chartered Institute of Library and Information Professionals (CILIP) for qualified staff and relevant qualifications for para-professional staff. (1,2,3)
- Develop team working/peer support to manage workload & increase confidence offering new service models.(1,2,3)
- Enable establishment of higher value services by streamlining.(2,3)

Measures

1. 90% of PDP objectives pa met for all staff.
2. Impact/satisfaction: training via surveys and case studies

Risks *For mitigation see implementation plan*

- May be unable to fund training courses and travel.
- Lack of investment may lead to poor retention/associated recruitment costs
- Staff training requirements mean the service will not always be fully staffed which may put pressure on services.

Key Objective 5. Improve the user experience

Outcomes: Well used library spaces and take-up of services by a wide range of NHS staff.

Context

- **Our Strategy.** Teams will be able to improve care and use the latest technologies to do things differently or do different things to deliver better patient outcomes. We will make the best use of the time and resources available within our system to deliver greater value care for patients.
- **Our priorities.** To support teams to improve the quality of care by transforming services. To support teams to improve the safety and quality of care they provide. To lead research and adopt evidence that improves the quality of care. **(OHFT Strategic Plan Summary 2015-16)**
- Services need to be highly visible, pushing quality assured information tailored to specific user needs. **(KfHC 2014)**
- …staff will need excellent information and IT skills **(Framework 15 2013)**

- …Information will increasingly become the currency of healthcare in the future, and our ability to access, understand and interpret it at individual and population level will be a key determinant in the future success of our healthcare system. **(Framework 15 2013)**
- Clear and consistent signposting is needed to help the healthcare workforce and learners locate information resources, whilst information skills training will remain a key element of the offer from NHS knowledge services**.(KfHC 2014)**
- …The most successful learning experiences take place in positive practice environments, where high standards and good outcomes are achieved because organizational and individual learning are valued and encouraged…The NMC requires students to acquire experience, knowledge and skills to deliver safe and effective care in a range of settings, including the community and non-NHS services **(Willis Commission on Nursing Education 2012)**
- …Care professionals should be supported to maximise the time they spend directly contributing to the care of patients. **(DoH NHS Constitution 2013)**

Activities (with measures of success)

- Maintain/improve the study space.(7,8,11)
- Review/further develop the library website as main portal to services/resources (4,7)
- Proactively collaborate with Trust teams to ensure LKS are included in their intranet/micro sites/OHFT website. (3,5)
- Promote LKS at all Trust locations. (2,3,4,6,7,8,9,10)
- Publish online bulletins/toolkits of useful resources.(3,4,6,7,8)
- Investigate resource discovery tools (5,6,7,8)
- Ensuring seamless access to resources.(5,6,7,8)
- Create online forms for all services.(3,4,6,7,9)
- Creatively develop communication channels/procedures including social media to communicate with users (1,3,4,5,6,8,9)
- Support staff to make best use of resources (2,3,4,5,6,7,8,9)

Measures

1. Twitter engagements.
2. Increase inductions delivered (group and individual).
3. Increase in #teams using service .
4. Increase in use of website-increase in # requests made by online forms
5. Increase # of links/references to LKS on Trust intranet/micro sites/OHFT website
6. Increase in use of electronic resources via NHS OpenAthens.
7. Increase in awareness/satisfaction of/with services (Annual Survey).
8. Increase in awareness/satisfaction with resources (Annual survey)
9. Increase in sign-up NHS OpenAthens to 35% of OHFT staff by 2020.
10. Increased # of training sessions (group and individual).
11. LQAF maintain/increase 96% compliance.

Risks *For mitigation see implementation plan*

- LKS may not be able to fund new developmental services long-term.
- Local pressure on space may reduce service capacity.
- Library staff may lack capacity to develop/meet increasing demand.
- Users may lack time and capacity to take advantage of services offered.
- Access to resources is dependent on publishers/external suppliers.
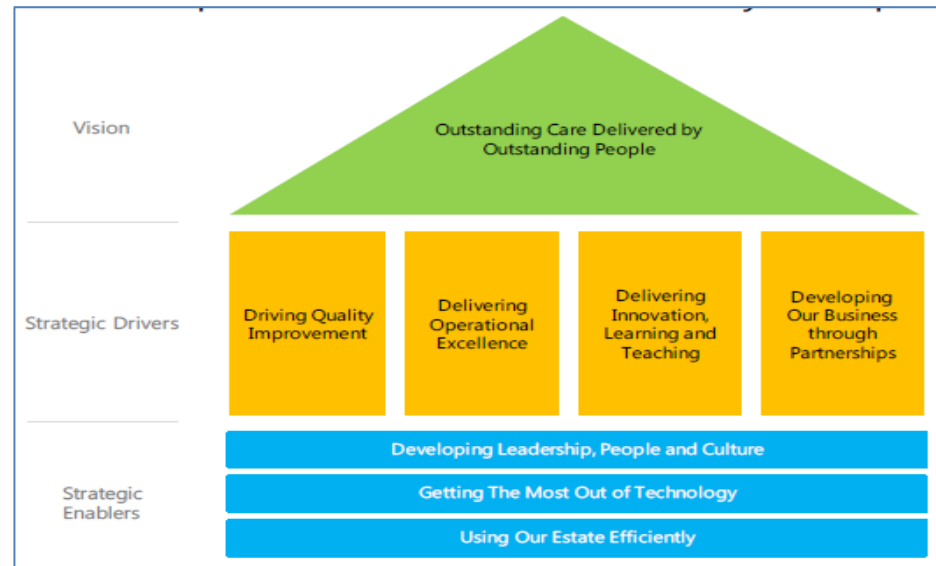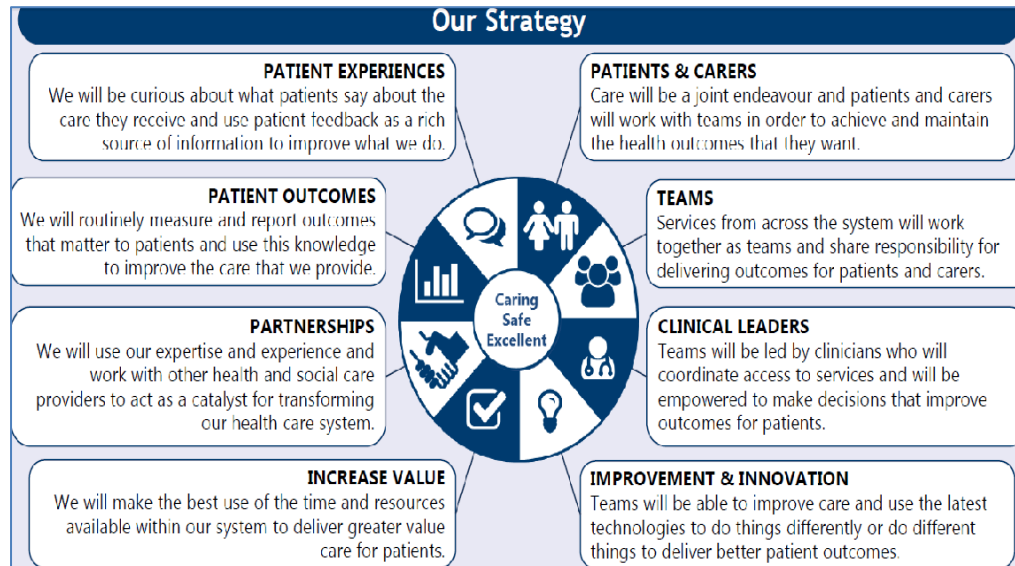
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Appendix 2: Related documents and key strategic drivers, local, regional, national

OHFT Business plan/ Strategic aims

7 Strategic Aims

To make care a joint endeavour with patients, families and carers (Patient-centred Care).

To improve the quality of care by transforming services.

To support teams to improve the safety and quality of care they provide.

To support leaders to maintain a positive culture for teams.

To ensure Oxford Health NHS FT is high performing and financially viable.

To embed and enhance the electronic health record.

To lead research and adopt evidence that improves the quality of care. Innovation, research and learning is a core part of everyone's role. As part of Oxford Academic Health Science Centre (AHSC) we have access to world leading research. We host the Oxford Collaboration for Leadership Applied Health Research and Care (CLAHRC) which gives us the opportunity to translate cutting edge research into practice and spread and learn with other members of the Oxford Academic Health Science Network (AHSN). We are building close collaborations with care providers and academic institutions; new developments in research, will benefit people's health now and in the future.

2017 key relevant activities and continuing themes for OHFT

- **Provision of learning disability services (take over contract from SHFT from 1.07.2017)**
- **2017 bid for status as provider of Apprenticeships.**
- **New Models of Care for Tertiary Mental Health Services –**secondary mental health providers managing care budgets for tertiary mental health services.

Continuing themes, including adaptations/service redesigns:

- **Extending services closer to home/reducing bed-based care through**: integration of locality teams between primary care, social care, community care, and third sector organisations; standardisation of clinical processes; development of clinical skills across all specialties; partnerships with the third sector and developing a holistic model of care to meet the physical and mental health needs for inpatient services; focus on recruitment and development of certain key categories of staff. Cross-system working crucial to sustain the flow of patients through the health and social care system
- **CQC inspection:** Outstanding' rating for children and young people's community service; **Areas requiring improvement:** Patient and carer involvement in care planning. A strategy for patient involvement in service design and delivery. Consistency in the robustness of clinical risk assessments. Staff confidence in using the new CareNotes. Bed management processes and discharge planning.
- **Patient safety/quality of care/team working:** various quality improvement projects; Leading Improvements in Patient Safety. Programme (LIPS). Senior Leadership for Safety Programme. South of England Patient Safety Mental Health Collaborative. Productive Care Series. Safer Care Programme. Effective Team-based working. Improvement Champions
- **Creating a positive organisational culture:** staff equality and diversity networks; Senior Leaders and Linking Leaders groups; Sign up to Safety' campaign (harm-free care.
- **Quality impact assessment:** delivering significant levels of savings while maintaining high quality, caring, safe and excellent services.
- **Workforce planning:** A centralised bank to expand the numbers of bank staff and manage all temporary staffing requirements;
- **Local Education and Training Board Alignment:** Ensure student placements are of a high quality. Increase placement capacity for nursing, paramedics, health visitors, district nursing.
- **Recruitment:** Turnover is increasing and there is constant local competition to attract staff.
- **Financial planning**: pressure via continuous efficiency/productivity targets. Further transformation/remodelling requires financial support from the CCGs.
- **Partnership working across sectors: Integrated Ambulatory and Urgent Care Model: working** in partnership with (OUHT) to deliver a modern, integrated system of care for **older people and people with long-term conditions in Oxfordshire** – has **reduced delayed transfers on care.**
- **Oxfordshire Mental Health Partnership** delivers mental health care to adults between OHFT and five third-sector partners: **Oxfordshire Mind, Response, Restore, Elmore Community Team and Connection Floating Support**.
- **Bucks: CAMHS model of care working with Barnado's and BEAT** (voluntary sector).
- **Comms. Website: Engaging with community/stakeholders**: was redesigned to be more people focussed, user-friendly, accessible on smartphones and tablets. Development involves a wider range of stakeholders. Facebook, Twitter, YouTube and LinkedIn relaunched with increased use of interactive comms, video and partnership working. Attracted greater audiences supporting aim to listen, learn, respond & improve. Events supporting wider engagement: launch of Oxfordshire Mental Health Partnership with five local charities, regular Health Matters talks in partnership with OBU and others, AGM and Staff Recognition Awards.

Health Education England: Knowledge for Healthcare Development Framework for NHS Library and Knowledge Services 2015-2020.

Guiding Principles and values

Collaboration: Do once and share; working across boundaries

Collective purchasing: Central procurement at scale

Core service: Core service offer, products, tools and expertise

Digital by default: Digital and mobile by default

Effective and efficient: Applying the principles of lean thinking

Equity: Equity of access and opportunity

Federation: Pooling budgets, staff, resources across boundaries

Innovation: Flexibility, new models of service; best practice

Quality: Benefits to patients; improving lives; outcomes. Impact

Streamlined: Streamline structure, management; systems, process

Technology: Harnessing technology to streamline back-office functions

Workforce: Planning, role redesign, specialisation, career pathways

The implications for future LKS

- Access to all services has to be as easy and convenient as possible/Services must be digital and mobile by default
- Services need to be highly visible and individually tailored/Clinical and outreach librarian models become standard practice
- Information skills training programmes should continue to be developed/Greater focus on synthesising evidence
- Greater emphasis on partnership working/Closer alignment with technology enhanced learning initiatives
- The healthcare library and knowledge workforce require enhanced skills/More sharing and integration of back-office functions

Four strategic themes

Proactive customer-focused services.
- Targeted service offers
- Promoting evidence into practice
- Organisational knowledge management
- Mobilising knowledge
- Deliver customer focused services at the point of need
- Ensure awareness and use of services and resources

Quick and easy access to knowledge for healthcare.
- A knowledge hub for healthcare
- Optimising use of new technologies
- Management and procurement of e-resources

Effective leadership; planning and development of the healthcare library and knowledge services workforce.
- Healthcare knowledge services leadership - at every level
- Redesign roles to meet changing needs
- Develop an appropriately skilled healthcare knowledge workforce

Optimising funding for best value.
- The opportunity to rationalise investment
- Towards equitable, affordable and sustainable local funding
- Engaging with partners to improve return on investment

BY WORKING TOGETHER, WE WILL HAVE A HEALTHIER POPULATION, WITH FEWER INEQUALITIES, AND HEALTH SERVICES THAT ARE HIGH QUALITY, COST EFFECTIVE AND SUSTAINABLE.		
OCCG OBJECTIVES	**MAKING MEASURABLE CHANGE**	**HOW WE WILL MAKE THIS CHANGE**
1. Be financially sustainable. 2. Primary care driving development and delivery of integrated care, and offering a broader range of services at a different scale. 3. Provide preventative care and tackle health inequalities for urban and rural patients and carers . 4. Deliver fully integrated care, close to home, for the frail elderly and people with multiple physical and mental healthcare needs. 5. Enable people to live well at home and to avoid admission to hospital when this is in their best interests. 6. Be providing health and social care that is rated amongst the best in the country.	1. Compliance with all NHS financial planning rules within 3 years. 2. Reduce years of life lost from conditions amenable to healthcare by 3.2% in 5 years. 3. Meet all agreed Health and Wellbeing Board targets every year. 4. Reduce the amount of time spent avoidably in hospital by 31% in 5 years. 5. Reduce the number of people delayed on any given day from 155 to approximately 100 (depending on time of year) by October 2015. 6. Reduce A&E activity by 10 % in 5 years. 7. Increase the proportion of older people living independently at home after discharge from hospital by 8% in 2 years. 8. In the top 20% nationally for people satisfied with their experience of hospital care in 5 years. 9. Reduce outpatient activity by 4% and planned inpatient activity by 17% in 5 years. 10. Meet all NHS Constitution measures in full. 11. Increase the no. of people with mental and physical health problems having a positive experience of care by 5.2% in 5 years.	1. Deliver more efficient, better quality care in all settings. 2. Integrate commissioning and provision of all aspects of physical and mental health care. 3. Help GP practices work together to improve access and quality. 4. Increase GP capacity to deliver care to most complex patients. 5. Provide community based planned and urgent care services. 6. Provide community and home based integrated health and social care to the most complex patients, including those with mental health needs. 7. Deliver partnership programme with Councils, 3rd sector and NHS England to tackle health inequalities and their underlying causes. 8. Reduce inappropriate A&E attendances by providing viable alternatives and improving 111. 9. Reduce avoidable admissions by: a. Improving pathways for people with chronic conditions needing urgent care b. Improving support to care and nursing homes c. Improving end of life care. 10. Reduce lengths of stay by working together to improve discharge and by contracting across providers for an integrated acute pathway of care. 11. Improve access to diagnostics. 12. Ensure only appropriate outpatient referrals are made. 13. Streamline planned care pathways. 14. Reduce activity known to be of little clinical value. 15. Improve integration of physical and mental health care. 16. Improve dementia diagnosis and care.
ROBUST GOVERNANCE ARRANGEMENTS: 1. Programme Management Office in place in the CCG Partnership programme boards for major change programmes. 2. Effective locality level patient, public and stakeholder forums. 3. Oversight by the Health and Wellbeing Board.	**PRINCIPLES UNDERPINNING DELIVERY** 1. Clinicians and Patients working together to redesign how we deliver care. 2. Reducing health inequalities by tackling the causes of poor health. 3. Commissioning Patient Centred High Quality Care. 4. Promoting integrated care through joint working. 5. Supporting individuals to manage their own health. 6. More care delivered locally.	

Oxfordshire Transformation Programme

Context: health needs in Oxfordshire are changing. Population is increasing and living longer with more long term conditions. Changes are being proposed and consulted on which are about improving the quality of care.

Services that are being consulted on:

Acute hospital services, specifically:

- planned care at the Horton General in Banbury (*planned care includes tests and treatment planned in advance and not urgent or emergency care*)
- acute stroke services in Oxfordshire
- critical care at the Horton General (*critical care helps people with life-threatening or very serious injuries and illnesses*)
- maternity services including obstetrics, Special Care Baby Unit (SCBU) and emergency gynaecology surgery in North Oxfordshire
- changing the way we use our hospital beds and increasing care closer to home in Oxfordshire

Proposals being considered:

- developing planned care and outpatients at the Horton General so patients in the North of the county do not have travel to Oxford for diagnostic tests and treatment, but can have these closer to home
- taking ALL acute stroke patients to the specialist unit at the John Radcliffe Hospital in Oxford. About 12 % of acute stroke patients are still admitted to the Horton General and some of these patients then have to be transferred to the JR. In many areas around the country all stroke patients are already taken directly to a specialist stroke unit
- changes to the way patients needing the highest level of care are treated. For example after a heart attack, stroke or serious accident most people now go to the JR and fewer people with the most serious care needs are treated at the Horton General. This means doctors and nurses at the Horton General do not get as many opportunities to keep up their skills. We have to make decisions based on the safety for patients
- changes to maternity services because of the difficulty in recruiting and keeping suitably qualified staff to continue to have two centres in Oxfordshire providing obstetrics
- permanent closure of some acute hospital beds to bring care closer to home and to better join up primary, community and acute hospital care   *See website:* **Oxfordshire Transformation Programme**

Sustainability Transformation Plans (STP)

The NHS Five Year Forward View (FYFV) Shared Planning Guidance required every local health and care system in England to create a STP. These are place-based, multi-year plans built around the needs of local populations aimed to drive transformation in health and care outcomes between 2016 and 2021. To deliver these plans, NHS providers, CCGs, Local Authorities, and other health and care services formed 44 'STP footprints' which should enable the transformation required to implement the FYFV's vision of health, quality care, and efficiency.

Key Challenges:

greater integration of health and social care ;greater parity of esteem of physical and mental healthmore co-production of care between staff and patients nurses and care assistants to be better able to work across integrated landscapes. LKS is the responsibility of HEE within the Directorate of Education and Quality with the responsibility to ensure the quality of education and training for the workforce through: Education transformation, commissioning, performance, delivery and support.• HEE commissioned strategic review of LKS to mirror timeframe of Framework 15 – 2014-2029 (HEE 15 year strategy)

https://www.hee.nhs.uk/our-work/planning-commissioning/strategic-framework.

OHFT is part of the Berkshire, Oxfordshire and Buckinghamshire (BOB) STP.

NHS England & NHS England South

https://www.england.nhs.uk/about/ ; https://www.england.nhs.uk/south/

It leads the National Health Service (NHS) in England and sets priorities and direction of the NHS; encourages and informs the national debate to improve health and care. It shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the tax payer. Its work includes the commissioning of health care services in England including contracts for GPs, pharmacists, and dentists and supports Clinical Commissioning Groups (CCGs) which plan and pay for local services such as hospitals and ambulance services.

NHS England's strategic vision for the NHS is the Five Year Forward View. This vision "shows that we are getting serious about prevention, identifying and delivering improvements in health care, redesigning the NHS so it continues to meet the needs of patients, ensuring the NHS is financially sustainable and engaging the public in this whole process".

"We strongly believe in health and high quality care for all, now and for future generations".

"We want everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

South, Central and West commissioning support unit

https://www.scwcsu.nhs.uk/

SCW is a leading provider of commissioning support services, collaborating with customers and partners across the health and social care system to manage, analyse, and improve performance and enabling them to achieve the best possible outcomes for their patients and populations.

Customers include NHS England, clinical commissioning groups, provider trusts, general practices, and numerous social care, community care, and voluntary sector organisations. They provide localised support across the south of England (covering 14,400 square miles and a population of almost 12 million people), as well as running national and regional development programmes.

Public Health Oxfordshire / Buckinghamshire

https://www.oxfordshire.gov.uk/cms/public-site/public-health-and-wellbeing
http://www.healthandwellbeingbucks.org/s4s/WhereILive/Council?pageId=2227

These are teams of professionals based in local authorities whose role is to improve and protect the health and wellbeing of local residents including Public Health specialists and Public health practitioners.

Their three main activities are to: improve health by providing health improvement services; protect the population from preventable health issues, including those caused by communicable diseases, environmental hazards and by ensuring effective healthcare provision; support local healthcare services to provide cost effective, efficient and accessible healthcare that meets the population's needs.

Appendix 3. About us and what we do

Progress against 2013-16 Strategic Objectives

Objective 1- Resources: Libraries provide access to quality information resources to support the education and training needs of all customers	Objective 2: Staff: Library staff are proficient in information skills training, knowledge management , information retrieval & delivery of specialist information services, developing closer working relationships with clinical practice & increasing library contribution to delivery of excellent patient care (Tomorrow's People Today, 2013-2016, HEE TV).	Objective 3 – Service delivery: Library services are delivered in a variety of ways to meet the needs of existing and prospective customers	Objective 4 - Quality and Value: Maintain quality assurance, improve productivity, efficiency and develop business
Achieved			
• Increased e books usage 2016; • Collaborating with other LKS to secure journal deals • Assessed/advised forensic collection • Continuing donations indicate awareness • Marketing campaigns have increased use of e resources & OA registrations. • Checking other LKS holdings; assessing suitability for purchase or ILL; comparing costs of different formats	• Articulate storyline: module created • Resource guides – improved format/updated • New guides/titles lists in priority areas created. • 2014 Started using KShare; 2016 =544 members; • CPD alerts: increased take-up and other alerts via other LKS. • 2014-16 : 45% increase in lit searches • Recruited further OR librarian • Easier to request lit searches via website	**2016-2013** Surveys= increasing awareness of: • Access to e-resources: 91%/75%/39% • Enquiries/ requests via forms on the library website 64%/52%/37% • Request docs/books emailed/posted 60%/52%/31% • Request literature searches 55%/48%/14% • Find out about training 44%/29%/8% **2016 online forms available**: lit searching, training requests, ILL requests, CA sign up. **App guide** updated 2016	**LQAF=**2016 = 96% (44 full, 4 partial/48) 2016: Costing of new SLAs completed – meets LQAF requirement. SLAS are monitored/ delivered as specified (100%) 2016: annual survey: questions on key specialist services. Responses followed up systematically with actions taken for improvement. (aimed for 90% satisfaction; 50%increase in awareness) **2016 : 6 SLAS renegotiated** existing at request of customers to reflect re-structured organisations/ different requirements
Continuing			
• Mapping of trust priorities to locations sheet- identify gaps; • Continual need to identify resources/budget; • More consultation with customers • Need to identify method to measure use of resources by subject • Address lower print usage. • Not secured agreement to centralise purchasing	• Use K4HC modules rather than develop in house • 2016 – working with Oxfordshire libraries and eating disorders team to set up reading group.	**Develop/use marketing plan** for promotion of awareness of remote service **2016 responses/comments in annual survey re facilities** indicate actions needed: **Whiteleaf** – issues with space – to redesign **Littlemore** – improvements made Warneford –Old/broken furniture replaced. Some re-upholstery needed still. **All:** programme of IT profile clearing to improve pc functionality. **Twitter** account began/ followers mostly LKS staff	Evaluation: 2016: Not achieved this for **all** services –too ambitious. Need to re-think in line with capacity and focus on key services eg lit searching, training, doc supply, resources access/provision (plan was to : Identify services/create action plan to evaluate services/ identify gaps)

What do we do   Updated July 2019: Sarah Maddock, Library Services Manager sarah.maddock@oxfordhealth.nhs.uk

Summary of services

Oxford Health Libraries operates from 3 sites: Warneford Hospital and Littlemore Mental Health Centre in Oxford and the Whiteleaf Centre in Aylesbury in addition to providing outreach services and 24/7 access to both physical and electronic resources. The service is hosted by Oxford Health NHS FT.

Services, resources and facilities are available to NHS staff and students on placement at OHFT and staff of external organisations where a service level agreement exists. This includes staff working for NHS England South Central, Oxfordshire CCG, NHS South West and Central CSU and Public Health Staff working at Oxfordshire and Buckinghamshire County Councils. Services are also available to Local General Practitioners and their staff, local hospice staff working with healthcare teams and NHS staff from other geographical areas as partner members.

A reference service is also available to patients, carers and other members of the general public.

Our vision

We support high quality, evidenced based patient centred care through the provision of a professional library and knowledge service ensuring:
 "NHS bodies, their staff, learners, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement" **(Knowledge for Healthcare 2014)**
We aim to provide high quality, good value services by meeting the needs of all our potential users and by collaborating with other NHS Library and Knowledge teams regionally and nationally. We work under the guidance of the Health Education Thames Valley library and knowledge service strategy team.

Key Facts

We have:
- Over 6000 books, reports, audio visual resources including access to over 220 e books
- Over 500 e journals purchased locally and over 4000 titles available in national collections
- Access to 9 bibliographic databases.
- 23 computers.
- Scanning, printing and copying facilities.
- 11 library staff (7.05 WTE)
- Library website : http://www.oxfordhealth.nhs.uk/library/
- Quiet and group study spaces.

We offer:
- 24/7 access to our resources and facilities.
- Flexible access to resources from any internet-enabled device.
- Information literacy training to make best use of available resources.
- A literature searching service to locate good quality evidence-based research.
- A current awareness service presenting the latest research in a digest format.
- A document supply service so our readers can always access the research evidence they need
- Access to qualified, expert library staff.

FAQs

How are we funded?

We are funded by Health Education England via Health Education Thames Valley LETB. Currently the funding allocated to library services is devolved to each NHS Trust as part of the tariff received for multi-professional (including medical) education and training. Our funding is based upon a core element for each hub library, currently £79,000 plus an amount per head of workforce for each Trust which is currently set at £19.00 as recommended by the regional library funding formula.
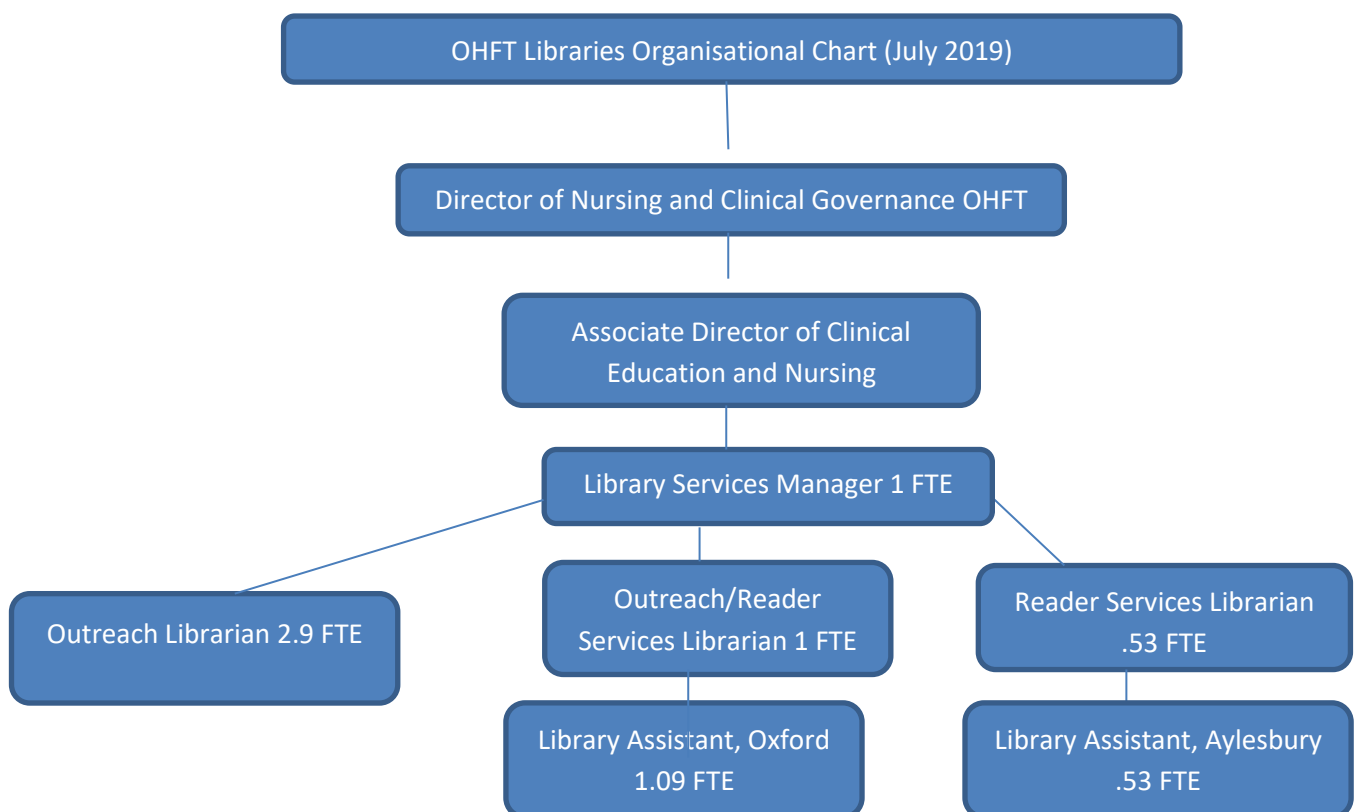The service conforms to the requirements of the local and national Learning and Development Agreement.

How are we quality assured?
Activities undertaken by the service have been previously benchmarked nationally with other NHS library services in England by comparing annual activity statistics and Library Quality Assurance (LQAF) returns.
From 2019 the Quality Improvement Outcomes Framework for NHS Funded Library and Knowledge Services in England replaces the LQAF. This aims to 'set standards and ambition for quality and improvement' for library services. OHFT libraries will be working towards achieving levels outlined for the 6 outcomes in this Framework during its pilot year.

What is the mix of staff?

Warneford library is staffed for 40 hours a week; Whiteleaf library is staffed for 30 hours a week; Littlemore Library is staffed for 22 hours a week. There are currently 11 staff (7.05 wte) of whom 8 are qualified librarians and 3 experienced para-professional staff. Librarians are Chartered members of CILIP or working towards Chartership or have equivalent experience.

Organisational Chart

OHFT Libraries Organisational Chart (July 2019)

Director of Nursing and Clinical Governance OHFT

Associate Director of Clinical Education and Nursing

Library Services Manager 1 FTE

Outreach Librarian 2.9 FTE

Outreach/Reader Services Librarian 1 FTE

Reader Services Librarian .53 FTE

Library Assistant, Oxford 1.09 FTE

Library Assistant, Aylesbury .53 FTE

What resources are currently available?

Local, regional and nationally funded resources including:

- Books, e books & other media covering a range of clinical (particularly but not exclusively mental health) and non-clinical specialities such as leadership and management (including Apprenticeships)
- Print and full text e Journals (current and archives)
- Bibliographic Databases: including Medline, Embase, Cinahl, BNI, AMED, HMIC, Emcare, PsycInfo and the Cochrane Library – all as part of the National Core Content Collection:
- SWIMS regional library catalogue (funded regionally)
- Trip database – (funded nationally)
- BMJ Best Practice Point of Care Tool (funded nationally)

What services are currently available?

- Library website including online request forms.
- Enquiry and advice services including Knowledge Management support with specialist tools and techniques – Knowledge Café's, Communities of Practice, Evidence & Knowledge Assessment tools.
- Advice and expert input on information related issues including managing evidence from research and organisational knowledge and copyright.
- ORKA (Oxford Health Knowledge and Research Archive), a repository for Trust publications to share and showcase Trust Research, local projects and audits, set up and managed by the library.
- Literature searching and provision of synthesised evidence summaries.
- Tailored current awareness alerts and specialist bulletins.
- Document supply and inter-library loan.
- Group and individual training tailored to education levels taught covering research methodology, critical appraisal, information literacy, effective use of resources and reference management.
- Librarian support for Journal Clubs, Reflective Reading Groups and writing for publication.
- On-site librarian support for Ward Rounds, clinical and non-clinical teams including apprenticeships.
- Support for patients: Health Literacy & patient information resources, reading groups.
- Resources to support staff wellbeing and learning: Reading Well Books on Prescription, Educational Board Games
- Maintenance of NHS OpenAthens accounts
- Collection management and development
- Maintenance of electronic resources
- Study, IT and e learning support by qualified librarians

What services are offered at the library sites?

- Quiet and group study spaces
- Relaxed seating area
- Room bookings for learning, education and research activities.
- 40 study spaces some with computers.
- Headphones/laptops for loan.
- Scanning, printing and photocopying.
- 23 computers (including 1 pc linked to the Oxford University network (Warneford Library))

- Online Public Access (OPACs) terminals.

How do we work with other libraries?

The Library Services Manager is a member of the South Strategic Management Network which meets regularly to discuss implementation of national policy, resource and services provision for NHS Libraries in the South.

The Library Services Manager is also joint chair of the Psychiatric Libraries Committee (PLCS) which co-ordinates inter-lending between psychiatric libraries across the UK, including NHS and HEI libraries.

The service is an active member of the SWIMS network which co-operates with other NHS libraries in the South of England to maintain a catalogue of locally available resources, share policies on lending materials, share best practices and co-operate on document delivery services which include inter-lending with other regional networks. The service is a member of the national inter-lending document supply network, PLCS. The Library Services Manager is a member of the SWIMS Network Board, representing Thames Valley NHS Library's interests.

The service also collaborates with library staff at the University of Bedfordshire, Oxford Brookes University (OBU) and Oxford University (OU) to ensure adequate provision for students on placement and staff studying on other courses including locally delivered Apprenticeships and Masters Modules taught by the OHFT Learning and Development Department. A memorandum of understanding is maintained with the University of Bedfordshire and the librarians meet with OBU and OU library staff to ensure a consistent, high quality service.

Links have been forged with library staff from the public library network to offer services to patients such as Reading Groups and Reminiscence Collections and NHS Librarians based in Trusts in the Berkshire, Buckinghamshire and Oxfordshire (BOB) Sustainability Transformation Plan region aim to work together to offer services to the STP to support the work of transforming NHS services, as well as linking with the Oxford Academic Health Science Network with a similar purpose.

History of the Service

Professionally managed library services have been provided in Buckinghamshire and Oxfordshire for over 40 years, originally located at the Tindal Centre and Manor House Hospital in Aylesbury and the Warneford and Littlemore Hospitals in Oxford, operating for much of that time as multi-disciplinary services supporting NHS mental health staff and Oxford university researchers. In 2005 the Oxfordshire Mental Health Trust and the Buckinghamshire Mental Health Trust joined together to form Oxfordshire and Buckinghamshire Partnership Mental Health Trust and the two library services began to work together to support the new organisation. Further reorganisation of services took place in 2011 when the organisation was expanded to include the Oxfordshire Community Health Organisation, incorporating primary care and community services in Oxfordshire. A further change of name resulted in the formation of the current organisation, Oxford Health NHS Foundation Trust (OHFT), and the combined library service has since been known as Oxford Health Libraries. In 2013 the Tindal Centre was vacated by OHFT and the Tindal Library moved with the Trust to the Whiteleaf Centre, newly built on the site of the old Manor Hospital in Aylesbury, which since then has been known as the Whiteleaf Library. From the early 1990s the Library at Warneford was also responsible for the Oxford Learning Disability NHS Trust (OLDT) Library based at the Slade site in Oxford, then from 2009-12 OHFT libraries managed this library, which became known as the Dermot Rowe library via a Service Level Agreement (SLA) with Ridgeway Partnership Trust (new name for OLDT)which provided for two part-time library staff and resources to support learning disability staff. This arrangement ended when the Ridgeway Trust became part of

Southern Health and the library was incorporated into Hampshire Health Libraries. Further changes in 2017 however mean that this arrangement is also about to change once more, with the learning disability trust services being taken over by OHFT and the library transferring back to Oxford Health Libraries.

A major review of NHS library services in Thames Valley was conducted by the Thames Valley Strategic Health Authority in 2004, which drew attention to the inequity of provision, funding and access to library services in the region and aimed to redress this imbalance via a strategy to ensure that services would be equitably provided. This established that investments of MPET funds for library services would be provided to organisations via a single service agreement with the SHA and a funding formula comprising a core and per capita element. The SHA and host organisations would provide core funding for library services on a 50/50 basis with per capita funding phased in but also contributed to by the SHA and host organisations with minimum contributions required.

The Health and Social Care Act (2012) led to the creation of Local Education and Training Boards which replaced some of the Strategic Health Authority Functions. This led to the library services in Thames Valley being aligned with those in the Wessex region. This included the funding for regionally purchased resources and support for library staff development. In 2014 the introduction of training and education tariff funding for various professional groups enabled these budgets to be managed directly by each Trust, including the levy for library services.

A national strategic review of library and knowledge services was undertaken in 2014 including the review of issues around central and regional resource procurement, technological developments and national service specifications resulting in the National Strategic Framework for development of library and knowledge services Knowledge for HealthCare. This underpins and guides the current OHFT library strategy aiming to ensure that OHFT library services are fit and ready to support current and future local, regional and national NHS transformation plans.

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Appendix 4. SWOT analysis 2017-20

Strengths	Weaknesses
• 2017–20 Library funding is assured. • Fully staffed with experienced, suitably trained & qualified personnel – staff roles redesigned to deliver relevant services • Physical sites are adequately equipped and well used. • Website supports staff working remotely: use/awareness is increasing. • Participation in co-operative network s (SWIMS) & collaboration with other library services in NHS and other sectors via K4HC • Surveys show high level of satisfaction with existing services and interest in development of new services. • Expect continuation of external SLA with Commissioners and Public health staff in Oxfordshire and Buckinghamshire	• Cost improvement pressures on library budget may put pressure on service delivery. • Wider NHS developments may impact adversely on library provision e.g .funding for education and training. • Unable to arrange SLAs with NHS commissioning organisations for longer than a year at a time owing to NHS procurement rules. • Possible mismatch of expectations of customers around provision of new services and capacity to deliver.
Opportunities	**Threats**
• Changes in formulas for funding library services may benefit OHFT library services. • Knowledge and expertise of library staff in technologies/ information retrieval provide opportunities to work with other Trust departments - establishing credibility/expertise; increasing usage /awareness of/perceived value/ understanding of impact. • Participating in different initiatives (supported by evidence-based practice) to directly support patients and other clinical activities e.g.health literacy, reading groups; supporting staff well-being. • Increasing delivery of services to external customers • Sharing costs and workload via K4HC • Support for Trust education/training initiatives eg apprenticeships • Extending roles in Knowledge management – repository, evidence & knowledge assessement, Knowledge Cafes	• Challenging efficiency savings needed across the NHS may limit options. STPs, Tariff changes. Increasing financial pressures. • Ever-increasing costs of resources – escalation well above inflation may reduce capacity to meet user needs. • Change fatigue and new central initiatives or a government change may impact business direction. • Dissonance between user expectations about new services and capacity to deliver. • Reliance on third parties, including other libraries, may reduce options for service delivery. • Lack of national/regional funding and inequity of LKS funding limits capacity to purchase resources/offer services

Implementation

- Production of implementation plan/reporting progress against targets via Library annual report.

- Monthly monitoring at library staff meetings

- Biannual reports to the Library User Committee

- Performance review meetings with stakeholders/ partners

Version control and consultation

This document has been produced following several meetings with library staff, the Associate Director of Clinical Education and Nursing, the Director of Nursing and Clinical Governance, the Library User Committee and other partners.

Version	Date	Consultation and Modification
Draft v1.1	7.12.2016	First draft
Draft v1.2	28.02.2017	Updated following discussion with Library Team
Draft v1.3	10.03.2017	Updated following consultation with Library User Committee
Draft v 1.4	26.07.17	Updated following consultation with ADCE&N
Draft v1.5		Updated following consultation with DNCG
Final and approved v1.6		Final approved version
V1.7 annual update (latest)	16.07.19	