

Quality Evaluation of Health Libraries in England: A New Framework

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Introduction

For the last decade, there has been increasing worldwide interest in the quality of health systems and their accreditation, as reflected in the report *Quality and accreditation in health care services: a global review*, commissioned by the World Health Organization in 2000 with the aim of providing an overview of the elements and tools that characterize quality assurance and accreditation in health care all over the world (World Health Organization, 2003). This project was linked to the 21st century strategy adopted by the World Health Assembly in 1998, which promoted information systems to help national governments monitor the quality of the healthcare sector, “including the implementation of international norms, standards and regulations” (World Health Organization, 2003: p. xii). Since the publication of this first international study, a series of surveys of accreditation programmes in Europe were conducted in 2002, 2004, 2007 and 2009. In the last one, eighteen national accreditation organizations were identified as active in Europe, revealing the continuous growth of this type of organization over the last few years (Shaw, Ch. et al., 2010: pp. 342-343).

It is in this general context of increasing and rapidly-changing demands for health system accreditation around the world that the most recent initiatives for developing national standards for health libraries should be placed. These have been considered a necessary tool for measuring the quality of health library programs and services and reviewed editions of these standards were published in different countries, supported by library associations. They came mainly from the Anglo-Saxon context: in Ireland the second edition of the *Standards for Irish healthcare library and information services* was published by the Library Association of Ireland in 2005 (Library Association of Ireland, 2005); in Canada, *Standards for health libraries* were published in 2006 (Canadian Health Libraries Association, 2006); in the USA, the Medical Library Association published *Standards for Hospital Libraries* in 2007 (MLA, 2007); one year later, the Australian Library and Information Association published the 4th edition of *Guidelines for Australian Health Libraries* (ALIA, 2008). The most recent initiative in this field has been the appearance in England of the *NHS Library Quality Assurance Framework (LQAF)* in 2010 (NHS SHALL, 2010).

While most of these national health library standards are closely related to each other, as reflected in the cross-references included in them, the English framework seems to have a more independent profile, linked to the typical features and circumstances of the British healthcare context and its development. It is for this characteristic approach and its novelty that we have selected it as the subject of this study.

In the last few years, health libraries in England have been very active at strategic level to provide meaningful measures and standards to structure operational activities. Due to the specialized nature of their programs and services, they require to have their own quality accreditation systems and tools. Besides, as stated by one of the regional office of the World Health Organization, “it is important that countries introduce their own standards for accreditation based on the best interests of their health system in order to safeguard

primary health care principles of universality, equity, quality, efficiency and sustainability” (World Health Organization. Regional Office for the Eastern Mediterranean, 2003, p. 1).

However, agreeing and implementing standards across that sector have not been easy tasks. The turbulences derived from technological changes, the continuous reforms of the National Health System (NHS) and the reduction of public funding, together with the growing importance of knowledge management as central in the delivery of high quality health services, have forced libraries to face new challenges and develop new roles in a very unstable environment. As a result, since the publication of the first accreditation schemes, the standards defined as criteria of quality for health libraries have been undergoing continuous reviews and modifications to fit the needs prompted by that changing and innovative reality.

The discussion that follows gives the details of the development of health library standards in England and is aimed at providing a joint and comparative view of the two main national accreditation programmes developed in this country to assess the quality of the health library services: the Helicon checklist and the recent LQAF framework. Specifically, this study is intended to analyze and compare their goals and scope, the methodology they propose and the structure and content of their standards, in order to identify the major changes included in the new framework and to analyse its first results. This analysis is built on a broad literature review, including mostly grey resources (i.e. technical standards and reports, newsletters, minutes of meetings, and briefings) because of the low number of previously published works about this topic.

Health libraries accreditation context: the first national scheme

“The parallel between the accreditation process and the practice of Evidence Based Medicine is striking; in the same way that health care should only be delivered according to current best practice, so too should health libraries deliver information services according to current best LIS practice”. This reflection made by Sharp (1999: p.6) makes a suitable backdrop for drawing up the trajectory followed by the health libraries in the UK during the last fifteen years, introducing the main actors appearing in it: Evidence Based Medicine (*supported on*), library best practice (*defined by*), standards and (*assessed through*) the accreditation process.

The emergence of Evidence Based Medicine in the 1990s involved English health libraries in the culture of Quality Assurance, demanding that they should be increasingly aware of the importance of meeting their clients’ needs and of developing standards to support this process. These standards were incorporated into numerous accreditation systems on a regional or local basis throughout the sector, but the differences and inconsistencies between these systems soon revealed the need to develop a national accreditation scheme (SHARP, 1999). In 1995, a working group was formed from representatives of various national and regional health library groups to examine the different accreditation systems then in use in the UK and, if possible, to develop a national framework for accreditation of health libraries (Hewlet and Walton, 2001). Adopted and continued under the auspices of the LINC (Library and Information Co-operation Council) Health Panel, this project finally finished in September 1998 with the publication of the first national accreditation scheme: *Accreditation of Library and information Services in the Health Sector: a checklist to support assessment* (LINC Health Panel, 1998a), complemented by a toolkit for use in NHS Trust libraries (LINC Health Panel, 1998b).

Enshrined in the principles of the English Health Service Guideline 97(47) (NHS, 1997), this initiative could be considered part of the high quality and modernisation programme of the NHS promoted by the Government in 1998, aimed at providing “a first class service” across the entire healthcare sector (Department of Health, 1998). Setting, delivering, and monitoring

quality standards, as well as value for money, appear as the key factors for developing this programme. It is in this context where we can find the real dimension of the checklist role.

This national accreditation scheme was endorsed by a number of important bodies in the healthcare information field (the British Library, the Kings Fund, SCONUL, and COPMED, among others). Moreover, it seemed to have also been well accepted among health librarians, to the point of being described as a “win to twin” scheme in which the library could not lose and the assessors’ feedback was considered the main tool for its improvement (Forrest, 1998).

However, as part of the continuous quality improvement process and due to the growing complexity and specialisation of health library services, in conjunction with the development of electronic resources, a few years later the standard was reviewed. In 2002 a new edition of the checklist appeared, this time published by the Health Libraries and Information Confederation (Helicon, 2002). Much shorter, less prescriptive and more flexible, this standard incorporated important changes in regard to the original one. Specifically, it took a more holistic approach by assessing areas of activity as a whole; it placed emphasis on the integration of the library into the life of the organisations it is serving; and it modified the previous award scheme, replacing the levels of accreditation by stages of development (CILIP Health Libraries Group Newsletter, 2003). But this would not be the last revision of the standard.

Published primarily for use by NHS Workforce Development Confederations (WDCs) in England, encouragingly one year after its publication the new accreditation scheme had been taken up by around 50% of the WDCs and by the NHS in Wales (Trinder, 2003). In 2005, however, in spite of the achievements of this accreditation process (Ellis, 2006) and when most current accreditation programmes had not yet completed their first three year cycle, a new revision of the standard was published. The main goal of this revision was to update the guidance material, but maintaining the wording of the criteria unchanged (Helicon, 2005). This last revision was used for health libraries accreditation until 2008.

The origins of the new quality assessment framework: putting the knowledge to work

In December of 2005, Sir Muir Gray, director of the National Knowledge Service, in the presentation of the new National Library for Health (NLH) stated that “there is a gap between what is known and what is done, and the objective of the National Knowledge Service is to bridge this gap and get knowledge into practice” (National Library for Health Team, 2005: foreword). Given this situation, the health libraries, working at local and national levels, would be the foundations to build the bridge.

This idea endorsed the origin of the NLH, which was set up as the necessary tool for the development and transformation of NHS library services, so that they could deliver benefits, exploit new opportunities, serve new customers and demonstrate value for money. Addressed to achieving this transformation, the NLH programme included among the expected outcomes of its strategy between 2005 and 2008 the development of a National Service Framework, which would describe the services to be commissioned by the NHS and the core and developmental standards for the delivery of those services (National Library for Health Team, 2005). In this way, it would form the basis for service level agreements and accreditation, replacing the previous Helicon scheme.

To build up this new framework, a long and systematic process of drafting the standards took place, undertaking an external consultation with the stakeholders (Harrison and Walton, 2006), creating the initial version of the quality assurance tool, and developing a pilot study

to test it. As a result, almost three years later, the *NHS Libraries and the National Service Framework for Quality Improvement* (NSF) was published in March 2008 (National Library for Health, 2008).

To carry on the initiative proposed by Sir Muir Gray, the underlying aim of this new framework was to put knowledge to work to transform patient care and public health and to modernise the library services and staff roles for facing 21st century challenges. It was endorsed in the achievement of these goals by the simultaneous publication of Peter Hill's report (Hill, 2008), commissioned by the National Library for Health to undertake a national review of the situation of NHS England library services. His recommendations were used as a guide in the framework, as seen in the multiple citations of this report included in the references.

Focused on three key business objectives –commissioning, access and library/knowledge service staffing- the NSF was a very extensive document with many standards, sorted into five domains, each one related to a library service area, and defined by more than two hundred criteria.

However, in spite of the expectations that arose and the important effort made, the initial results were not as expected. The first national baseline assessment undertaken in April 2009 to evaluate the NHS library services quality against these standards (Ellis, 2009) revealed the important difficulties involved in implementing and managing this tool. As a consequence, a drastic review of the accreditation framework was made, led by a Task and Finish Group of SHALL Service Development Group. In its first meeting, held on 9 July 2009, the wide scope of this reform was drawn up. It was agreed that the framework needed a “dramatic” revision; that most of the corporate criteria could be removed; that all the remaining criteria would be looked at critically and mostly rewritten; and, finally, that the standards would have a new title (Coomber, 2009). The desire of the group to “move quickly with this work” (NHS SHALL Service Development Group, 2009: p. 3) was fruitful and in April 2010, barely a year later, a new quality accreditation framework was issued: the current NHS Library Quality Assurance Framework (LQAF) England (NHS SHALL, 2010).

A 360 degrees review? A comparative analysis between the LQAF and the Helicon standards

“The implementation of the LQAF is a significant development in guiding NHS library/knowledge services through an integrated assessment process, with a review of strategies, policies and practices that ensures a 360 degree review of provision”. These sentences, included in the foreword of the new quality assessment framework, reflect the revolutionary change in how NHS libraries are run, fostering modernisation at the strategic, tactical and operational levels.

In light of this aspiration, one may wonder to what extent it represents a radical modification regarding previous accreditation programmes, and therefore those aspects that make the difference must be identified. As it replaces the Helicon checklist, this will be the reference for the comparison. In order to undertake this analysis, we shall go through the following aspects which both frameworks include: main goals and general use, the accreditation method proposed and the structure and content.

Goals and scope

Firstly, it can be said that there has been a meaningful change in the general orientation from the Helicon to the LQAF. Designed as quality assurance tools, they both aim, basically, to provide a set of standards and criteria against which to assess the health libraries' quality

of services, enabling their ongoing improvement. However, whereas the Helicon focuses on meeting the needs of health library users (main quality criteria), and doing so in a very cost-effective way (value for money), as the best way to attain library success, the LQAF revolves around the delivery and provision of *knowledge* as the health library services' core function, by considering it the means to transform patient care and public health. The perspectives are therefore different: one more operational (cost-effective and client-centred service) and the other more strategic (knowledge delivery service). This reflects the changes that have taken place during the last few years as to the role health libraries should play, owing to the growing importance of knowledge based on evidence throughout the overall healthcare sector.

The second aspect to be noted is the scope of the standards. The Helicon is designed to be used in many, but not all, types of healthcare libraries (i.e. it is not appropriate in general multi-disciplinary higher education libraries). However, the LQAF takes a much more generic approach, and is intended to be implemented in any type of knowledge service, not only libraries but also resource centres, information units and individuals in a specialised role. In relation to this, the terminological aspect is also very interesting: the general use of the expression "library/knowledge services" in the LQAF, instead of the "library services" used in the Helicon, to refer to the object of the standards. If, on the one hand, the new term is intended to cover the wide variety in the nature, features and conditions of the range of services involved in knowledge delivery, on the other hand it also solves the dilemma raised by Hill (2008) about whether the new reality of health library services demanded a name change. By using the expression "library/knowledge services" the standard combines both the traditional view represented by the term *library* (widely understood) and the shift in culture that the term *knowledge service* represents, clearly related to the change in the concept of health library services mentioned in the previous paragraph.

Methods proposed

Methodologically, there is also an important change. Although both schemes are based upon the habitual accreditation approach for the implementation period (self-assessment, action planning, external assessment by peer review and, if appropriate, accreditation award), the phases are differently weighted as regards importance. The Helicon framework considers the accreditation visit by an external team (peer-review) as the core stage of the process, to the extent that it includes very detailed and prescriptive guidelines as to how this visit must be conducted (up to eight). However, the self-assessment phase is hardly mentioned and is only included as part of the accreditation visit procedure in order to provide the external team with the evidence and information needed in advance.

The LQAF accreditation scheme, in contrast, focuses on annual library self-assessment against the standards as the basis for the whole process. Besides the opportunity this exercise affords the NHS libraries to evaluate the quality of their services and facilitate their improvement, the publication of self-assessment results at regional and national level would also allow national benchmarks and key performance indicators to be identified and thus promote the innovation of services. In this context, the external review of the completed self-assessments would be undertaken by the regional SHALL, in a much more flexible approach than the one established in the Helicon, by including several models that could be used to support it, and it is not limited to the peer review visits. Moreover, unlike the Helicon scheme, it also includes control of the self-assessment returns at national level by a National Moderating Board, established to ensure the standardisation and consistency of the process across the country and compliance with the standards (Peacock, 2010).

This emphasis on the self-assessment process in turn requires a more detailed guide of how to achieve it. This is the reason why the description of the criteria is much broader and complete in the LQAF standard. Whereas the Helicon guidelines include only the statement

and explanatory notes for each criterion, in the case of the LQAF we find a fuller explanation of requirements: a list of definitions; suggested admissible evidence; three useful guidelines on what constitutes full compliance, partial compliance and non-compliance; and additional tips, tools, templates and references to consult. Particularly important is the inclusion of valid and strong evidence to support the comments and assessments made, in order to avoid the subjectivity inherent to any self-assessment exercise and also to avoid it becoming just a “tick the box” process. In this sense, the value of some of the suggested evidence to be included in the framework could be questionable and should be reviewed (i.e. notes of telephone conversations, notes of handovers...)

In this same vein, to facilitate self-assessment compliance by the library staff, a new tool has been developed (NHS SHALL, 2011a) which helps the presentation of the information, the inclusion of the evidence and the processing of the results to be standardised and more nimble.

Regarding the type of criteria, in the case of Helicon standards in every one of the three sections we can distinguish an essential criterion that health libraries “must have” and one or several additional graded criteria. However, in the LQAF no differences are made as to the importance of the different criteria: they are not weighted, because they are all considered core criteria.

Finally, it is very interesting to note the qualitative step from the *achievement of accreditation* to *recognising innovation* as we move from one framework to the other. If on the one hand the Helicon standard stresses the importance of health libraries’ achieving the highest stage of accreditation (using as main criteria the percentage of criteria graded as excellent), on the other hand the LQAF emphasizes the need “to encourage, recognise and reward innovation in NHS library/knowledge services” as the best way to support their progress, based in four key areas: product, process, marketing and organisational innovation. This would be in keeping with the support and reward of the innovation proposed by Lord Darzi in his report “High Quality for All” (Darzi, 2008), as one of the means to promote the NHS improvement.

Structure and content

If we compare the main sections/domains of the Helicon and LQAF structures and the number of areas and criteria included in each, we can establish the following parallels and differences:

HELICON	LQAF
Main sections/domains. Areas (number of criteria)	
S1. Library Philosophy and Management	D1. Strategic Management
<ul style="list-style-type: none"> • Strategy (3) • Access (4) • Quality (3) • Organisation and Management (2) 	<ul style="list-style-type: none"> • Strategy (3) • Implementation Plan (5) • Operational Management (3)
Total : 12 criteria	Total: 11 criteria
S.2 Resources	D.2 Finance and service level agreements D3. Human resources and staff management D4. Infrastructure and Facilities
<ul style="list-style-type: none"> • Finance (3) • Staff (7) • Information technology (8) • Accommodation and equipment (4) 	<ul style="list-style-type: none"> a) Finance and service level agreements <ul style="list-style-type: none"> • Finance and budget (4) • Service level agreements and contracts (3) b) Human resources and staff <ul style="list-style-type: none"> • Staff structure and skill mix (3) • Staff development (2) c) Infrastructure and facilities <ul style="list-style-type: none"> • Information technology (2) • Facilities and equipment management (2) • Library/knowledge service space (4)
Total: 22 criteria	Total: 20 criteria
S3. Stock and services	D5. Library/knowledge services service delivery and development
<ul style="list-style-type: none"> • Stock (3) • Services (3) • Induction and user education (7) 	<ul style="list-style-type: none"> • Service promotion and marketing (2) • Information skills/Literacy training (4) • Library/knowledge services (12) • <i>Knowledge Management (in development)</i>
Total: 13 criteria	Total: 18 criteria

At first sight, it can be seen that the main change in the structure from one to another derives from the division of the section called “Resources” in the Helicon into three different domains in the LQAF, related to the main library resources (financial, human, and infrastructure). A meaningful variation in the denomination of the sections/domains and their areas can also be observed, reflecting a more managerial and knowledge-centred perspective in the case of the LQAF, as was to be expected given its general orientation and aim. Regarding the

number of criteria by domain, it can be noted that, in general, it is sufficiently balanced from one accreditation scheme to another, except in the services area. A detailed analysis will be given below.

By analysing each section/domain more deeply, it can first be said that, in contrast to the Helicon standard, which approaches library management basically from an operative and practical approach, the LQAF introduces an innovative and strategic perspective. Taking as its starting point the key role of library/knowledge services in supporting clinical evidence-based decisions, education and lifelong learning, this perspective (which endorses the development of all the standards) would be oriented to integrating and promoting the library at the strategic levels of the organisation, to the extent of considering it as a “core business of the NHS” (NHS SHALL, 2010). This would mean a complete turnabout of the previous situation in which there was little recognition that the quality of the health libraries services was important (Hewlett and Walton, 2001).

Therefore, although both standards point to the need to have a formally approved strategy, the rest of the content in this domain is quite different from one to the other. Whereas the Helicon standard deals with this area from a plural perspective including different and independent dimensions of the library management (access, quality and organisation of library services), the LQAF introduces a more systematic approach by developing and grouping the criteria around the main areas of the strategic management process: definition of the library strategy, implementation of the plan designed to achieve it, and operational procedures to take the plan into action. In this approach, the only aspect missing is the area dedicated to library evaluation, in spite of its being a key stage in the strategic management process. Although there are some criteria related to this aspect (such as plan monitoring and reviewing and impact demonstration), a more integral and standardised treatment of this managerial function may be necessary, ranging from the collection of statistics to the library impact evaluation, to performance measurement and quality services surveying.

As stated above, the content of the resource section in the Helicon framework has been divided into three different domains in the LQFA structure, relating to the following types of resources: economic, human and technical. If we analyse each of these resources separately, we can identify the following changes:

- Meaningfully, the number of criteria dedicated to the financial aspect has been increased in the LQAF (from three to seven), which seems to strengthen the importance of budget management in a time of public funding cuts. Both of the accreditation schemes include criteria dealing with the need for the library to have an identifiable budget and to develop a budget planning process, and they also coincide in highlighting the key role the library manager must play in designing, managing and monitoring this tool. However, whereas in the Helicon standard the budget is considered a piece of evidence of how and where the funds are allocated, in the case of the LQAF, under the strategic management umbrella, it is seen as a tool to accomplish the library’s aims and objectives and to meet users’ needs. Besides this qualitative change, the main innovation in this standard is that it includes a separate area dedicated to a new element in the library financial process: the service level agreement established between the library and the organisation/s it serves, containing the specifications for the commissioning and funding of library/knowledge services. Conceived as a formal and negotiated contract (or a light version concordat), it places library financing in a stricter and more managerial context, based on the service delivery/pricing/funding relationship.
- As regards library staff, the two standards agree on the need for a qualified librarian to manage the service and that there should be an adequate number of staff with mixed skills. But again we find in the new framework a strategic approach to human resources that the Helicon standard lacks: the LQAF points to a clear management and staffing

structure and the leadership of the library manager as necessary criteria in the achievement of library objectives, whereas the Helicon focuses on the operational aspects of library staff management (procedures, detailed staff competencies, minimum staffing levels, covering absences). Moreover, the LQAF, linked to one of the core dimensions of the NHS Knowledge and Skills Framework (Agenda for Change Project Team, 2004), stresses the importance of identifying, reviewing and supporting staff development needs in order to meet both their service and personal objectives, thus broadening the scope of the criteria included in the Helicon framework, limited to the staff's personal development plan.

- Finally, we find one of the most striking changes from one scheme to another in the information technology resources. The drastic reduction of the number of criteria (eight in the Helicon and two in the LQAF) is symptomatic of the different situations the standards reflect: in the Helicon this is a key point because it was developed when English health libraries were facing the earliest stages in their access to information technologies, probably in the context of the NHS National Programme for IT (NPfIT), launched in 2003. Therefore, the standards are addressed to ensuring that the health libraries staff and users have access to the necessary minimum of information technology resources (all members of the staff equipped with a personal computer for their sole use, networked access to library resources, design of the library web page, and so on). However, although it was published only five years later, the LQAF shows a completely different situation (at least on paper) where the health Libraries seem to have these types of resources completely integrated in their running, to the point of having an information technology infrastructure. This change and the formidable impact of the Internet on access to information are reflected in two innovative aspects included in the standard: maintenance and improvement of the IT infrastructure and management of access to electronic resources to meet users' demand, at the time and place needed. The design of the knowledge service space established in the standard should also be mentioned, with three differentiated areas: users, staff and teaching/seminar rooms.

The last domain common to both standards is, without doubt, the most important one in the LQAF, not only quantitatively - by containing the greatest number of criteria - but above all because the essence of the radical change it is seeking can be found here. If in the first domain, as we saw, the general strategy was devised for promoting the library/knowledge service at the highest levels of the organisation, here the main tactics for implementing that strategy are specified:

- Moving from providing access to meeting users' needs (criteria 5.2a)
- Developing a core role in information skill/literacy training of groups and individuals and embedding it in the learning and development programme of its organisation (criteria 5.2b, 5.2c, 5.2d)
- Being viewed not only as an educational resource, but as contributing to the improvement of the organization by supporting clinical and management decision making (criteria 5.3h)
- Engaging actively with the organization's research activities, by linking with formal research networks and individual research projects (5.3i).
- Becoming involved in the organization's Knowledge Management strategy and supporting the wider objectives of the organization (criteria 5.3k)
- Supporting, if necessary, information provision for patients or the public (criteria 5.3l)

By becoming involved in the core areas of the health organizations they serve – education, clinical and management decision making, research, corporate intelligence and patient information- the library/knowledge services would move “from the back office to the front of the house” (Hill, 2008: p.43), thus becoming part of these key areas.

Changes at the operational level can also be observed in this domain. Although there are no important differences in *the type of library services* proposed in the two frameworks (document delivery, mediated searching, enquiry and referral, and alerting services), in the LAQF there are two meaningful novelties in the approach *to service delivery*: firstly, it states the need to establish, measure and review service standards, according to users' needs, and secondly, it points out the possibility that the provision of the service is subject to the conditions stated in the Service Level Agreements, in spite of what the criteria establish and, in practice, limiting their scope.

But the LAQF content is not completed yet. When the framework was issued, it was expected to include a new domain on "Knowledge Management" (KM), which would be developed during the following months in consultation with KM specialists (NHS SHALL Group, 2009). However, after a year without a definitive proposal, a concrete schedule was established: the KM criteria would be optional and piloted for the LQAF audit carried out in September 2011, and definitively agreed upon for the audit of 2012 (Ellis, 2011b). It was also decided that the KM criteria would be embedded into the LQAF, specifically in Domain 5.4 rather than in a separate section as initially stated (NHS SHALL Service Development Group, 2011). For the time being, this task is still ongoing.

In light of the analysis carried out, the main changes introduced by the LQAF framework can be synthesized in the following points:

- The aim of the standards is to promote the *provision of knowledge* by library services, instead of merely the *delivering of information*, as the best means to support the running of health organisations and evidence-based practice.
- The accreditation process is not focused so much on external monitoring, but is built upon the self-assessment undergone by the library, which in this way becomes the main leader of its own improvement.
- It has moved from the achievement of a specific degree of accreditation to the recognition and rewarding of innovation, as the best tool to support the progress of health libraries.
- It introduces an innovative and strategic perspective into health library management aimed at promoting it to the highest levels of the organisation it serves. This strategy, which endorses the development of all the standards, translates into the following aspects:
 - A more strategic focus for management of resources (budget, staff and Information Technology), which are intended primarily for facing environmental conditions, achieving the library's goals and meeting users' needs.
 - The development of several tactics in the design of library/knowledge services and provision oriented towards involving and incorporating them in the core areas of the organisation: education, clinical and management decision making, research, corporate intelligence and patient information.
 - The inclusion of operational changes addressed to improving the efficiency of the financial resources, the quality of the staff profile, the effectiveness of the electronic resources used and, in general, the performance of library processes and practices.

Now that the foundations for this U-turn have been put into place, this initiative is expected to lead to the modernisation of English health libraries.

Conclusion: a glance at the first results

In the last year and half since the first edition of the LQAF appeared, much has been accomplished. Two main achievements can be highlighted: the first National Baseline Assessments against the standards and the Innovation Reward.

Aware of how important it is for NHS libraries to show evidence of service improvement and in order to avoid any gap in their annual accreditation process, the SHALL Service Development Group promoted the first national audit of the LQAF to be completed in September of 2010, barely six months after its publication. It was undertaken by eight of the ten regions in England and the analysis of the results shows that the general mean of compliance is over 70% in all SHAs, showing the robustness of English health libraries services quality. In parallel, it also reveals, meaningfully but not surprisingly, that the criteria least complied with by most Library services were those related to new practices or functions which health libraries are not used to: costing principles, Service Level Agreements and patient information provision (Ellis, 2011a). These first results are therefore encouraging, although a wider statistical analysis will be necessary in the future. A new National Baseline Assessment was developed between July and September of 2011, maintaining the same criteria in order to allow comparison, but at present the results have not yet been released.

Another important step has been taken in promoting library services improvement by recognising and rewarding innovation. In 2010, the SHA Library Leads introduced "The Sally Hernando Award for Innovation in NHS Library and Knowledge Service" and with more than 80 submissions from each of the ten SHAs, the first convening has been very successful (Ferguson, 2011). Currently, the second round of awards is being prepared.

Other issues on the SHALL Service Development Group agenda have been raising the LQAF profile (by trying to obtain national endorsement from the United Kingdom Accreditation Forum and the National Education Commissioners), developing the Knowledge Management criteria as mentioned above, and establishing the National Moderating Board (still in progress).

However, among the priorities of the Service Development Group for the next year is to produce a refreshed LQAF, based on the results of the 2011 audit and the feedback from library managers and the SHA Leads, and to include additional Knowledge Management criteria (NHS SHALL, 2011b). This new edition would be provided after the NHS libraries have used three different accreditation schemes in the last four years.

Although to design the best and most suitable accreditation scheme for NHS libraries is a valuable objective, all the more since they are in a period of unprecedented change and turbulence, this effort should be balanced with the need to consolidate a standardised accreditation process, so the changes proposed can gradually become a reality. It should not be forgotten that standards are only a tool to achieve an end, and they do not constitute an end in themselves.

The premise stated in *A First Class Service* report is still valid: "Action to place quality at the heart of the NHS is not about ticking checklists - it is about changing thinking" (Department of Health, 1998: introduction, p.8).

REFERENCES

Agenda for Change Project Team (2004). *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. Department of Health, available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843 (accessed 3 November 2011)

ALIA (2008). *Guidelines for Australian health libraries*, 4th ed., available at <http://www.alia.org.au/groups/healthnat/guidelines/Guidelines.fo.Aust.Hlth.reading.pdf> (accessed 11 October 2011)

Canadian Health Libraries Association (2006). *Standards for library and information services in Canadian healthcare facilities*, available at http://www.chla-absc.ca/documents/Standards_2006.pdf (accessed 8 October 2011)

CILIP Health Libraries Group Newsletter (2003), "Standards for Health Libraries revised", Vol. 20 No.1, pp.11-12, available at <http://www.cilip.org.uk/get-involved/special-interest-groups/health/Documents/march03.pdf> (accessed 15 October 2011)

Coomber, J. (2009). "National Service Framework". *KSS Library and Knowledge Services Team Bulletin Board*, Vol. 5 No.4, pp. 3, available at: <http://ksslks.co.uk/data/HLN%20documents/bulletin%20board%20aug%202009.pdf> (accessed 7 October 2011)

Darzi, A. (2008). *High quality care for all: NHS next stage review final report*, available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf (accessed 11 October 2011)

Department of Health (1997). *Service Guidelines HSG (97)47 Library and Information Services*, available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012399.pdf (accessed 4 October 2011)

Department of Health (1998). *A First class service: quality in the new NHS*, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006902 (accessed 14 November 2011)

Department of Health (2000). *The NHS Plan: A plan for investment; a plan for reform*, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960 (accessed 20 October 2011)

Forrest, M. (2001) "The benefits of Health Care library accreditation: an applicant's view". *Interim*, No 39, pp. 11-16, available at http://www.shinelib.org.uk/assets/0000/0303/Vol39_Sum.pdf (accessed 2 November 2011)

Edwards, C. (2010). "Library and knowledge service standards", available at <http://wish.westmidlands.nhs.uk/wmlsdu/standards-a-quality.html> (accessed, 28 October 2011)

Ellis, T. (2006) "Increasing the success of accreditation of NHS Health Libraries: creating new standards". In *Looking to the future of Healthcare assessment: an expert seminar on standards-based peer review*. Joint meeting of the Quality in Healthcare Forum and UKAF. 26th September 2006, pp. 5-6, available at <http://www.ukaf.org.uk/FutureHlthAssmt.pdf> (accessed 15 November 2011)

Ellis, T. (2009) "National Service Framework: results for the Baseline Assessment-April 2009". *Shall Briefing for Library Staff*, July, pp. 2-3, available at

<http://www.londonlinks.nhs.uk/resources/shall-briefings/SHALLBrief200907.pdf> (accessed 19 November 2011)

Ellis, T. (2011a). "Summary of Key Data from LQAF Baseline of 2010 for SHALL Service Development Group Meeting 24th May 2011". In *Strategic Health Authority Library Leads Meeting 16th June 2011: Group Reports to SHALL*, available at http://www.libraryservices.nhs.uk/document_uploads/SHALL/SHALL_Group_Reports_June_2011.pdf (accessed 9 October 2011)

Ellis, T. (2011b). "The NHS Library Quality Assurance Framework (LQAF) England Update". *SHALL Briefing*, July, p. 8, available at http://www.libraryservices.nhs.uk/document_uploads/Briefings/SHALL_Briefing_July_2011.pdf (accessed 2 December 2011)

Ferguson, L. (2011). "Rewarding innovation in NHS Library/Knowledge Services 2010". *SHALL Briefing*, April, pp. 3-4, available at http://www.libraryservices.nhs.uk/document_uploads/Briefings/SHALL_Briefing_April_2011.pdf (accessed 30 October 2011)

Harrison, J. *et al.* (2006). National Library for Health. *National service framework for NHS funded library and information services in England: report of consultation exercise for phases one, two and three*. Loughborough University; Health Informatics and Research Group (HiRG), available at http://www.library.nhs.uk/nlhdocs/NSF_consultation_report_2006.pdf (accessed 6 October 2011)

Helicon (2002) *Accreditation of library and information services in the Health sector: a checklist to support assessment*. 2nd edition. Compiled by Chris Fowler and Val Trinder, available at <http://www.personal.soton.ac.uk/caf1/docs/checklist2002.pdf> (accessed 12 November 2011)

Helicon (2005) *Accreditation of library and information services in the Health sector: a checklist to support assessment*. 2nd edition with revised guidelines. Compiled by Chris Fowler and Val Trinder, available at <http://www.personal.soton.ac.uk/caf1/docs/checklist2005.pdf> (accessed 5 December 2011)

Hewlet J. and Walton, G. "Assessing the quality of library and information services for United Kingdom health professionals and students: a comparison of the National Health Service and higher education approaches and the way forward". *Performance Measurement and Metrics*, Vol. 2 No.2, pp.81-95

Hill, P. (2008). *Report of a National Review of NHS Health Library Services in England: from Knowledge to Health in the 21st Century*, available at http://www.library.nhs.uk/nlhdocs/national_library_review_final_report_4feb_081.pdf (accessed 3 November 2011)

Library Association of Ireland (2005). *Standards for Irish healthcare library and information services*, 2nd ed., available at <http://www.hslq.ie/files/StandardsforIrishHealthcareLibraryandInformationServices.pdf> (accessed 2 October 2011)

LINC Health Panel (1998a). *Accreditation of Library and Information services in the health sector: a checklist to support assessment*. LINC Health Panel working Group, available at: http://www.personal.soton.ac.uk/caf1/docs/LINC_Checklist_1998.pdf (accessed 4 October 2011)

LINC Health Panel (1998b). *Accreditation of Library and Information services in the health sector: implementation guide and toolkit for libraries in NHS Trusts*. Compiled and written by V. M. Trinder, available at <http://webdoc.gwdg.de/ebook/aw/2002/trinder/toolkit.pdf> (accessed 4 October 2011)

MLA (2007). *Standards for hospital libraries*, available at <http://library.umassmed.edu/hslnhvt/HospitalLibraryStandards2007.pdf> (accessed 10 October 2011)

National Library for Health (2008). *The National Service Framework for Quality Improvement of NHS Funded Library Services in England*, available at http://www.library.nhs.uk/nlhdocs/nsf_for_quality_improvement_2008_v1.1.pdf (accessed 10 November 2011)

National Library for HealthTeam (2005). *National Library for Health Strategy 2005-2008*, available at www.library.nhs.uk/nlhdocs/nlh_strategy_2005_2008v2.doc (accessed 4 November 2011)

NHS SHALL (2010). *NHS Library Quality Assurance Framework (LQAF) England*, version 2.1, available at http://www.libraryservices.nhs.uk/document_uploads/LQAF/LQAF_Version%202.1_June_2010.pdf (accessed 15 December 2011)

NHS SHALL (2011a). *NHS Library Quality Assurance Framework (LQAF) England standards assessment tool*, available at http://www.libraryservices.nhs.uk/document_uploads/LQAF/LQAF_Standards_Assessment_Tool_2011_with_guidance_and_hyperlinks_V2_rev.xls (accessed 15 December 2011)

NHS SHALL (2011b). *SHALL work plan for 2011-2012*, available at http://www.libraryservices.nhs.uk/document_uploads/SHALL/SHALL_workplan_2011-12.pdf (accessed 8 December 2011)

NHS SHALL Group (2009). *Chair approved minutes of the Meeting held in London Deanery on 10th November 2009*, available at http://www.libraryservices.nhs.uk/document_uploads/SHALL/SHALL_Group_Minutes_10_Nov_2009.pdf (accessed 7 December 2011)

NHS SHALL Service Development Group (2009). *Minutes of the Meeting held in London Deanery on 29th July 2009*, available at: http://www.libraryservices.nhs.uk/document_uploads/Service_Development/SHALL_Service_Development_Group_Minutes_29_July_2009.pdf (accessed 21 November 2011)

NHS SHALL Service Development Group (2011) *Notes from the meeting held in Stewart House, on 22nd February 2011*, available at http://www.libraryservices.nhs.uk/document_uploads/Service_Development/SHALL_Service_Development_Group_minutes_22_Feb_2011.pdf

Peacock, D. (2010) "Library Quality Assurance Framework". *SHALL Briefing for Library Staff* February, available at <http://www.londonlinks.nhs.uk/resources/shall-briefings/SHALLBrief201002.pdf> (accessed 27 October 2011)

Sharp, S. (1999). "Evidence Based Accreditation: the experience of preparing for an undergoing LINC accreditation". *Health Libraries Group Newsletter*, Vo. 16 No. 4, pp. 6-9, available at <http://www.cilip.org.uk/get-involved/special-interest-groups/health/Documents/dec99.pdf> (accessed 1 November 2011)

Shaw, Ch., et al.(2010) "Sustainable healthcare accreditation: message from Europe in 2009". *International Journal for Quality in Health Care*, Vo. 22, No. 5, pp. 341-350

Trinder, V. (2003) "Accreditation of Library and Information Services in the Health Sector". *United Kingdom Accreditation Forum*, available at <http://www.ukaf.org.uk/LibraryInfoServices.htm> (accessed 12 October 2011)

World Health Organization (2003). *Quality and accreditation in health care services: a global review*, available at http://www.who.int/hrh/documents/en/quality_accreditation.pdf (accessed 2 October 2011)

World Health Organization. Regional Office for the Eastern Mediterranean (2003). Accreditation of hospitals and medical education institutions: challenges and future directions, available at http://www.emro.who.int/whd2006/Media/PDF/RC50_Jor_2005.pdf (accessed 23 April 2012)