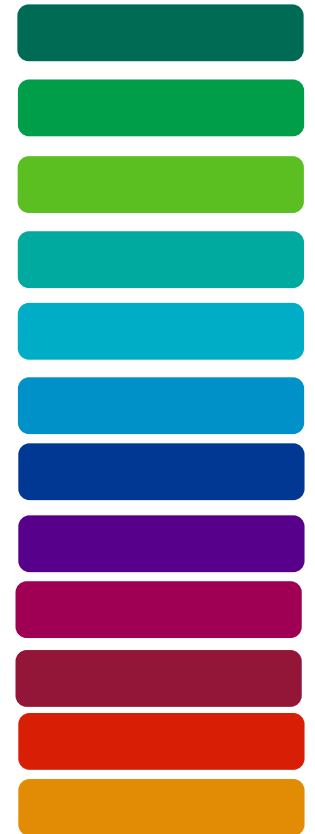


# Quality Framework

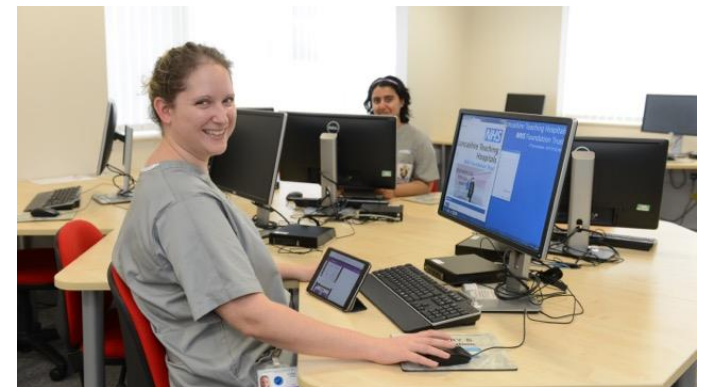
## 2020-2023



## Introduction

Our Library service aims to provide a service to our colleagues which is responsive, enabling, empowering, innovative, supportive and future focussed. Effective monitoring will enable us to improve and evolve our services to meet the ever changing demands of people working within our organisation.

This is a living document and is informed by and aligned to [Our Big Plan 2019-2022](#), the Workforce and OD Strategy 2018-2021 (which includes the library strategy) and the [Knowledge for Healthcare Development Framework 2015-2020](#). This document outlines our service offer, the standards that we commit to achieving and our methods of monitoring performance.











## Our service, our approach

In delivering our service, the team are committed to the following behaviours and ways of working:



- **Customer focused** – we will provide services that are accessible and responsive
- **Flexible** – we will adapt to changing needs, reprioritising our support as necessary
- **Empathy** – we will seek to understand your perspective and what you are trying to achieve
- **Compassionate** – we will consider the people at the end of our processes and recognise the impact of our interactions on others
- **Efficiency** – we will deliver what we do as efficiently as possible and continually improve our operating models
- **Pragmatic** – our advice and interventions will be sensible and practical and seek to resolve issues as quickly as possible
- **Outcome focused** – we will measure our impact on organisational performance
- **Learning** – we will learn from our mistakes and openly share our learning points
- **Values based** – our values will be embodied in everything that we do

## Our service commitments:

	Provide access to library spaces which support a range of requirements at both sites which are available 24/7 and are staffed by knowledgeable library experts Monday – Friday 9am-5pm
	Provide access to books and electronic resources which are up to date and support patient care, service improvement, management decision making, research and education.
	<p>Deliver information services to support patient care, service improvement, management decision making, research and education:</p> <ul style="list-style-type: none"> <li>• We will deliver the results of all literature searches within timeframes agreed with the requester. Our target is to ensure the next available slot for a literature search will be within 15 working days from the date of request.</li> <li>• We will process books and articles requested from other libraries within 2 working days</li> <li>• We will provide a range of current awareness services to enable staff and students to keep up to date.</li> </ul>
	Provide an enquiry service which supports staff and students to find relevant information, to signpost other services and to assist with technical issues.
	Support the Health and Well-Being agenda through the delivery of a Health & Well-being space at Chorley, by providing a range of resources, delivering outreach services and membership of the Health & Well-Being Strategy Group.
	Deliver a programme of information skills training to enable the effective use of evidence and offer bespoke to training at a time agreed with the requester.
	Deliver repositories using Heritage to facilitate access to organisational knowledge and information such as the policies database and the publications database.
	Evaluate the effectiveness of the library service through the annual impact survey and evaluate individual services to enable continuous improvement.

Extracted from the Workforce & Organisational Development Service Level Agreement (2019)

## Performance indicators

To ensure that we meet the standard of delivery required by our organisation and external bodies, we have developed a number of performance indicators.

The performance indicators were developed in consultation with the team and stakeholders and are informed by the [Principles for Metrics – Report and recommendations](#) (2016), developed by the Metrics Task and Finish Group which highlights that a good metric should be:

✓	<b>Meaningful</b> - the metric relates to the goals of the organisation, to the needs of the users and is it re-examined over time for continuing appropriateness.
✓	<b>Actionable</b> – the metric must be in areas that the LKS can affect. The metric drives changes in behaviour. The reasons for changes to a metric should be investigated not assumed.
✓	<b>Reproducible</b> - the metric must 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 internally by the LKS over time and externally to benchmark against similar services. The diversity of services must be respected.

## Performance Indicators 2020-2023

Performance indicator	Responsibility	Target
Article/book requests will be processed within 2 working days	Operational Team	98%
The next available slot for a literature search will be within 15 working days from the date of request	Clinical Librarian Team	95%
E-journals will demonstrate better value than those available from other suppliers. E-Journals will be measured using 'Counter 5 Journal Requests (Excluding OA_Gold) Unique title requests'.	Knowledge & Library Services Manager	<£12.50 per access
Welcome emails will be sent to new users within 3 weeks of registration	Operational Team	98%
Trust documents will be added to Heritage within 5 working days	Clinical Librarian Team	95%
Complaints received within the libraries will be responded to within 5 working days	Knowledge & Library Services Manager	98%

## Standard 1: Article/book requests will be processed within 2 working days

<p><b>Metric Definition:</b> We will ensure that all articles and books requested by our users, but that cannot be supplied by our libraries will be processed within 2 working days. This means that we will have identified a place where the item can be obtained from and we will have communicated if there are any associated costs with this option to the library user.</p>	
<p><b>Why is it important?</b></p> <p>This standard relates to the delivery of library services in a timely fashion, to ensure that users receive the evidence that they need when they need it. Delivery of this standard means good customer service for our users and applies to all staff. It is embedded within the Library's Service Level Agreement that it has with the organisation. It also supports the Quality and Improvement Outcome Framework (2019):</p> <ol style="list-style-type: none"> <li>1. All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of Knowledge for Healthcare.</li> <li>2. All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.</li> </ol>	
<p><b>Process for compiling the Metric:</b></p> <p>The metric is recorded by staff on the following spreadsheet <a href="#">T:\Workforce and Education Directorate\Library\Governance\Audit Quality Control\Statistics</a> choose the relevant year's folder and the article or book spreadsheet within. We will record the following "Number of articles not dealt with within 2 working days + reason why"</p>	
<p><b>What does it mean?</b> <i>How do you interpret this metric?</i></p> <p>The metric should be triangulated with satisfaction survey scores for article and book requests. Satisfaction scores will be compared with previous years to identify any downward or upward trends.</p>	<p><b>Desired outcomes:</b></p> <p>We aim for a 98% completion rate Any changes in completion rate would trigger further analysis.</p>
<p><b>Improvement plans:</b> <i>How do you plan to make a difference to this metric in a defined period?</i></p> <p>Failure to deliver this metric would prompt a review of reasons for non-delivery.</p> <p>Data is reviewed on a monthly basis at the Full Team meeting to identify any trends.</p>	
<p><b>Reporting:</b></p> <p>Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there. Quarterly - Any are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee. Annually – Any are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.</p>	



## Standard 2: The next available slot for a literature search will be within 15 working days from the date of request

**Metric Definition:** We offer a literature searching service to all staff working within the organisation. We will ensure that all library users who request a literature search will be offered a date within 15 days from the date of request.

This is a busy service, and we cannot anticipate how many requests will come in at any time and how complex they will be.

### Why is it important?

This standard relates to the delivery of library services in a timely fashion, to ensure that users receive the evidence that they need when they need it. Delivery of this standard means good customer service for our users and applies to all staff. The standard also demonstrates how embedded the clinical librarian team are within the organisation and how able we are to respond to business critical requests. It is embedded within the Library's Service Level Agreement that it has with the organisation. It also supports the Quality and Improvement Outcome Framework (2019):

1. All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of Knowledge for Healthcare.
2. All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists..

### Process for compiling the Metric:

The metric is recorded by staff on the following spreadsheet [T:\Workforce and Education Directorate\Library\Governance\Audit Quality Control\Statistics](#) choose the relevant year's folder and the Quarterly Statistics sheet. It is recorded on the last working day of each month.

### What does it mean? How do you interpret this metric?

The metric should be triangulated with satisfaction survey scores for literature searches. Satisfaction scores will be compared with previous years to identify any downward or upward trends.

### Desired outcomes:

We aim for a 95% compliance rate. Any changes in compliance would trigger further analysis.

### Improvement plans: How do you plan to make a difference to this metric in a defined period?

This is an ongoing challenge for the team as we cannot control the number of requests coming in alongside other workloads. Failure to deliver this metric on an ongoing basis would prompt a review of staffing levels and also may require a business case for additional support if we cannot manage within the team. Data is reviewed weekly by the Clinical Librarian team and on a monthly basis at the Full team meeting to identify any trends.



**Reporting:**

Weekly – Clinical librarian team reports any issues to Knowledge & Library Services manager on an ongoing basis and additional support from the wider team is brought in.  
Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there.  
Quarterly - Any are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee.  
Annually – Any are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.  
Annually – Reported via the National Statistics Return

HCLU reporting requirements	How we translate this from the literature searching database
Clinical decision making (inc. patient care)	Patient Care
KM/ Management decision making	Guideline Care Pathway Competency Service improvement Board Report
Patient info.: health & well being	
Research/ Education / Prof. Devt	Research/Publications To keep up to date Audit Presentation
Other (describe in Comment)	

### Standard 3: E-journals will demonstrate better value than those available from other suppliers

<b>Metric Definition:</b> We routinely monitor usage throughout the year aiming to achieve less than £12.50 per download, which is the cost of sourcing an article from elsewhere. This is to ensure that our e-journals achieve the best value for money for our organisation and that we are providing the right content for our users.	
<b>Why is it important?</b>  This standard relates to ensuring that users have access to the right evidence to support decision-making. We want our resources to be well used and to ensure value for money. It helps us to identify areas where we need to improve our marketing to ensure that users are aware of the resources that they need to deliver their services. It also supports the Quality and Improvement Outcome Framework (2019): <ol style="list-style-type: none"> <li>1: All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of Knowledge for Healthcare</li> <li>2. All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.</li> </ol>	
<b>Process for compiling the Metric:</b>  Counter 5 statistics showing Unique downloads are run on a quarterly basis and are stored on a spreadsheet which is maintained on the shared drive at <a href="#">T:\Workforce and Education Directorate\Library\Governance\Audit Quality Control\Statistics</a>  A return on investment calculation is recorded in the relevant years finance folder once the renewal quotation is received <a href="#">\\xlthtr.nhs.uk\data\Workforce and Education Directorate\Library\Finance</a>	
<b>What does it mean?</b> <i>How do you interpret this metric?</i>  Cost of the renewal ÷ Total number of downloads should be less than £12.50 Comparison with last year's data, use of other resources.	<b>Desired outcomes:</b>  We aim for less than £12.50 per download Any resources not achieving this will be considered for cancellation or a marketing plan will be put in place.
<b>Improvement plans:</b> <i>How do you plan to make a difference to this metric in a defined period?</i>  Failure to deliver this metric would prompt a review of the e-journals purchased. Usage data is reviewed on a quarterly basis at the Library Leads meeting to identify any trends.	
<b>Reporting:</b>  Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there. Quarterly - Any are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee.	

Annually – Any are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.  
Annually – Reported via the National E-Resource Audit.

## Standard4: Welcome emails will be sent to new users within 3 weeks of registration

<b>Metric Definition:</b> We will send a welcome email to all new library users within 3 weeks of registration to alert them to resources and services available. We also contact everyone who is new to the organisation to advertise the library service.	
<b>Why is it important?</b>  This standard ensures that all new library members and all new trust staff are made aware of the library service and what it can offer. It is embedded within the Library's Service Level Agreement that it has with the organisation. It also supports the Quality and Improvement Outcome Framework (2019): Outcome 1: All NHS organisations enable their workforce to freely access proactive library and knowledge services that meet organisational priorities within the framework of Knowledge for Healthcare	
<b>Process for compiling the Metric:</b> A report is run to see how many new joiners we have had during the previous quarter and recorded on the Op-New Joiners tab of the quarterly statistics spreadsheet in the relevant years folder at <a href="T:\Workforce and Education Directorate\Library\Governance\Audit Quality Control\Statistics">T:\Workforce and Education Directorate\Library\Governance\Audit Quality Control\Statistics</a>  We also record the number of new starter's emails that we send every quarter and these are added to the same spreadsheet to give us a total of all welcome emails sent. We will record the number of welcome emails not sent within a 3 week period and the reason why which can be found on the same spreadsheet.	
<b>What does it mean? How do you interpret this metric?</b>  This data should be cross referenced with last years' metric. Further analysis will take place to analyse the reason for missing the target.  To calculate: $\text{No of emails sent within timeframe} \div \text{Total number of emails} \times 100$	<b>Desired outcomes:</b>  98% of new members will receive a welcome email from the library.
<b>Improvement plans:</b> <i>How do you plan to make a difference to this metric in a defined period?</i>  Failure to deliver this metric would prompt a review of the causes. Data is reviewed on a quarterly basis at the Library Leads meeting to identify any trends.	
<b>Reporting:</b>  Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there. Quarterly - Any are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee. Annually – Any are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.	

## Standard 5: Trust documents will be added to Heritage within 5 working days

<b>Metric Definition:</b> The team will ensure that any new or updated trust documents (including policies, guidelines, strategies and standard operating procedures) which are received via the Policies email inbox will be uploaded to Heritage within 5 working days.	
<b>Why is it important?</b>  This standard ensures that all trust documents are available for trust staff to use immediately, ensuring that organisational knowledge is available to support decision making. It is embedded within the Library's Service Level Agreement that it has with the organisation. It also supports the Quality and Improvement Outcome Framework (2019): Outcome 3. All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.	
<b>Process for compiling the Metric:</b>  We review the Policies inbox on a monthly basis to spot check the number of trust documents that are outstanding, data is stored on a spreadsheet which is maintained on the shared drive at <a href="#">T:\Workforce and Education Directorate\Library\Marketing&gt;Welcome</a>	
<b>What does it mean? How do you interpret this metric?</b>  Failure to upload documents within 5 working days means that staff do not have access to the most up-to-date policies and guidelines to support business critical functions.	<b>Desired outcomes:</b>  95% of new and updated trust documents will be added to Heritage within 5 working days.
<b>Improvement plans: How do you plan to make a difference to this metric in a defined period?</b>  Failure to deliver this metric would prompt a review of the causes. Any ongoing issues would prompt a review of staffing levels and also may require a business case for additional support if we cannot manage this activity within the team. Data is reviewed on a quarterly basis at the Library Leads meeting to identify any trends.	
<b>Reporting:</b>  Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there. Quarterly - Any issues are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee. Annually – Any issues are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.	

## Standard 6: Complaints received within the libraries will be responded to within 5 working days

<b>Metric Definition:</b> The Knowledge & Library Services Manager or appointed deputy will respond to any complaints received within 5 working days. The staff member who receives the complaint should take the details and refer to the Knowledge and Library Services Manager immediately. If the Knowledge and Library Services Manager is not available, the complaint should be passed to the most senior member of staff available for an initial contact to be made.	
<b>Why is it important?</b>  Complaints can come in any format, via email, social media, telephone or in person in the library. Delivery of this standard means good customer service for our users and applies to all staff. It also supports the Quality and Improvement Outcome Framework (2019): Outcome 4. Library and knowledge specialists identify the knowledge and evidence needs of the workforce in order to deliver effective and proactive services.	
<b>Process for compiling the Metric:</b>  We review the number of complaints received on a monthly basis and review the paperwork to identify whether any fall outside the standard.	
<b>What does it mean?</b> <i>How do you interpret this metric?</i>  This standard ensures that customer concerns are responded to promptly and any improvements are made accordingly.	<b>Desired outcomes:</b>  98% of complaints will be responded to within 5 working days
<b>Improvement plans:</b> <i>How do you plan to make a difference to this metric in a defined period?</i>  Failure to deliver this metric would prompt a review of the causes of the delay. Data is reviewed on a quarterly basis at the Library Leads meeting to identify any trends.	
<b>Reporting:</b>  Monthly - Library standards are reported to the library team via the Library Leads and Full Team Meetings and discussed there. Quarterly - Any are highlighted in the Workforce and OD Strategy progress report which is submitted to Workforce Committee. Annually – Any are highlighted in the Library Annual report which is submitted to the Education, Training and Research Committee.	

## Monitoring Performance

### Internal Monitoring

Our quality standards will be monitored through:

- Library Leads meeting and the monthly full team meeting
- Operational Team Meetings; Clinical Librarian Team Meetings; E-Resources Team Meetings
- Statistical collection
- Evaluation via surveys, focus groups and customer feedback
- An annual satisfaction and impact survey will be conducted in November each year.
- Surveys will be conducted to evaluate specific services
- Focus groups and user mapping will be used to understand user experience and engage stakeholders in changes to services
- Regular feedback is captured on feedback boards.

Progress will be reported each year through the Annual Report and standards will be adjusted according to service need or new priorities.

### External monitoring

Our services are routinely monitored by a number of external stakeholders to ensure that we meet the required standards for various services:

- Health Education England – a formal evaluation of services will be conducted on an annual basis with the submission of a self-assessment against the Quality Improvement and Outcomes Framework for NHS Library services.



- **Lancashire Public Health – we deliver library services to support Public Health staff. Performance against our contract requirements is evaluated via quarterly reports, biannual monitoring meetings and the annual report.**
- **Educational visits – the library service is evaluated during quality assurance visits as we deliver services for Manchester University Medical students and staff undertaking courses accredited by Liverpool University.**
- **National Student Survey – the library team attend Staff and Student Liaison meetings and review the outcomes of the national survey.**
- **GMC survey results – results for the library service are reviewed by the library team and actions are fed into our planning process.**
- **National statistics – these are reported to Health Education England each year,**

## Tracking amendments to the plan

Date of Amendment	Pages Amended	Details of Amendment	Version number	Date Approved
19.8.2016	All	New document, replaces Quality Assurance Policy 2014-2017	1	22.8.2016 Full Team Meeting
7.2.2020	All	Replaces Quality Assurance Policy 2016-2019  Added details of Quality & Improvement Outcomes Framework & removed reference to LQAF  Embedded details from Workforce & Organisational Development Service Level Agreement (2019)  Deleted some standards and merged some  Used new metrics template throughout.	2	
21.9.2020	7 & 12	Reworded the metric and also amended the links to the stats spreadsheets	2.1	
20.10.2020	All	Reviewed the whole document.	2.2	
04.11.2020	Page 6 and 8	Literature search compliance rate updated	2.3	Email approval from the team – discussed

		to 95% (there was a conflict on each page)		at team meeting 7 <sup>th</sup> September 2020 and Library Leads on 28 <sup>th</sup> October 2020.
04.11.2020	Page 6 and 7	Article request compliance rate updated to 98% on both pages		
04.11.2020	Page 6 and 13	Guidance compliance rate updated to 95% on both pages		
04.11.2020	Page 13	Standard 5 updated to state new and updated trust documents rather than guidelines only.		