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What is quality and how can we measure it?

Andrew Booth

Abstract

Pressures to demonstrate the quality of library services are felt by all libraries. Customers are becoming more discriminating and there is an imperative for managers to respond to customer demand. This article begins by piecing together three complementary perspectives that create a semblance of quality. It briefly outlines some of the limitations of each approach before examining recent initiatives to capture library quality. The article concludes by encouraging an evidence-based approach to service quality measurement.

Introduction

Libraries everywhere face increasing pressure to demonstrate the quality of their services. Academic libraries encounter increasing competition, research libraries must further their institution's objectives while maximizing use of resources and workplace health service libraries face no lesser challenge as they strive to secure service level agreements, support professional accreditation and contribute to clinical governance and other quality initiatives.

Meanwhile library customers become more discriminating in demanding quality services. Such services enhance profitability, improve productivity, and contribute to competitive advantage. Managers must supplement consideration of efficiency and economy with "behavioural" values, such as perceived quality, customer satisfaction, perceived value and customer loyalty.

Most information professionals prefer not to merely address "must dos". Where quality goes beyond lip-service and reflects an organisational commitment to progressive change, we find characteristics of the "learning organisation". Working within such an organisation is professionally fulfilling as we identify best practices and learn from one another, continually improving current library practice.

What is quality?

Quality is an elusive concept. Definitions range from the vague (e.g. 'the totality of characteristics of an entity that bear on its ability to satisfy stated and implied need'[1]) to the Martini advert ("doing the right thing, at the right time, in the right way, for the right person - and having the best possible results"[2]). In defining the concept we either let it escape butterfly-like from our grasp or transfix it upon a pin. In either case we lose sight of what really constitutes quality. Alternatively, and equally unsatisfactorily, we seek refuge in the professional's mantra "I know it when I see it".

Imagine that you are trying to capture the essence of a famous statue – perhaps the Venus de Milo – equipped only with a Polaroid camera. To convey the full three-dimensional effect you take a number of still photographs each from a different angle or aspect. The composite image, while bearing little resemblance to the reality, is infinitely preferable to a single two-dimensional view. So it is with the quality of our library services – "the value of library services is clearly a multidimensional construct that will not easily be captured by single or simplistic measures"[3]. In the absence of some universal all-embracing view we piece together a composite from three different but complementary perspectives:

- "top-down" – organisational audit and accreditation where reference standards are determined and then applied to our service.
- "sideways" – peer review and benchmarking where some consensus of acceptable standard or performance is used to locate the relative position of our own service.
- "bottom-up" – customer satisfaction and user feedback where performance of a service is considered against user expectations[4].

Each of the above, though useful, has limitations:

- "top-down" approaches generally fail to take into account local limitations or circumstances. They emphasise structures and processes rather than actual impact (e.g. two libraries may have the same number of staff and books but one could provide an excellent service and the other a substandard one) and focus on documentation ("have we got a written procedure?" rather than "do staff handle this well and consistently?")
- "sideways" approaches focus on what *is* done, not on what *ought* to be done. In an increasingly evidence based culture, libraries cannot argue that their standards are no better or worse than similar services when recourse to some external standard is required. Averaging approaches have the inherent disadvantage that wherever the mean is located there will always be 50% of individuals (or services) who are below average!

- "bottom-up" approaches command considerable emphasis in this era of consumer empowerment. However perceptions of quality are often driven by user expectations, realistic or otherwise, and are not necessarily bounded within the cost envelope in which library managers operate. Neither is it enough to ask users how much they value library services as they may be insufficiently informed about what is available or possible. Cynics claim "keep expectations low and you have fewer disappointed customers". Few would consider this a genuine commitment to quality!

Even if we triangulate our top-down, bottom-up and sideways approaches, and can demonstrate high performance across each set of criteria, this is no guarantee that we are delivering a quality service. Most quality assessment methods neglect "soft attributes" of library services (knowledge, courtesy, friendliness, politeness, empathy, promptness, accuracy, individualized attention, ability to convey trust and confidence[5]).

Librarians also need to understand the difference between the expected and perceived value and quality of their services. Perceived quality is the consumers' judgement about a service's overall excellence or superiority[6]. Service quality compares the desired service and the perceived service[7]. Customer satisfaction, on the other hand, compares the predicted service (the level of service customers believe is likely to occur) and the perceived service. Quality is therefore fundamentally subjective – in the eyes of the beholder.

How can we measure quality?

Librarians have struggled for many years with the challenge of demonstrating the quality of the service they provide[8]. Such evaluations may occur at an individual, service or organisation level. At an individual level staff development review, or performance appraisal, assesses and addresses the performance of a particular member of library staff. At a service level "evaluation" covers everything from informal opinions about whether a service is working well to carefully structured programmes of evaluation. Organisationally, formal evaluation is in the ascendancy as management strategies, such as total quality management (TQM) and continuous quality improvement (CQI), are adopted - strategies that rely on gathering and using data for measuring service quality[9].

The librarian's professional judgement used to be the primary arbiter of service quality. To the observer the competence of the librarian was a surrogate measure for the quality of the service. Two associated trends now challenge this position; increasing demand for accountability and the greater transparency of library skills, embodied in end-user searching and use of the Internet. These trends place a premium on objective approaches, externalized from the service and yet remaining true to a library's service-oriented principles. The following brief summary characterizes some common approaches.

SERVQUAL

Recent years have seen service quality assessment influenced by the SERVQUAL conceptual model which identifies five dimensions consistently ranked by customers as most important for service quality. These dimensions are **tangibles, reliability, responsiveness, assurance and empathy**. Reliability is consistently the most important contributor to service quality, a finding that translates to libraries where SERVQUAL has measured reference, interlibrary loan, and reservation services[10].

SERVQUAL identifies potential gaps between expectations and perceptions, both internal and external, of service delivery. It helps service providers to understand both customer expectations and perceptions of specific services, as well as quality improvements over time. Doing this may lead to further insights such as service elements requiring improvement and training opportunities for staff.

Introduced in 1988, SERVQUAL has been used across a wide range of service industries including health care and banking. It has been used in public, special, and academic libraries.[10] U.S. research libraries have been particularly influenced by this model and recent years have seen its introduction within health libraries. Martin[11] describes use of SERVQUAL by ten NHS library services across Somerset, Devon and Cornwall. The project not only provided an overall picture of the quality of library services but also enabled the ten libraries to measure their own service quality and to benchmark themselves against others.

This customer-based approach counters the "big is beautiful" emphasis of traditional collection-based criteria of quality. The SERVQUAL instrument, modified for library settings, provides an outcome

measure for managers to spotlight service quality. Within the health library community there is an ongoing need to understand which aspects of service quality are most important.

LibQUAL+™

Following the development of the 22-item SERVQUAL instrument concern was expressed that not all issues that it measures are relevant to libraries. A 22-item instrument, LibQUAL+™, was developed from 56 items, identified following interviews with students and academics. This instrument has been shown psychometrically to be reliable and valid. Like SERVQUAL, LibQUAL+™ focuses on users' perceptions and expectations. It includes such dimensions as empathy, place, collections, reliability, and access.[12]

In 2002 the Association of Academic Health Sciences Libraries (AAHSL) in the United States piloted the LibQUAL+™ instrument. 36 libraries in the consortium participated, in a project funded by the National Library of Medicine, identifying 5 unique "health library" questions inadequately covered by the LibQUAL+™ survey. These questions related to "providing health information when and where I need it", "employees teaching me how to access or manage information", an "environment that facilitates group study and problem solving", "access to information resources that support patient care" and "having comprehensive electronic resources"[13].

Quantifiable data obtained from LibQUAL+™, or indeed any validated tool, is not an end in itself. Library staff should discuss user perceptions and expectations, using their experience to interpret service quality data and suggest how perceived shortfalls might be addressed.

Performance indicators

Hewlett describes how performance indicators (PIs) can be used in health libraries to quantify how well a library service is performing[14]. PIs are comparative values, often ratios or percentages, which indicate the quality or level of services and can be used to compare similar services, or the same service across time. PIs extend performance measures which merely show how much has been done.

Benchmarking

Any of the above three methods can be used as the vehicle for benchmarking. Benchmarking compares productivity, quality and practices in your own organisation with a chosen similar organisation. Benchmarking can be:

- **internal**, where agreed good practices may be identified,
- **competitive**, where performance is compared with organisations or services in the same field
- **functional,** where performance of a particular function (say interlibrary loans) is compared across sectors, and
- **generic**, where performance is compared with organisations or services regardless of the field.

Benchmarking requires careful selection of the measures to be used, so that they represent measurements that are central to success or failure of the service. Results are analysed and benchmarking partners identified, thereby facilitating identification of "best practice".

Accreditation

Accreditation has enjoyed popularity within the health sector over many years[15], particularly with the development of the HeLICON accreditation checklist and the accompanying toolkit. Although accreditation is time consuming, sharing the paperwork burden of many quality assurance processes, it carries many benefits[16]. These include the customer focus shared by SERVQUAL and LibQUAL, a heightened profile for the service, motivation and team building for library staff and, above all, the quest for ongoing improvement.

What you can count versus what counts

With users, providers and commissioners becoming increasingly aware of the importance of service quality and approaches to measuring this previously evasive concept become increasingly sophisticated, service quality assessment has been transformed in many health libraries. This move, from measuring what you can count to measuring what counts, parallels the evolution of clinical quality from audit to evidence based practice. Use of standard instruments such as SERVQUAL and LibQUAL, within the health sector and across sectors, are establishing an increasingly important evidence base. Crude idiosyncratic questionnaires for evaluating local library services seem destined for extinction. A remaining challenge is for accreditation toolkits and checklists to move to being based

on evidence-based criteria and not on professional consensus. Approaches to quality from wider health care such as practice guidelines, integrated care pathways and variance of care analysis also hold exciting potential for our services. Of course the challenge for all of us is – how can we invest needed time and energy in initiatives to measure and evaluate service quality without it being at the expense of the quality of the library services themselves!

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NHS Quality Improvement Scotland

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Abstract

NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board on January 1st 2003 with a remit to improve the quality of healthcare in Scotland. It brought together five existing NHS bodies. The increasing complexity of the clinical effectiveness work being undertaken in Scotland, coupled with major government policy changes and initiatives necessitated the creation of such an organisation. The long term work plan of NHS QIS will be detailed in a strategic framework for improving the quality of patient care, to be published in April 2004. Information staff have a key role to play at the centre of the organisation.

Article

NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board on January 1st 2003 with a remit to improve the quality of healthcare in Scotland. This article explores the history and rationale behind its formation and outlines its functions, structure and work programme. It also describes the role of the information scientist within the organisation.

The consideration of issues of quality in healthcare in Scotland first came to prominence in the mid 1980s, and in 1989 the Clinical Resource and Audit Group (CRAG) was created. CRAG became the lead organisation within the Scottish Executive promoting clinical effectiveness in Scotland.

During the late nineties the clinical effectiveness picture became more complex with the expansion of the Scottish Intercollegiate Guidelines Network (SIGN) programme and the creation in 1999 of the Clinical Standards Board for Scotland (CSBS)(1) and in 2000 of the Health Technology Board for Scotland (HTBS)(2). A number of other governmental and professional bodies involved in setting and checking standards, visiting and accrediting services, and monitoring safety were also increasingly influencing the quality of care delivered by NHSScotland. See Table 1 below.

Table 1: Examples of governmental and professional bodies involved in clinical effectiveness

UK wide	Royal Colleges
	Safety and Efficacy of New Interventional Procedures
	Medicines Control Agency
	Medical Devices Agency
England	National Institute for Clinical Excellence
	Commission for Health Improvement
Scotland	Scottish Health Advisory Service
	Scottish Needs Assessment Programme
	Nursing and Midwifery Practice Development Unit
	Scottish Medicines Consortium

As well as an increase in the number of organisations involved in clinical effectiveness issues, various major policy changes and initiatives were introduced during the late nineties that impacted upon quality in healthcare in Scotland. The concept of clinical governance first emerged in the 1997 White Paper 'The new NHS: modern, dependable"(3) and this led on to the 1999 Health Act(4) making it a statutory requirement upon each Health Board to 'put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare which it provides to individuals'. In Scotland the theme was taken up in "Rebuilding our National Health Service"(5) through the Performance Assessment Framework (PAF) and formal annual accountability reviews.

The Bristol Inquiry(6), the setting up of the National Patient Safety Agency, a need to improve the quality of information available to patients and the introduction of Managed Clinical Networks (MCNs) were also key contributing factors to the quality and clinical effectiveness arena.

By 2001 it was becoming clear that a single clinical effectiveness strategy was necessary to connect all the different projects taking place to Scotland's clinical priorities, to allow the development of a

prioritised work programme and to support the NHS Boards in meeting the new requirements laid upon them. “Our National Health: A plan for action; a plan for change”(7) stated that ‘the Chief Medical Officer will work with relevant interests to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in clinical quality’.

In response to this, discussions were held with the key organisations with an interest in clinical quality and with patient representatives and a consultation document on “A Quality and Standards Board for Health in Scotland” produced. It was proposed that five existing organisations CSBS, HTBS, the Scottish Health Advisory Service (SHAS), CRAG and the Nursing and Midwifery Practice Development Unit (NMPDU) be brought together into one new special health board.

Statutory Instrument 2002/534(8) provided for the creation at the start of 2003 of NHS QIS. The instrument defined the role of the new organisation to be ‘(1) supporting, ensuring and monitoring the quality of healthcare provided by the National Health Service in Scotland …, providing quality assurance and accreditation and (2) the evaluation and provision of advice to the National Health Service in Scotland on the clinical and cost-effectiveness of new and existing health technologies including drugs’. “Partnership for Care”(9), published in February of this year conveyed these details to the service in Scotland and the public.

To fulfil its assigned role, it was agreed that NHS QIS would have the following functions:

- developing a national audit strategy
- developing and commissioning/approving clinical effectiveness/audit programmes and projects
- assessing the clinical and cost effectiveness of health interventions, including commenting on the application in Scotland of guidance issued by the National Institute of Clinical Excellence (NICE)
- overseeing the collection, analysis and publication of clinical outcome and performance data
- agreeing key clinical datasets and data definitions
- data aspects of patient safety
- developing clinical and non-clinical standards
- supporting NHSScotland in implementing clinical governance (including supporting staff working on clinical governance and clinical effectiveness)
- facilitating practice development programmes, including developing, reviewing and revising best practice statements
- learning from and disseminating advice relating to adverse events and near misses
- assessing performance of NHSScotland through self-assessment, external peer review, accreditation and inspection
- investigating serious service failures
- responsibility for supporting and monitoring patient and public involvement in NHSScotland, with the new Scottish Health Council being established in April 2004 as part of NHS QIS but with a distinct identity

NHS QIS also acts as secretariat for the Scottish Medicines Consortium and commissions clinical guidelines from the Scottish Intercollegiate Guidelines Network (SIGN).

Extensive consultation took place to determine how to shape the former five organisations into a structure to carry out the functions detailed above and best fulfil the needs of the stakeholders. It was decided that the new organisation should comprise four directorates. These are Guidance and Standards, Performance Assessment and Practice Development, Patient and Public Involvement and Planning and Resource Management. The transition to the new structure is nearing completion. The organisation has more than 100 staff of whom about one third are based in Glasgow and the other two thirds in Edinburgh. The current locations are being considered as part of a Scottish Executive location review.

NHS QIS has been asked to produce a strategic framework for improving the quality of patient care which will be subject to extensive consultation before publication in April 2004. This will detail the long-term work plan. It is clear from looking at the work done by the separate organisations to date, how the different products complement each other. For example in cancer, clinical standards were produced in the areas of specialist palliative care(10), cervical screening(11) and breast cancer screening(12). Review visits to assess performance against these standards are now underway and will be completed during 2003. A health technology assessment(13) advised that a Positron Emission Tomography imaging facility, which can indicate if a tumour is still active, should be set up in Scotland as a national resource. Additionally work has been carried out to develop a framework relating to the

nursing care of people with cancer. Clinical outcome indicators were published for lung cancer in Scotland(14), and work was carried out in partnership with NICE to provide consistent guidance to NHSScotland on the clinical and cost effectiveness of nine cancer treatments (www.nhshealthquality.org).

The activities associated with information, libraries and knowledge management have been grouped together and placed within a strategic planning unit, Planning and Quality Management, within the Directorate of Planning and Resource Management. In this central position, the information, libraries and knowledge management function can provide information support to all directorates, ensuring that products are evidence-based and that up-to-date quality information is provided to all who require it.

When an area of work is proposed to the organisation, information team staff normally undertake comprehensive searches to determine the existing evidence on that topic, hence allowing decisions to be made on the most appropriate manner in which to proceed with the work. Databases covering secondary research such as health technology assessments and systematic reviews are searched, as well as the web-sites of evidence-based centres and key evidence-based publications. The current situation in Scotland with regard to the particular topic is established and information regarding any ongoing research gathered. Searches of the economic literature are also carried out at this stage. During the course of projects, search strategies are developed in conjunction with the project team and extensive systematic literature searches are carried out as well as smaller ad hoc searches looking for specific information. Information team staff are also responsible for the coding, storage, and management of evidence related documentation, for which extensive use is made of Reference Manager™ bibliographic software, and for ensuring that finished products are correctly referenced.

The majority of literature searching taking place within the organisation is undertaken by information team staff, however it is important that other members of staff can make use of the information resources available to them for day to day queries and keeping up to date professionally. With this in mind, the information staff deliver information skills training and encourage all staff to use the NHSScotland e-library. Training is provided in searching particular resources such as Medline or the Cochrane Library, using Reference Manager™, current awareness, introducing the e-library and in other areas as required. A small library for use by all staff is maintained and a number of specialised journals are purchased and circulated round the organisation.

It is hoped in the future to consider the provision of current awareness to the organisation as a whole and investigate methods to effectively deliver this information. Other possible developments include contributing to an NHS QIS intranet and perhaps working on projects to facilitate the handling of information within the organisation in conjunction with the IT unit.

This introduction should serve to show how NHS QIS came into existence and how it stands currently. It is a very young organisation however, and it is likely to develop and evolve as it matures and responds to the needs of NHSScotland. Working in partnership with healthcare professionals and the public will be a key feature of the organisation in its development as it strives to improve the quality of healthcare in Scotland. Effective use of information will make an important contribution to its goal of improving patient care and hence the role of the information scientist is a challenging but exciting one.

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Quality Improvement within an NHS Library

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Abstract

This article explains how one particular health library in Aberdeen, Scotland has successfully addressed the issue of 'Quality Improvement'. Background information to the organisation and associated project is provided along with details of Charter Mark itself and the process which the library was involved in. Benefits to the organisation are then discussed, recognitions mentioned and then finally details of where to obtain further information. Should you have any queries regarding the content of this article, please do not hesitate to contact the library directly as we are happy to assist interested parties in any way possible.

Introduction

In an era where expectations of organisations are potentially at their highest, the need to improve service quality is fast becoming a major organisational objective. Also, with organisations now accountable to more so than ever before, conventional approaches to quality control are often implemented throughout whole business structures in order to improve sustainability. The National Health Service (NHS) is no exception.

An imminent example is the merger of three local organisations: Grampian University Hospitals Trust, Grampian Primary Care NHS Trust and Grampian Health Board into NHS Grampian in April 2004. Although highly beneficial in the long-term, from experience, a re-structuring process can often create challenges for certain departments or services within an organisation. On the other hand, change can often bring with it, opportunities which otherwise might have been overlooked. This being the scenario for the Library and Information Service for Primary Care and Mental Health in Grampian, Royal Cornhill Hospital in Aberdeen.

The Library and Information Service is a well established and integral part of Grampian Primary Care NHS Trust. As the Library staff have been committed to the provision of a high quality user service for many years, the Library is highly regarded by many within the organisation. However, in the light of forthcoming changes mentioned above and to support the Library Services Manager's dynamic vision for the Library, formal accreditation was desired. Hence, the reason why the Library applied for the coveted Charter Mark award. In 2002, the Library was proud to be named as one of the eighty-three successful Scottish achievers.

About Charter Mark

"Charter Mark is a major part of the Government's drive to modernise public services. It is unique amongst quality schemes because your organisation is judged on its results – the service the customer actually receives. It shows that you put customers first. It demonstrates to people – both your customers and people in other organisations – just how high standards in the public service can be."
(Cabinet Office, 2003)

More importantly, due to this scheme being a powerful 'quality improvement tool', it has widespread public recognition, which inevitably, enhances the profile of holder organisations. Locally, this achievement builds on Grampian Primary Care Community Hospitals' Charter Mark success in 2000.

To gain this prestigious award, the Library had to demonstrate (by providing evidence) that they met the following ten criteria:

1. Set standards
2. Be open and provide full information
3. Consult & involve
4. Encourage access & the promotion of choice
5. Treat all fairly
6. Putting things right when they go wrong
7. Use resources effectively
8. Innovate & improve
9. Work with other providers
10. Provide user satisfaction

By following the Charter Mark principles the Library aims to always put their users first, focusing on what they want and how that can be delivered effectively through innovative solutions. Plus, by

displaying the Charter Mark, as a symbol of excellence, the Library will demonstrate to themselves and its users the high standards of service that can be expected.

Benefits of Charter Mark

Preparations for Charter Mark began in Autumn 2001 when Library staff attended associated seminars and workshops in Glasgow. Since then, staff commenced with the meticulous preparation required for the application as well as performing their everyday duties and responsibilities.

As well as improving staff morale, achievement of this standard is beneficial for the both the Library and the organisation in numerous other ways including:

Increasing customer focus
Improving consultation with users
Developing better internal processes
Developing more effective service delivery
Improving complaints handling
Delivering more cost effective services

Isla Imrie, Library Services Manager, said,

"The team have worked incredibly hard and showed a true commitment to improve the service we provide. Their dedication to this project has been second to none which is reflected in the achievement of the Charter Mark award."

Organisational Recognition & Beyond

Not only has the Library received recognition for their achievement within NHS Grampian from Jim Royan, Chairman and Kinley McDonald, General Manager, Directorate of Health Informatics but from local and national bodies too including:

- Frank Doran, MP Aberdeen Central Constituency Office, House of Commons
- Lewis Macdonald, MSP Aberdeen Central, The Scottish Parliament
- Andy Kerr, MSP Minister for Finance & Public Services, Scottish Executive
- Tony Blair, MP Prime Minister, United Kingdom

These notable acknowledgements, therefore, validate why the Library perceives this achievement with so high significance and regard.

Additional Information

Should you require any further information on other Scottish Charter Mark winners, please visit: http://www.openscotland.gov.uk/. Similarly, up-to-date information about the newly revised Charter Mark scheme can be found on the official website: http://www.chartermark.gov.uk/.

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Library Profile: Dementia Services Development Centre Library & Information Service

Eileen Richardson

In1989 Mary Marshall founded the Dementia Services Development Centre to improve and extend services to people with dementia and their carers. The centre was then, and still is part of the Applied Social Sciences Department at the University of Stirling. Professor Marshall is still the Director of the centre, which has grown in reputation and prominence, and is now housed in purpose-built accommodation, on campus at Stirling. Back in 1989 the library consisted of Professor Marshall's own books and papers, and has grown over the intervening years into a collection of some 15,000 items on the specialist subject of dementia care. Averil Harrison was the librarian who built this collection, and developed the service from its earliest beginnings. I took over early in 2002, when the centre was poised to move into a brand new building.

The new building has been named after Iris Murdoch, who had Alzheimer's disease, and it was officially opened in April 2003 by Dame Judi Dench, who played Iris Murdoch in the film *Iris.* The building serves as a design exemplar for dementia-friendly public buildings, with many features which designers and architects need to consider when designing for people with dementia, both for public buildings and specialist accommodation. The use of colour, contrasts, signage and clarity of purpose are important themes. The building has a training suite with full conference facilities for up to 150 delegates, a gallery displaying works of art from numerous arts projects for people with dementia, the open plan office which houses the library, a courtyard garden, and a suite of self-catering accommodation for visiting academics and researchers, often from overseas. Open days are held frequently, with a talk by Professor Marshall, tours of the building and garden, refreshments, and an opportunity to visit the library. The next open day is on 16 January. Contact the centre for details.

DSDC services

The centre's customers are healthcare and social work professionals, planners, managers, researchers and students. Personal carers are also frequent visitors, although we often refer them to Alzheimer Scotland - Action on Dementia, who offer more practical advice and information on local services. The centre's services include training, research, consultancy, and a range of publications for sale, as well as the library and information service.

The Library

The library had outgrown its old accommodation to the extent that climbing on top of desks and using stepladders to reach the top shelves was common practice. These inconveniences were outweighed by the views from every window - how many campuses can boast of hills, woods, a loch and a castle, plus wildlife? My first few weeks were spent, when not climbing on furniture or distracted by the view, on planning the new library. It was to be placed in the centre of a large, open-plan office space, its purpose should be obvious, colour scheme and shelving height had to fall within certain parameters, but otherwise I had a great deal of freedom with layout and choice of furniture.

Being in an open plan space also allows some flexibility and room for expansion. We allowed for a growth in stock of 30% before we would have to stock edit just to make space. Stock editing does take place, but more from the point of view of the age and relevance of the item, and most of these are archived rather than thrown out. This is a growing subject area, and the volume of printed material is on the increase, so collection development is high on our agenda. Generally we buy single copies,

but increasingly we are buying several copies of standard texts to support courses run by DSDC and Stirling University.

We moved in less than two years ago and already the library has changed shape several times, and is about to do so again. This time the rearrangement will be to give us more control over access to the library by reducing access points to a single one.

LIS

We welcome visitors to the library, but since it is quite small, located in an open-plan office, and not staffed full-time (I work full-time, with one part-time assistant), it cannot accommodate large numbers of visitors at one time. We operate an appointments system to ensure that library users have space to browse and study, and that help is on hand at all times.

The enquiry service offers database searches on topics related to people with dementia and their carers. The database operates as the library's catalogue, as far as finding books and journals is concerned, but in addition to that, each item has a descriptive summary, and relevant journal articles are catalogued individually. This level of cataloguing has made it possible to develop the current awareness service which we are launching at the present time. The main content of this monthly email service will be recent library acquisitions of books, reports and journal articles on dementia care topics. In addition, it will include a digest of recent news items from daily newspapers, a training and events calendar, and a hot topic section which will feature web links, articles and library resources on some of the burning issues which concern those working in this field. For a sample copy please contact me at the email address below.

The enquiry service, and we anticipate the current awareness service will also, lead on to requests for document delivery. We can provide photocopies of journal articles if we hold the original journal, and we offer this service independently to our own customers, as a provider library member of the SHINE network, and within our own network of UK Dementia Services Development Centres (of 13 in the UK and Ireland, we are the only Scottish centre, and the largest information provider).

My hope for the future is to extend the library and information service to a potential worldwide market. We already have many contacts overseas, and with plans in the pipeline to overhaul our website we would have an opportunity to reach a wider audience.

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Web Resources – Freedom of Information: a librarian's quick guide

Sandra Wilson

What is the purpose of the Freedom on Information Act and when does it come into force?

The Freedom of Information Act was introduced by the Scottish Parliament to ensure that people have the right to access information held by Scottish public authorities, including NHS Scotland. The Act ensures that, subject to certain exemptions such as protection of personal data, commercial confidentiality or national security, any person can receive information that they request from a public authority. It comes into force in 2005.

Overview

The Scottish Executive Freedom of Information webpage
http://www.Scotland.gov.uk/government/foi/foioverview.pdf

The Legislation

The Freedom of Information (Scotland) Act 2002
http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2002/20020013.htm

FAQS
http://www.scotland.gov.uk/government/foi/faqs.pdf

TIMETABLE FOR IMPLEMENTATION OF ACT
http://www.scotland.gov.uk/government/foi/reportprogressfoi.pdf
Public Authorites listed in Parts 4(The National Health Service) and 5 (Educational Institutions) of Schedule 1 of the Freedom of Information (Scotland) Act 2002 to submit publication schemes for approval by the Scottish Information Commissioner by 31/5/04 and these to be approved by 01/9/04

SCOTTISH INFORMATION COMMISSIONER
http://www.itspublicknowledge.info/
Kevin Dunion, former CEO of Friends of the Earth Scotland appointed 24/2/03
The role of the SIC is to promote and enforce the Freedom of Information Act to make sure government bodies release public information you are entitled to see. Subscibe to this site to keep up to date with events and for contact details of the Commissioner based in St Andrews.

THE UK INFORMATION COMMISSIONER
http://www.dataprotection.gov.uk/dpr/foi.nsf
The legal powers of the SIC do not include personal information on private individuals - that comes under the Data Protection Act which is overseen by the UK Information Commissioner

THE DATA PROTECTION ACT 1998
http://www.dataprotection.gov.uk/dpr/dpdoc.nsf

THE SCOTTISH CAMPAIGN FOR FREEDOM OF INFORMATION
http://www.cfoi.org.uk/scotland.html

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Catriona Denoon

Evidence-Based Librarianship : Pooling our Knowledge
Wednesday 24 September 2003
King's Fund, London

This course took place on a sunny day at the King's Fund Centre in London. On checking the list of names in the conference pack I saw that out of the 71 delegates present, most of whom worked in health libraries, I seemed to be the only person who was based in Scotland. I was lucky that on this occasion my employers had agreed to pay my expenses, since many staff in Scotland seem to miss the opportunity to attend courses held south of the border.

The two stated aims of the day were:

- To provide an update on current thinking in evidence-based librarianship; and
- To showcase the UK contribution to the second Evidence-Based Librarianship Conference in Edmonton Alberta in June 2003. Presentations were made by each of the UK speakers who attended that conference. Details of these and other presentations from Edmonton are hosted on the conference website at www.eblib.net. The London conference presentations are to be hosted on it soon. The site also contains the presentations from the first EBL conference held in Sheffield in 2001.

In the first talk of the day Andrew Booth quoted from the Research policy statement of the Medical Library Association : "The key to evidence based information practice is the ongoing development and application of health information science research." … "Individual health sciences librarians must apply the results of research routinely to library and information service practice, to the development of information policy, and to other information issues important to health care institutions". He then pointed out that out of 362,540 trials in the current edition of the Cochrane Library, only 8 trials are on librarianship or information science. He emphasised the importance for the future of the information professions that a solid evidence base be produced by the profession to guide future developments.

He then acknowledged that most librarians do not have the opportunity during their working day to acquire, develop and practice their skills, but have to make time during lunchtimes, after work or during weekends. He spoke about his role in running CPD programmes for librarians, culminating in the pilot FOLIO distance learning programme which was run for the National Electronic Library for Health (NeLH) in the early part of 2003. There were 3 courses – "Project management", "Evaluating your service" and "Evidence-based librarianship". Over 500 librarians participated worldwide, including several from libraries in Scotland. Following the success of this programme, plans are being made for more – though they are likely to last for 6-8 weeks rather than the rather frantic 3 week-long courses held this year.

Lunch followed, in the splendid Kings Fund dining room. The doctors and researchers found their peace disrupted by over 70 librarians, made skittish by the prospect of a free lunch.

The first talk of the afternoon was a very interesting presentation from Carol Lefebvre, Information Specialist at the Cochrane Library. She told us that the UK Cochrane Centre is currently hand-searching the information science literature and incorporating reports to relevant studies in the Cochrane Methodology Register (part of the Cochrane Library). This is being done with a view to improving access to methodological research in the field of information science.

She gave examples of evidence-based information science within the Collaboration, and these included an analysis of the overlap between different bibliographic databases; and a comparison between the methods of retrieving qualitative research evidence from electronic bibliographic databases, from fulltext electronic journals, and cover-to-cover hand searching of print journals. One result which stood out for me was a comparison in one study between handsearching and database searching for RCTs – out of 34 eligible studies which had previously been identified, 92-100% were retrieved by handsearching, while only 42-80% were retrieved by bibliographic database searching.

Carol said that a new Cochrane Group was being considered - the Cochrane Information Retrieval Methods Group – which would focus on the methodology of information retrieval. She drew attention

to the work being done by the Cochrane Methods Groups and the Cochrane Database of Methodology Reviews (part of the Cochrane Library). She also spoke about the Campbell Collaboration, sister organisation to Cochrane, which concentrates on social, educational and educational subjects. It can be found at www.campbellcollaboration.org.

Carol Blackhall presented preliminary results of a survey to measure use and knowledge of the Cochrane Library among staff in a clinical department of St George's NHS Trust in London. The questionnaire measured awareness of the service, levels of use, and perceptions of its user friendliness. Preliminary results indicated that staff do not use the Cochrane Library regularly, and that overall use of the service is low. However those who have used it have said that the reviews they found were of high quality. One memorable statistic quoted was that 50% of staff questioned in this department said they had never heard of the Cochrane Library.

Alison Brettle presented details of her recent systematic review on the effectiveness of information skills training (which can also be found in the EBL supplement to the June 2003 issue of *Health Information and Libraries Journal*). She said that while users value training in information skills, there is very little evidence available to evaluate the quality of training. Her study aims to investigate measures to evaluate the effectiveness of training with a view to developing and validating a measure which is simple and easy for information professionals to use. This is a very interesting area of work which, as the speaker confirmed, has many complex issues arising from it.

I found the concluding talk both inspiring and frustrating. Andrew Booth and Anne Brice spoke about how we as a profession should take forward evidence based practice, and begin to build an evidence base for information work. They highlighted the support available from CILIP and HLG (no mention was made of developments in Scotland), and the future plans for the FOLIO courses. However the difficulty of getting funding for projects was clearly a major issue – even the FOLIO courses had been run on a shoestring.

The hints provided for us on how we should make time for research - doing literature searches during our lunch breaks, slipping our own ILL requests unnoticed into the pile of doctors' requests in our libraries, and subscribing to professional journals out of our own pockets - were a true reflection of the constraints of time and budget under which most of us operate. However after a day which had provided such a positive vision for librarianship as a dynamic and research-based profession, it seemed a shame to end with a reminder that librarians have a very low profile, and that funding opportunities are very rare.

However this was a rare downbeat note in a day which had provided much inspiration and food for thought. A list of references arising from the day is below:

Further reading

1. Evidence-based health information practice : a supplement of *Health Information and Libraries Journal* 20(1) June 2003
2. Booth, A and Brice, A ed. (2003) *Evidence-based practice for information professionals: a handbook* Facet £39.95
1856044718
3. Cochrane Library, available via the "Databases" link on the NHS Scotland eLibrary, www.elib.scot.nhs.uk
4. Campbell Collaboration, www.campbellcollaboration.org
5. Evidence Based Librarianship website, www.eblib.net
6. EBL discussion group, evidence-based-libraries@jiscmail.ac.uk

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Report from the SHINE facilitated meeting, Glasgow 18th November.

Abstract

This report describes two viewpoints from one meeting, the SHINE Regional Meeting in Glasgow on 18th November 2003. These reports provide an insight into the discussions that took place as well as the authors own views. These will strike a chord with those that were at the Regional Meetings as well as inform the members who were unable to attend.

Malcolm Dobson

Rhona Arthur from SLIC (& CILIPS) kicked off the meeting with an explanation of what SLIC's role is – briefly, to work at an organisational level and to lobby government, contrasted with CILIP, which works more at a personal level, and NES, working inside government, at an organisational level and a personal level. However, as SLIC is also looking at developing e-learning for librarians, the organisational v. personal division is not perhaps quite so sharp as presented.

Gillian Strachan, the consultant who was facilitating the discussions on SHINEs future, explained the format of the day and what was intended to come out of the discussions. Concrete answers weren't expected at this stage; she would take the results of the discussions from all the meetings and prepare a report for the SHINE committee; they would then discuss this, with others involved, and come up with recommendations.

The first stage looked at what SHINE did and what was important to us – first individually and then group discussion, rating them on a scale of 1 (lowest rating) to 5 (highest). This proved rather difficult, as most of us gave most of the activities 5, or at the least 4. Gillian, in summing up this session, was a bit more ruthless and forced us to rate some at 3, but I think that was the lowest we were prepared to go! We then looked at what other organisations were involved in or related to what SHINE does – a very long list – and where they overlapped with SHINE, what gaps in provision there were, and which SHINE could / should work more closely with.

In the final session we came up with ideas for the continuation of SHINE and how it could develop in the future, ranging from specific activities to more general. We also discussed, briefly, the voting system, if any changes were necessary and if so, what (the group I was in, ironically, ran out of time). The general view was that there was no need for change – not a view I would necessarily concur with, obviously!

The discussions in the group I was part of were all very positive – as were those in the other groups. There can be no doubt that everybody values SHINE and believes it still has a role, despite the number of organisations covering the same area. Possibly the major plus point is that SHINE is inclusive – possibly no other organisation covers everyone in the same way – and independent. I think there was a strong desire to keep it that way.

The meeting was very well attended, which shows how important we all think SHINE is, and that we are interested in its future and continuance. The fact that we managed to keep awake and (reasonably) alert after an excellent lunch and in increasingly hot and stuffy room also attests to our commitment!

Ron Carrick

As someone who has used SHINE services for some time, but never really got involved in its workings, I was curious to see what revelations might be forthcoming. In particular I thought "the political, economic, technological and legal factors that impact on the organisation" could throw up some intriguing comments, given recent events and tensions.

Once everything seemed to be in order (everyone had found the coffee and biscuits) Rhona Arthur of SLIC (Scottish Library and Information Council) explained that traffic problems had delayed our Chair, Margaret Forrest, and that she herself had spent a fair part of the morning "parked in the middle lane of the M8".

Rhona filled in like a true pro, giving an overview of SLIC's activities in relation to the health sector. She explained that SLIC was cross-sectoral like SHINE, but broader in its scope, and that it was distinguished from CILIPS (Chartered Institute of Library and Information Professionals in Scotland) in having organisational rather than individual membership. She described the partnership with NES (NHS Education Scotland), which she said was "going through a huge developmental curve at the moment". I think that rang bells all round the room, along with her reference to "initiative overload" and the lack of a golden pot of central funding for development plans. Rhona stressed the importance of change management in all sectors, but more so in health than any others.

I thought I detected an emerging food theme when she summed this up by saying "you can't eat an elephant in one bite, and it's a huge elephant you guys have got". She followed up by telling us about SLIC's information handling skills course, which contains 23 generic learning objects, or "bites". And it was still over an hour and a half till lunch.

Rhona also talked about training needs analysis and continuing professional development, saying that CILIPS was looking at its framework for qualifications, and that SLIC wants to fit in with this.

At this point Margaret arrived, looking cool and unflustered as usual, not blaming the M8 carpark but saying it was all Scotrail's fault. She expressed her satisfaction at the turnout of more than 40 delegates, adding that overall the regional meetings had attracted more than 50% of SHINE members.

It was time for the main event, and Margaret introduced Gillian Strachan, our facilitator for the day. Gillian does have previous NHS experience, which may partly explain why she is now into facilitating.

Gillian outlined the objectives of our sessions: to consider SHINE's aims and purpose; which of its functions/services are most/least valued; the relationship between SHINE and other organisations providing services/support to health libraries and their staff, looking at any gaps, overlap, alignments; the strengths and weaknesses of SHINE and opportunities and threats it faces; and recommendations for future work of SHINE and its voting system

We all had our own formulations for what we considered SHINE's main purpose, but were all on the same broad track. (Mine was a forum or network for co-operation between health library services and librarians.)

It was interesting that we varied in the order in which we listed SHINE's functions and services. I had first encountered the organisation as a library assistant in 1996 when it was known as ASHSL, so top of my list was interlibrary article requests. But again we all got most of SHINE's other activities somewhere on our lists - CPD & training, meetings to discuss issues of common interest, Interim newsletter, website, union list (directory), LIS-SHINE discussion list.

We had lively group discussions, with health and higher education representatives' perspectives, and were still talking when Gillian told to finish. I wondered if an old national stereotype was being confirmed when I saw that two of the characteristics of SHINE given were "value for money" and "Scottish". I was momentarily puzzled by mention of some Swedish bloke called Sven, until it was explained that it was actually SPHEN, a public health sub-group I had never heard of until now. One group came up with the snappy "roots from below and growth upwards" (I think I know what they meant).

We were doing so well that Gillian reduced our lunch hour by a half, and people were dragged back to their places clutching sticky buns.

Whether this rapid consumption of food was the cause, or a failure of the air conditioning system, the temperature in the room increased alarmingly after lunch. It was like *Ice Cold in Alex*, with the water and orange juice having run out, and people using their agendas as fans. The writing on the flipcharts started to slope down from left to right then petered out. The SHINE committee members were sent out in search of an oasis, and returned looking very cool and refreshed...I don't recall anything much after that, so what follows may have a hallucinogenic quality...

We did a good old-fashioned SWOT analysis of SHINE. Strengths – inclusive; members' commitment; independent, local and relevant. Weaknesses – solos' voice drowned out by bigger institutions, lack of clout/influence (flip side of local?), slow decision making, low members income contributing to lack of clout, reliance on members' commitment and the possibility of burn-out.

Opportunities – higher profile of libraries in NHS nationally, clinical governance, broker between other organisations providing services (suggestion that training could be “franchised”, so that courses at present only provided down south could be brought here), union list of books, patient involvement, increase membership in public and further education libraries (would generate more subscriptions, but accepted that these libraries would be net users of resources, and their librarians might have too many commitments to other sectoral groups to devote time to SHINE activity)

Threats – being subsumed by other, more powerful organisations, drop in funding if membership fell, a national library service, pressure on office-bearers and active members.

The thorny issue of voting was raised by a gentleman to my left (physically, if not politically). Under the present voting system, the dilemma is that by paying the same membership fee as a solo service, a large library can have up to six voting members. But if you allowed each institution only one vote, you would give small organisations the same influence as those with far bigger user bases and staffing. Various solutions were suggested, but none seemed entirely acceptable to everyone. One ingenious compromise was to give each institution two votes regardless of size, but to allow votes to individual members to reflect the greater staff numbers in some institutions.

Overall I judge these kind of events on the quality of the catering (excellent), does it finish on time (yes), sense of humour of speakers/facilitators (yes), ambient temperature, zzzzz.....what!?

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Hazel Williams Bursary 2004

Hazel Williamson was a leading member of ASHSL (SHINE's previous name) and was the Union List Editor for many years. She worked extensively in health libraries latterly at Glasgow Royal infirmary and then Edinburgh Royal Infirmary where she set up a brand new library within the old hospital.

Following her untimely death in 1998 the SHINE committee decided to award an annual bursary in her memory. This was to fund a SHINE member to attend a CPD event of their choice, which they might otherwise be unable to go to. The bursary is awarded each year at the AGM and covers all or part of the course fees, travel and accommodation costs. In return the bursary winner agrees to write an article for Interim about the course/conference and what they have gained from it.

If you wish to apply to the Hazel Williamson Bursary please fill in the application form, including all details of the course/conference that you wish to attend and return it to Michelle Kirkwood before the 12th March 2004. The SHINE committee will then convene a judging panel and the winner will be informed.

Previous Winners: -

Catriona Denoon, Greater Glasgow Primary Care Trust
- ICML London, 2000

Lynn Easton, Argyll and Clyde Health Board
-1st Evidence Based Librarianship Conference, Sheffield, 2001

Shelia Fisken, Edinburgh Royal Infirmary
- - Health Libraries Group Conference, Edinburgh, 2002

Alison Bogle, Health Management Library, Edinburgh
- - Netskills Internet Training Course, University of Newcastle, 2003

Applications available from Michelle Kirkwood (call 0141 211 1239 or email Interimeditor@hotmail.com) or online via the SHINE website www.shinelib.org.uk.

STUDENT PLACEMENT WITHIN A HEALTH CARE LIBRARY

£50 Prize

The competition will be in the form of a reflective report of between 1000-1500 words on student placement within a health library as part of an Information & Library Studies/Information Management Course.

The winning entry will be published within Interim, the winner will be announced with the prize at the SHINE 2004 AGM. Travel expenses to the AGM will be provided (within reason).

Submission should be made by email or post by 29th February 2004 to:

Interim Editor
Student Placement Competition
Michelle Kirkwood
NGT Library and eLearning Service
10 Alexandra Parade
Glasgow
G31 2ER
interimeditor@hotmail.com

This competition is being held jointly by Interim and the SHINE Publications Group, the winner will be decided by vote amongst the Interim Editorial Board and the members of the SHINE Publications Group.

SHINE Members Competition

£100

SHINE members are invited to write an article based on original research or review of the literature with reference to health information in Scotland. The article should be between 2000-2500 words, and presented according to the Guidance for Authors. The winning article will be published in Interim.

Please submit your entry by June 30th 2004, winner to be announced in August 2004.

Submission should be made by email or post to:

Interim Editor
SHINE Members Competition
Michelle Kirkwood
NGT Library and eLearning Service
10 Alexandra Parade
Glasgow
G31 2ER
interimeditor@hotmail.com

This competition is being held jointly by Interim and the SHINE Publications Group, the winner will be decided by vote amongst the Interim Editorial Board and the members of the SHINE Publications Group.

Guidance for Authors

Length

Abstracts: Every article will have an abstract of approximately 100 words.
Articles: All main articles should be between 1000-1500 words
Reports: Reports on conferences, study days etc should be no longer than 1000, if it is an article based on a conference or study day then it should conform to the word count of an article, see above.

Topic

If you are unsure whether a topic is suitable for inclusion in Interim please contact the editor or Publication Advisor.

Format (Size and Spacing)

All abstracts and articles should conform to the following format:
Title: Comic Sans, font size 13
Sub title/Paragraph Titles: Arial, font size 11, bold, centred, one single paragraph space before and after.
Body Text: Arial, font size 10, single spacing, and one single paragraph space between paragraphs. No indents at the beginning of paragraphs. Paragraphs should be justified, however if you wish to draw attention to a specific paragraph it should be centred. If justifying a paragraph breaks up the text to a point where it is rendered unreadable use left align.
Author Details: Arial, Font 10, Bold, Right aligned.

References

The Vancouver system should be used, an excellent guide to the Vancouver system can be found on University of Leicester website at: http://www.le.ac.uk/library/teach/irsm/irsm71.html

Author Details

Every article or report will have the following Author details:
Name
Position held
Place of employment
Address
Telephone
Email

Submissions

Contributions can be submitted as attachments (.doc or .rtf) by email, or by post to the Interim Editor. If the submission is by post please include disc or CD.

News and People Sections

These can be in the form of short paragraphs or whole articles, if a short paragraph it can be submitted in the body of an email to the editor or if an article then it must conform to the article requirements as provided above.

Submission & Copy Dates

Number 44: March 2004, Submissions by 13th February 2004
Number 45: June 2004, Submissions by 14th May 2004. Special Issue: Research
Number 46: September 2004, Submissions by 13th August 2004.