

# Evaluating and demonstrating value and impact across health libraries

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Developing people  
for health and  
healthcare

# What is covered in this presentation

- Provide an overview of the work of Knowledge for Health Care Quality and Impact Group
  - Evaluation Framework
  - Value and Impact Toolkit

# Knowledge for Healthcare



**An ambitious vision:**  
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.

# Quality and Impact Working Group

Enhance the quality and demonstrate the value of library and knowledge services

- Assure the quality
- Drive performance and Improvement
- Demonstrate Value and Impact
  - Develop and Implement an Impact outcomes focused Evaluation Framework
  - Generate, collect and promote evidence of value and impact

## Purpose of the Evaluation Framework?

A coherent approach to evaluation impact.

Focuses on the **difference a service wants to, or needs to make**, then works systematically to identify **how you will know you are getting there** and **what you need to do** to make this likely.

The evaluation framework has been developed to **meet the need to assess progress towards achieving the delivery of Health Education England's vision for *Knowledge for Healthcare* and to demonstrate the significant contribution made by library and knowledge services.**

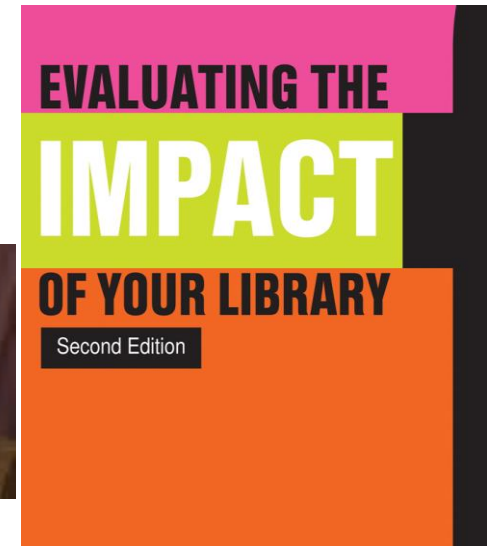
## What will it Achieve?

- The framework will enable the evaluation of library and knowledge services delivery to demonstrate **impact** and inform **service improvement** and performance
- The framework provides an outcomes-based, rather than process-based approach to evaluation.
- The evidence collected will also support **advocacy** and **raising the profile** of library and knowledge services.

# Development and Methodology

The methodology involved three key stages:

- Agreeing the focus by setting impact objectives.
- Identifying the indicators that illustrate what change has occurred.
- Planning evidence collection by identifying the most appropriate impact evidence.



The framework development has been facilitated by Sharon Markless using an evidence based methodology on evaluating the impact of library services which has been tested and adopted across the world.



# Evaluation Framework



## IMPACT OBJECTIVES

## IMPACT INDICATORS

## PROCESSES/ACTIVITIES

### Where We Want to Make an Impact

### How We Will Know a Change has Occurred

### How We Might Demonstrate This

**Organisations are more effective in mobilising evidence and internally generated knowledge**

- Organisations make active use of LKS expertise and value added services in mobilising evidence and organisational knowledge
- Decisions are routinely informed by LKS provided evidence and best practice information
- Tools, techniques and processes are used to capture and share organisational knowledge effectively
- LKS staff are competent to articulate and deliver knowledge management effectively as part of everyday practice

- Work with the executive team and across the organisation to identify needs and priorities
- Implement an Action Plan to make better use of knowledge as an asset with the organisation or across the system
- LKS provide evidence and best practice information to decision makers
- Promote research enquiries; literature searches; synthesis and summaries; horizon scanning and briefings; alerting services to decision makers
- Promote information products and knowledge sharing tools and techniques to develop awareness to decision makers
- Individual librarians and knowledge specialists complete appropriate training and continuing professional development

**Patients, carers and the public are empowered to use information to make health and well-being choices**

- Healthcare staff draw on healthcare LKS expertise to inform the choices of patients and carers
- Public library and third sector information staff draw on healthcare LKS expertise to empower patients, carers and the public
- Healthcare LKS staff are competent in their role and activities related to patient, health and well-being information

- Raise awareness of available training on high quality information sources on health and wellbeing to healthcare staff
- Signpost high quality information sources on health and wellbeing to healthcare staff, public library and third sector
- Establish local networks of health information providers to promote training opportunities and enable sharing of guidance, experience and resources around health and wellbeing information
- Individual librarians and knowledge specialists complete appropriate training and continuing professional development

**Improved consistency and increased productivity and efficiency of Healthcare Library and Knowledge Services**

- Proportion of resources are pooled centrally to deliver healthcare LKS
- Streamlined library and knowledge services and systems

- Pool regional and local budgets for e-resources
- Develop consistent e-resource portfolio through increased national procurement
- Undertake collaborative procurement, with partners
- Centralise and streamline functions at national level to avoid duplication
- Establish and/or contribute to collaborative systems and mechanisms to deliver local library and knowledge services.
- Develop a business case to procure a national library management system
- Develop training and marketing materials nationally for local use
- Establish a collaborative nationwide interlibrary loan and document supply service
- Collaborative systems and mechanisms deliver current awareness and alerting services



# Evaluation Framework



## IMPACT OBJECTIVES

## IMPACT INDICATORS

## PROCESSES/ACTIVITIES

### Where We Want to Make an Impact

### How We Will Know a Change has Occurred

### How We Might Demonstrate This

**Enhanced quality of healthcare library and knowledge services**

**Partnership working is the norm in delivering knowledge to healthcare**

**Increased capability, confidence and capacity of LKS workforce.**

- All healthcare workforce members can freely access library and knowledge services
- LKS meet professional practice, education, development and research information needs
- The healthcare workforce, educators and learners routinely use LKS provided evidence, best practice information, services and resources
- The healthcare workforce, educators and learners, have a positive experience of accessing and using LKS provided evidence, resources and services

- People from partner organisations feel committed to working collaboratively with healthcare LKS to achieve shared goals
- Documents and/or systems mechanisms enabling partnership working are in place and used
- Level of investment in library and knowledge services through working with stakeholders and partners
- Sharing ideas generated by partnership working

- Capacity and structure of LKS workforce meets evolving needs of the organisation
- Paraprofessional staff organise and deliver day to day customer facing services and library operations
- Professional staff have embedded roles in healthcare teams
- The confidence and capability of LKS staff

- Monitor number of organisations with an SLA for LKS
- LKS collaborate to ensure that services, including procurement, meet needs
- Optimise funding locally to ensure the LKS meets local needs
- Targeting and tailoring of services to healthcare staff groups
- LKS staff work with teams across their organisation(s) to identify user needs and priorities
- LKS provide evidence and best practice information to healthcare workforce, educators and learners
- LKS routinely participate in planning and implementation of education and CPD within the organisation
- LKS routinely participate in planning and implementation of research and innovation
- Provide appropriate information literacy training to meet needs
- LKS undertake targeted promotion of resources and services to the healthcare workforce, educators and learners
- A process for continuous service evaluation and performance monitoring, to drive service improvement, is in place
- LKS workforce complete appropriate training and continuing professional development

- Promote the value and benefits of partnership working
- Seek feedback from partners annually
- Regular meetings and other forms of networking take place with key partners
- Joint actions are agreed and implemented
- SLAs, MoUs or some other forms of agreement are in place

- Undertake and analyse a biannual workforce audit
- Clear management and staff structures put in place to optimise delivery of the service
- Paraprofessional staff are supported to extend their role through training and current operational procedures
- Professionally qualified LKS staff deliver the specialist LKS service
- Extend reach and broaden the range of LKS delivery
- Bi-annual Learning Development Needs Analysis is carried out and analysed with input from individuals, managers and LKS leads
- Staff are trained to fulfil the requirements of their evolving roles

# The Framework – Impact Objectives

## IMPACT OBJECTIVES

The objectives are based on where **we want to make an impact**. They identify what we **want to achieve** and will be different if we are successful.

The objectives have been developed around what we can **influence** or **make a significant contribution to**

## IMPACT INDICATORS

The impact indicators will tell us **how** we are progressing and **whether** a change has occurred.

They provide *a statement around which you can **collect evidence** on a regular basis to show a **trend**..*

## PROCESSES AND ACTIVITIES

These show the **significant key activities** that LKS undertake to demonstrate the indicators.

Enhanced quality of healthcare library and knowledge services



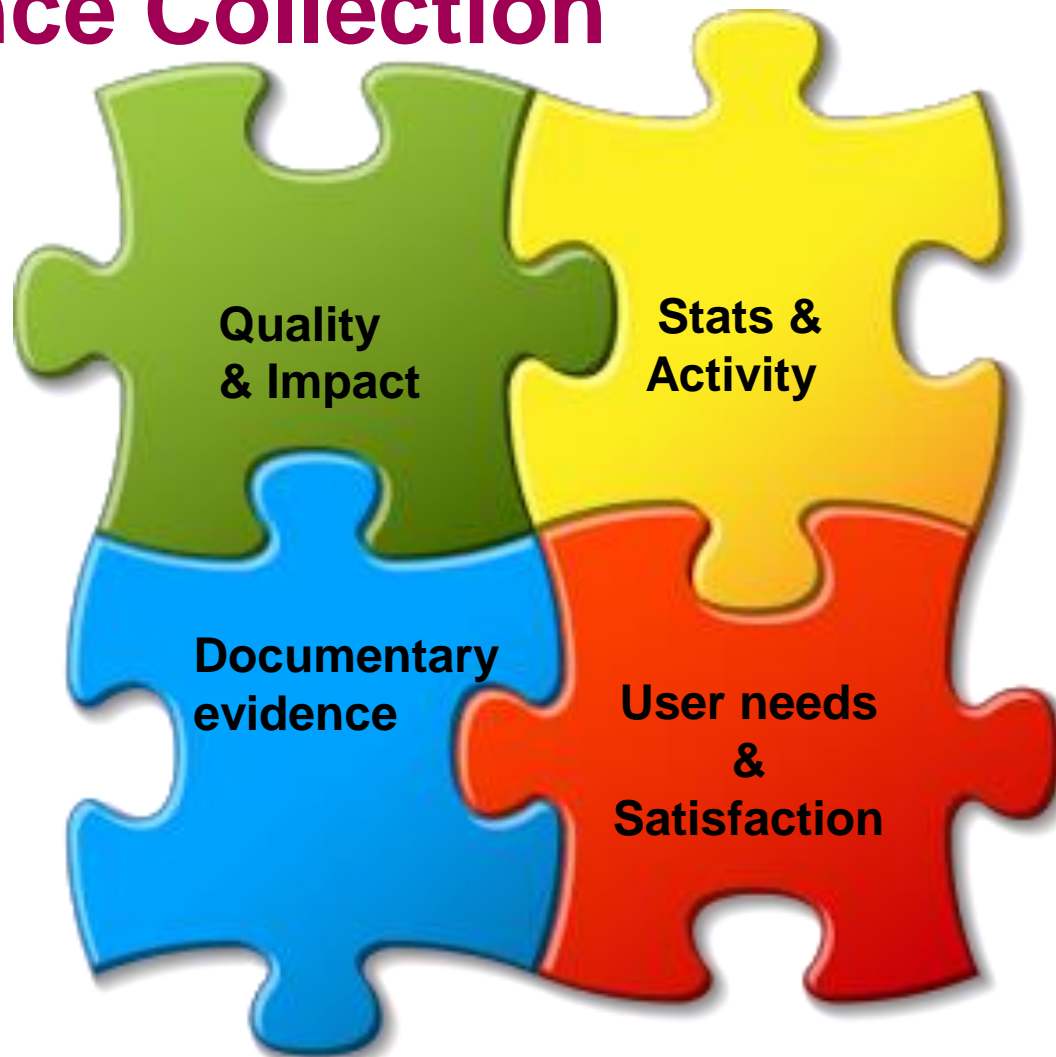
## How We Will Know a Change has Occurred

- All healthcare workforce members can freely access library and knowledge services
- LKS meet professional practice, education, development and research information needs
- The healthcare workforce, educators and learners routinely use LKS provided evidence, best practice information, services and resources
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## How We Might Demonstrate This

- Monitor number of organisations with an SLA for LKS
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# Evidence Collection



# Quality Metrics for Success

- the [Principles for Metrics Report](#) in June 2016. It looks at how LKS have been working with metrics in the NHS and beyond and defines a set of principles for good metrics
- The [Quality metrics template](#) has been created to support the development and sharing of metrics. It provides a structured approach to applying the principles while clearly defining your metric.
- The [metrics bank](#) brings together shared templates as a resource for LKS staff seeking to learn about potential metrics

Does your metric meet the following criteria?

✓	<b>Meaningful</b> - does the metric relate to the goals of the organisation, to the needs of the users and is it re-examined over time for continuing appropriateness? Do other people care about it? Combining two facets can strengthen a metric – for example usage by a particular staff group.
✓	<b>Actionable</b> – is the metric in areas that the LKS can influence? Does it drive a change in behaviour? The reasons for changes to a metric should be investigated not assumed. Beware self-imposed targets – are they meaningful to stakeholders?
✓	<b>Reproducible</b> - the metric is a piece of research so should be clearly defined in advance of use and transparent. It should be able to be replicated over time and constructed with the most robust data available. Collection of data for the metric should not be burdensome to allow repetition when required.
✓	<b>Comparable</b> - the metric can be used to see change in the LKS over time. Be cautious if trying to benchmark externally. The diversity of services must be respected – no one metric fits all.



<http://kfh.libraryservices.nhs.uk/ef-intro/>

Library and Knowledge Services  
Health Education England  
Knowledge for Healthcare

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Patient and Public Information Knowledge Management Value and Impact Toolkit Impact Case Studies Talent Management Toolkit

Evaluation Framework Current Awareness For employers

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## Evaluation Framework

### Knowledge for Healthcare Evaluation Framework



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## Metrics

Good metrics can help you and others understand your service. They can be at the heart of better conversations with the people you work with about how your service makes a difference.

The Metrics task and Finish Group delivered the **Principles for Metrics Report** in June 2016. It looks at how LKS have been working with metrics in the NHS and beyond and defines a set of principles for good metrics (Meaningful / Actionable / Reproducible / Comparable).

The **Quality metrics template** has been created to support the development and sharing of metrics. It provides a structured approach to applying the principles while clearly defining your metric. By sharing your completed metric template others can benefit from your experience (and you may gain inspiration from others).

**Submit your completed metric templates.**

The **metrics bank** brings together shared templates as a resource for LKS staff seeking to learn about potential metrics.

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<http://kfh.libraryservices.nhs.uk/metrics>

## KfH – Value and Impact T&F Group



- Formed in May 2015, this was the first task and finish group for [KfH](#), as part of the Quality & Impact work stream
- Aim of creating a suite of tools to help better understand the value and impact of Library & Knowledge Services (LKS)
- Members of the group reflected the broad spectrum of the NHS services, geographical spread and different job roles
- A reference group of known experts & interested people was created to test thinking



# The Brief

## Original brief

- Refreshing and renewing the existing impact toolkit
- Ensure suitability for use in **identifying non-clinical impacts**

## Broader goal

- Finding a systematic way to capture and record LKS impact for escalation to national LKS Leads
- Managers can use the case studies to share success stories and create business cases

## Metric for success

- Increase in use of the refreshed Impact Toolkit:  
used by **95% of services by 2020**

## How we've achieved the brief

- Development of the Value & Impact Toolkit
- Critical incident technique & use of tools
- National roll-out of data collection
- Submitting and accessing impact case studies

# Planning

- Scoping literature search
- National survey to establish the current position of impact work on a local level; to identify methodologies and tools used; to assess requirements of the new toolkit
- Analysis of fully compliant LQAF submissions relating to impact
- Thorough and meticulous mapping of the outcomes of the above



## What we found – headline results

- 136 services (63%) out of the 215 services identified in KfH responded
- 96% of responding services collect impact information
- 25 fully compliant impact sections of the annual Library & Quality Assurance Framework were collected and analysed
- We determined the need for 3 specific tools – a quick survey, in-depth interview questionnaire and a case study template
- Questions and impacts used in the survey are tried and tested in evidence and cross-referenced with the group remit

# But...

- 96% collect impact data
- 83% locally developed questionnaire
- 64% never used previous toolkit survey
- 23% adapted previous toolkit survey
- **15% never used the data they collected**  
= interest in collecting impact data
- Duplication of effort
- Rigour?
- Inability to compare across libraries or build up evidence base

# Critical Incident Technique

All tools developed to be used with the Critical Incident Technique

Impact of a **single particular incident or interaction** with the LKS e.g. training session, use of study space

Focused, accurate (Urquhart, 2001) less subject to recall bias, tangible

# The Survey

<i>Value and Impact Toolkit</i>	
<i>KfH Impact Tools</i>	Generic Questionnaire
What are you measuring for whom?	Impact Interviews
Definitions	Case Study Templates
Methods	Case Study Submissions
Tools	<i>Some Examples of Our Impact</i>
Metrics	
References and Bibliography	
Demonstrating Impact for LQAF	

- Generic survey
- Creating consistency
- Quick & easy to use
- Can be used as a scoping tool alongside the critical incident technique for more in-depth interviews to 'dig deeper'



# Survey development

- Content and consistency
  - Outcomes from scoping review
  - Post it exercise – core outcomes repeatedly used in literature
  - Format from previous studies (looking for simplicity = 4 questions)
  - Circulated to T&F and reference group (face validity)
  - Pilot on T&F and ref group libraries (10 services)
    - returned
  - Comparison/map to other tools (paper in review)

## Collating the questionnaire

We know different libraries collect the quantitative impact data in different ways (hence different colours of small Gummi bears):

- Through the year (e.g. follow up after every training session, or every literature search)
- Some do an annual survey
- Some follow-up on specific services, or new services
- Some do nothing- they don't have the capacity



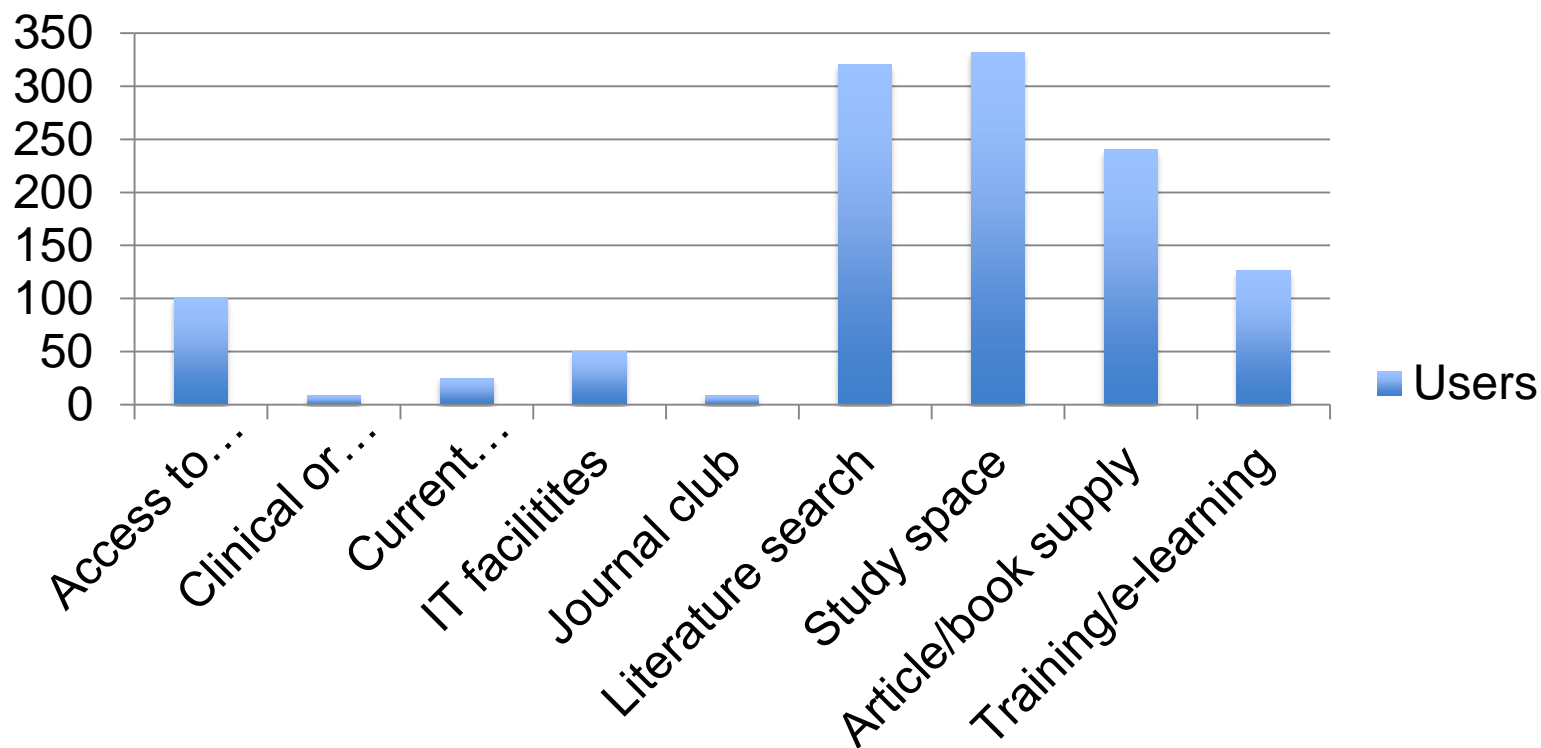
We want consistency to create  
a national perspective  
(Large Gummi bear of impact)

# Early results

- Questionnaire template sent out to 14 libraries + core group members
  - 6 sites provided test data (398 responses, ranging from 3-284)
- Questionnaire been incorporated into wider library survey across South London (8 sites/1000 responses)

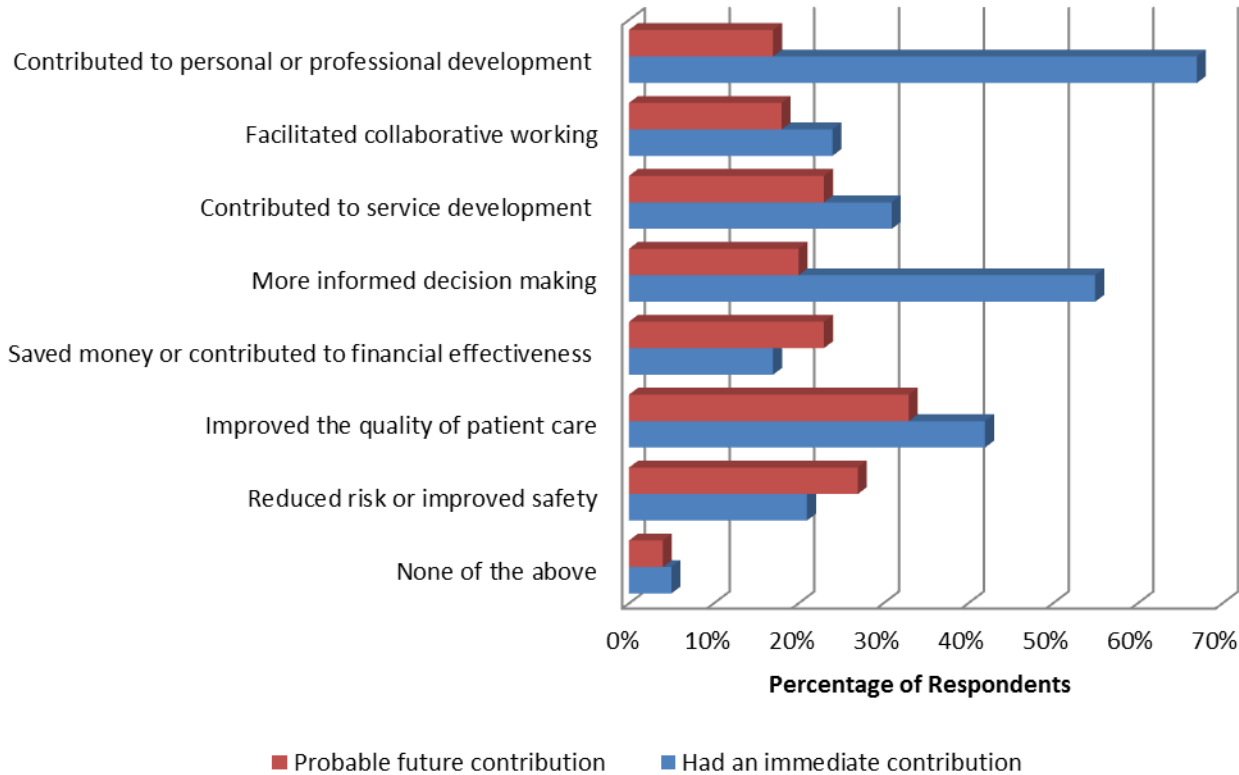
# Service use

Users



### Short questionnaire results - South London survey

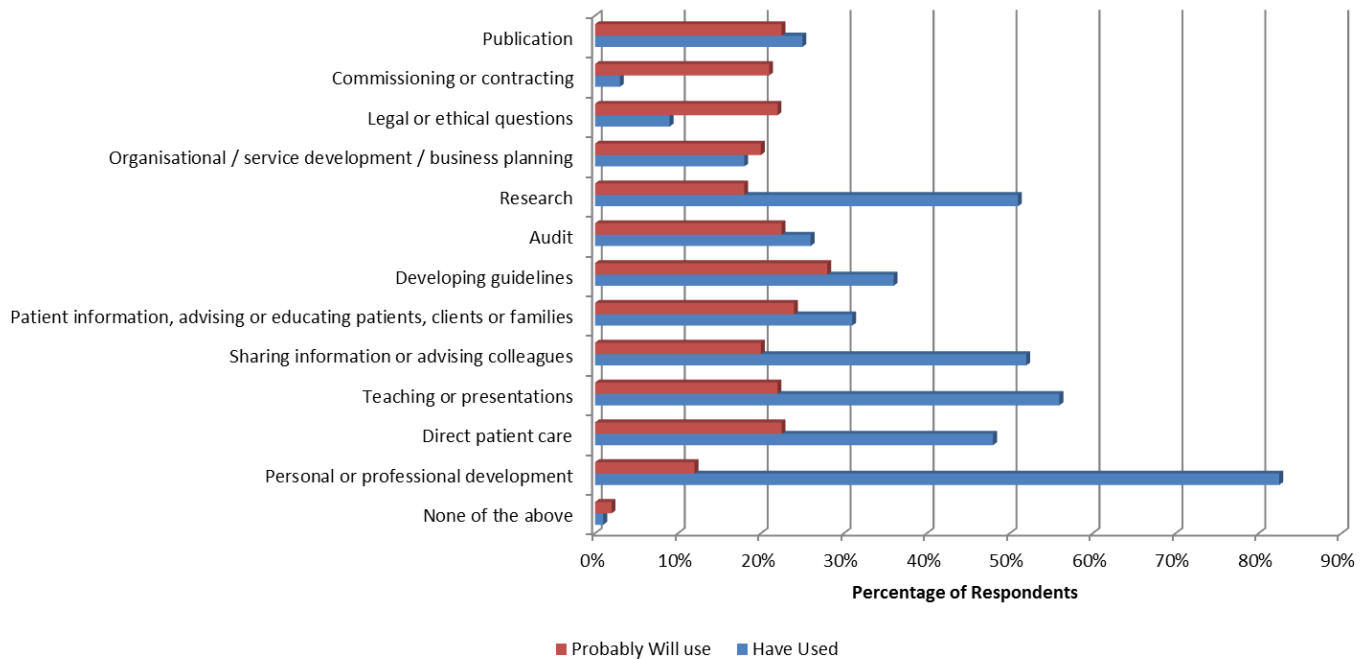
Did your use of library resources or services contribute to any of the following impacts?



- Example of what we hope to achieve
- Impact survey conducted in South London 2016-17
- 1010 respondents
- Focused on the impact of a specific use of service

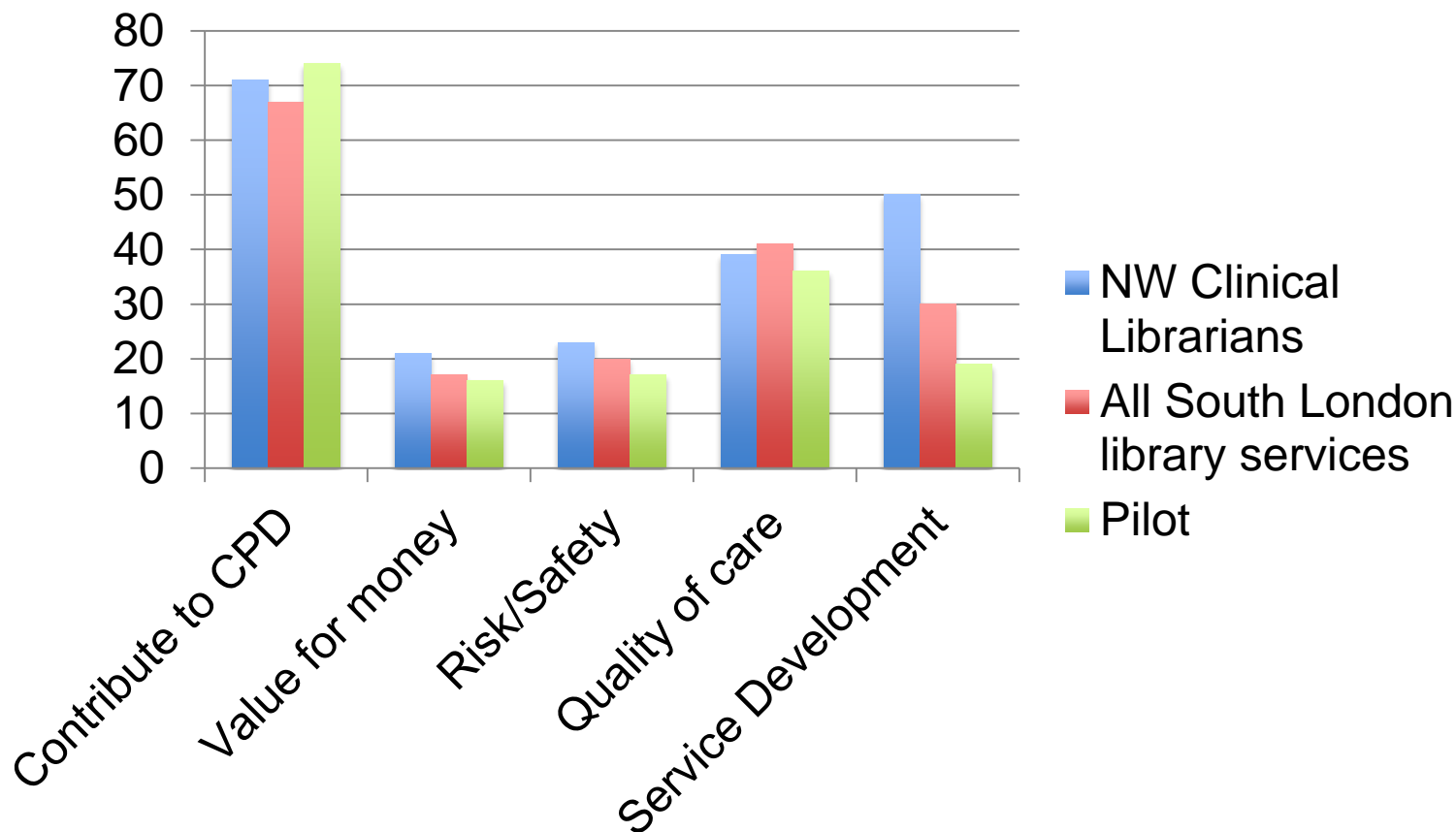
### Short questionnaire results - South London survey

From that single use of Library Services (Literature Search or Evidence Search) how did you use, or might you use the information, knowledge or skills gained? (Tick any that apply)



*Can be used to break down impact of specific interventions / critical incidents and the use of the information / knowledge or skills gained – 320 respondents selected Literature / Evidence Search*

# Building an evidence base





# The in-depth analysis

<i>Value and Impact Toolkit</i>	
<i>KfH Impact Tools</i>	Generic Questionnaire
What are you measuring for whom?	Impact Interviews
Definitions	Case Study Templates
Methods	Case Study Submissions
Tools	<i>Some Examples of Our Impact</i>
Metrics	
References and Bibliography	
Demonstrating Impact for LQAF	

- Impact interview templates
- Case Study templates and guidance
- Can use survey or personal knowledge to identify instances
- Conduct in person, by email or over the phone

# Evidence from interviews

£500,000 saved: clinical librarian crucial to nursing supplies group

*“Yeah, it definitely has contributed ‘cause that’s one of the things that I monitor against the nursing supplies group and many of the things we discuss clinically whether it’s acceptable, and then obviously the cost implications of making that change etcetera.”*  
*(Nurse, Acute University Teaching*

# Case study submissions

Name of organisation

Contact e-mail

Select region

Title of Case Study

Sector

Group impacted

Impact Type(s)  Contributed to personal or professional development  
 Contributed to service development or delivery  
 Facilitated collaborative working  
 Health Information for Patients, Carers and the Public  
 Improved the quality of patient care  
 Mobilising evidence and organisational knowledge  
 More informed decision making  
 Productivity and efficiency  
 Reduced risk or improved safety  
 Saved money or contributed to financial effectiveness

If you feel there is an impact missing please [contact us](#)

I have consent from individuals referred to in this case study to share details nationally for advocacy and promotion  Please tick to confirm

Please upload your case study

Word Verification:

Submissions will be reviewed and selected case studies will be displayed on the blog. Agreed criteria for review are available [here](#).

- Value and Impact Toolkit
- KfH Impact Tools
  - Generic Questionnaire
  - Impact Interviews
  - Case Study Templates
  - Case Study Submissions**
  - Some Examples of Our Impact
- What are you measuring for whom?
- Definitions
- Methods
- Tools
- Metrics
- References and Bibliography
- Demonstrating Impact for LQAF

Anyone can submit a case study and download the full collection of submissions to search

# Case study submissions

The impact types on the case study submission may differ from the questionnaire, as this tool is guided by the current priorities of the LKS Leads.

There are 6 areas of impact deemed high value for targeting messages for high-level champions.

1. Money e.g. procurement, length of stay, standardisation and economies of scale
2. Quality e.g. clinical care, patient experience, decreased litigation and increased patient safety
3. Public health / safe care
4. Efficiency e.g. time saving
5. Workforce and learners e.g. new roles, student experience, revalidation
6. Service improvement e.g. innovation, research, collaboration

# Case study submissions

Review use this framework to evaluate for:

- Addition to database
- Escalation to LKS Leads
- Rejected submissions will receive feedback and suggestions for amendment
- Case studies will also be collected from LQAF submissions

Criteria	Yes	No	Don't Know
<p><b>1) Does the case study capture Impact?</b></p> <p>(If the narrative is largely made up of statements around customer satisfaction, speed of service, or how great and/or friendly the LKS is, the case study belongs elsewhere)</p>			
<p><b>2) Is there sufficient detail about what has been achieved?</b></p> <p>(Is it clear what the Trust, Department, or individual has done as a result of the LKS intervention?)</p>			
<p><b>3) Is there sufficient detail about the role of the LKS in the overall piece of work or process?</b></p> <p>(Is it clear what LKS staff did – for example a literature search, synthesis of evidence, delivery of training etc.)</p>			
<p><b>4) Is there a named “Witness” or “Champion” who can confirm the details contained within the case study?</b></p> <p>(If so is it clear they have given permission to be named, cited and have provided contact details?)</p>			
<p><b>5) Are there details or estimates of financial savings or time saved as a result of the LKS intervention?</b></p>			

# Making the case for health libraries

**Saving of £48,500 to the Trust and improved diabetes care for prisoners nationally**

**Reduction in cost of treating long-term conditions within acute & primary healthcare**

**Reduced length of stay and improved care for in critically ill patients**

 #milliondecisions



## The rest of the toolkit

Case: Impact of University Health Library Service	Stakeholder 1 Library Manager	Stakeholder 2 Nursing Student	Stakeholder 3 Registrar	Stakeholder 4 University Vice Chancellor's Team
Reason for interest	Provide high quality service	Information for final dissertation	Information for MDT on complex case	Is the library providing value for money?
Desired outcome	High quality service	Pass dissertation	Relevant information ASAP	Cost effective library service that contributes to University mission
Possible Measure or Metric	Benchmarking Quality Standards	Final grades	Relevance of information Speed of delivery Difference made to decision on case	Costs ROI
Measured by	NSS LibQual LQAF	Correlation of library use and grades	Survey Interview Output data	Cost analysis Balanced Scorecard ROI

# Methods

Definitions, research and tools of related methodologies can also be accessed on the toolkit:

BENCHMARKING

COST  
EFFECTIVENESS

EFFECTIVENESS

IMPACT

QUALITY  
ASSURANCE

ROI

USER  
SATISFACTION

VALUE



## Questions & comments

What do you think?

<http://kfh.libraryservices.nhs.uk/value-and-impact-toolkit>

We welcome comments and feedback. Please do not hesitate to **contact us**