

**Knowledge for Healthcare Working Group:** Quality and Impact Group

**Task and Finish Group Name:** Value and Impact

**Document Title:** Report and recommendations

**Date:** 24<sup>th</sup> May 2016

## INTRODUCTION

The task and finish group was set up in May 2015 and included the following members:

Jenny Turner – East Sussex Healthcare NHS Trust (Chair)  
Stephen Ayre – George Eliot Hospital NHS Trust  
Alison Brettle – Acting Director Post Graduate Research, University of Salford  
Douglas Knock – King’s College Hospital NHS Foundation Trust  
Rebecca Mitchelmore – Isle of Wight NHS Trust  
Susan Smith – Mid Cheshire Hospitals NHS Foundation Trust  
Sophie Pattison – Royal Free London NHS Foundation Trust/UCL  
Dominic Gilroy – Health Education England working across Yorkshire and the Humber

An enthusiastic reference group was also established early in the work with members recruited based on known interest and through local email groups and LIS medical. The Task and Finish group would like to take this opportunity to acknowledge the vital contributions made to this project and thank members for their commitment to the work.

The group was tasked with refreshing and renewing the existing impact toolkit. As part of this work we were asked to ensure that the refreshed toolkit was suitable for use in identifying non-clinical impacts, particularly valuable for NHS LKS working outside the acute sector.

This was achieved in the following way:

- 1) A definition of impact was adopted from ISO 16439:2014 Information and documentation — Methods and procedures for assessing the impact of libraries as:

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

- 2) A scoping literature search was undertaken, together with an analysis of fully compliant LQAF submissions for Criterion 1.3C to further inform our work.

- 3) Consultation of the wider NHS LKS workforce was undertaken through a SurveyMonkey questionnaire tool which was developed with the assistance of the reference group. This gave an insight into how LKS staff currently made use of the existing toolkit, what the results were used for, and invited suggestions for improvement.
- 4) The task and finish group meticulously mapped and collated evidence from the survey with literature from the evidence base to produce a new basic set of core questions to form a toolkit. The resulting questions are few in number but have been deliberately chosen as being applicable to a range of services provided by LKS. They have also been chosen with the intention of avoiding bias towards any acute sector settings.
- 5) The core questions were piloted on library service users within NHS LKS throughout England and minor amendments made to the language used in order to aid understanding. Alongside the core questions, the toolkit also offers a question bank of optional additional questions which LKS may choose to add to their survey to tailor it to their local needs.
- 6) Additional resources were identified and will be made available through the refreshed toolkit including a refreshed interview and case study template and guidance. There is also an Impact Mapping Tool which has been designed by an experienced researcher to assist NHS LKS staff to identify the right tools for their needs when they approach the process of obtaining feedback around the value and impact of their services.
- 7) Having been tested on a wiki, the toolkit is being finalized before submission to LKSL for approval. It will then be transferred to the KfH Blog and launched formally.

## RECOMMENDATIONS

### Communications and awareness

It is essential that the LKS workforce has an adequate awareness of the resource so that they are able to find and utilize it in their work. The Task and Finish Group have made use of the blog to communicate about the tool, and plan to hold briefing sessions within the networks represented by the group members. For wider dissemination the group plan to hold a session at the Health Libraries Group conference in September and aim to publish a paper in the professional journals on the process undertaken to refresh the toolkit.

- **We recommend that LKSL promote the new toolkit within their regions and geographies through e-mail lists, newsletters, social media, and other appropriate means.**
- **We recommend that LKSL ensure that sessions are made available to introduce and promote the toolkit at appropriate meetings, study days, or other appropriate sessions within the geographies and regions.**

### Core Questions

In order to ensure that there is an ability to compare and amalgamate results from the core questionnaire across the NHS in England it is recommended that LKS do not change the questions already present in the core questionnaire. Supplementation of the existing questions with additional ones is possible and a question bank is made available to facilitate this.

- **We recommend that LKS do not alter the basic core questions and that this message is included in communications around the toolkit.**

### National collation and utilization

Recurrent requests for concrete examples of impact from the LKSL and senior colleagues for promotional and advocacy purposes indicate that there is likely to be an ongoing appetite for such evidence at national and geography level.

Results from the core questionnaire and, more importantly, interviews and case studies produced using the toolkit model would offer a valuable resource for such purposes.

- **We recommend that consideration is given to national collation of core questionnaire results and collection of case studies to form a resource bank for advocacy and promotion of LKS**
- **We recommend that consideration is given to national collection of core questionnaire results and collection of case studies via SurveyMonkey or a similar mechanism**
- **We recommend that any collection/collation process is aligned with existing obligatory processes, such as LQAF or national statistical collection, to avoid additional workload and streamline processes**

### Currency and quality of toolkit

In order to remain current it is expected that the toolkit will need to be reviewed, revised, and enhanced over time. As the Value and Impact Task and Finish Group is of limited lifespan it will be necessary to identify where responsibility for this will rest. An important consideration in regard to the upkeep of the toolkit will be the quality of material within it. The core questionnaire in particular – despite its apparent simplicity - has been put together over the course of a year by the task and finish group with input from a wide range of stakeholders and with input from an expert researcher. It is important that any subsequent changes made are evidence based and transparent and that the provenance of any additional material added is clear.

- **We recommend the identification / formation of a group to be responsible for periodic review of the toolkit to evaluate possible additions or changes**
- **We recommend that consideration is given to stringently maintaining the quality of the toolkit ensuring changes are evidence based and the provenance of new resources is clear**