

# Institutional Repository Survey Analysis

## Introduction

This document records the results of a survey of repository use and provision by LKS providing services to the NHS. Services with and without repositories were invited to respond, with those not having a repository in place being asked to comment on whether they had explored options in the past.

The survey was undertaken online using the BOS survey tool and took place between 31<sup>st</sup> May and 4<sup>th</sup> July 2017

## Definition of a repository

Colleagues identified a lack of consistency in the profession around what was recognised as a repository. In our project we used the following very broad definition which was provided at the start of the survey.

*Repositories capture, share, utilise and enable access to the knowledge output of the NHS organisation served. This can include tacit knowledge such as lessons learned as well as poster presentations, publications and documented evidence/knowledge.*

In this definition we included listings of publications regardless of whether links were provided to internally or externally sourced full text.

## Response Rate and Observations

102 responses of which 4 were identified, following investigation, as duplicates and deleted. 98 unique responses from 95 institutions (some institutions made multiple submissions) 92 of the 95 institutions are NHS funded LKS making this a **43% response rate** based on figures quoted in KfH

### Points to note

- Several non-responding Trusts which are known to have repositories were chased but did not all respond to the survey
- Some responding institutions are reporting the same shared repository tool
- 4 institutions indicated that they did not have an institutional repository but then described systems which are covered by our definition of a repository (see above). They are therefore treated as having a repository in these results.
- All but one of the responses indicating the presence of an institutional repository indicated the involvement of the LKS in the process.

## Distinguish between full and databases of staff publications.

34 of 95 responses (36%) indicated instances of repositories in use within an organisation (inc. shared)

11 of these LKS were situated within Medical Education/Education = 32% of the 34

7 of these LKS were situated within Medical Directorate = 21% of the 34

28 of these (82%) repositories included research papers and/or abstracts in the content of the repositories

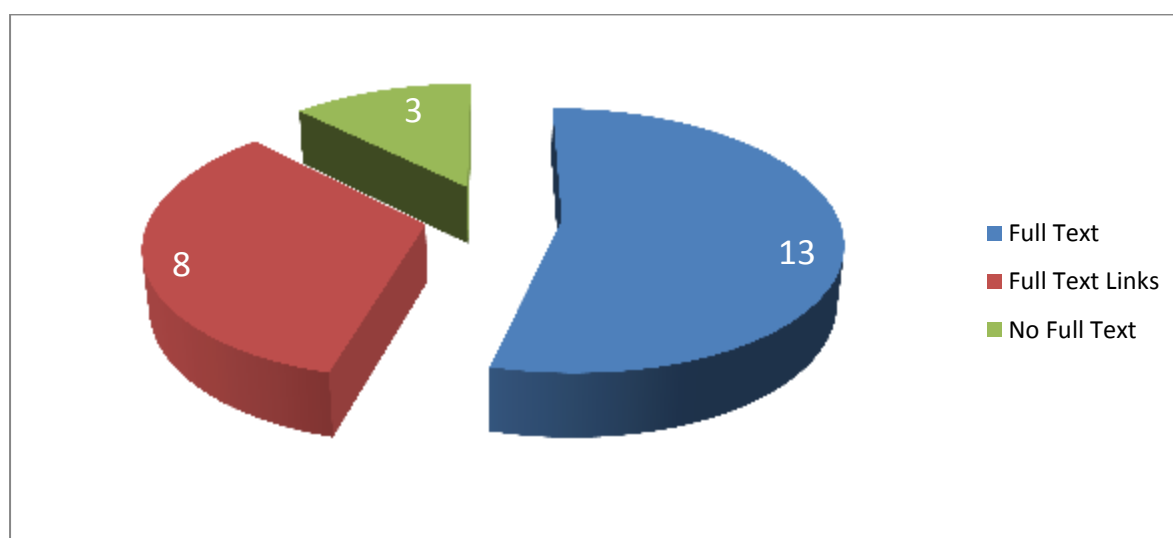
24 respondents<sup>1</sup> answered the question about the inclusion of full text in the repository. Of these 24 responses:

13 (54%) of these included full text content where copyright allowed this

8 (33%) linked to external sources

3 (12%) contained no links or full text

	Total	Searchable Externally		
		Yes no restriction	Yes but restricted	No
Full Text included in system	13	8	4	1
Full Text links to external source	8	1	1	6
No full text	3	2	0	1
	24	11	5	8



<sup>1</sup> Four services indicated they did not have a repository in the survey but then described having one and the noted contents of this. They have been included in some analyses where possible but excluded from some analyses to avoid skewing the figures where they were not asked to provide answers to some of the questions.

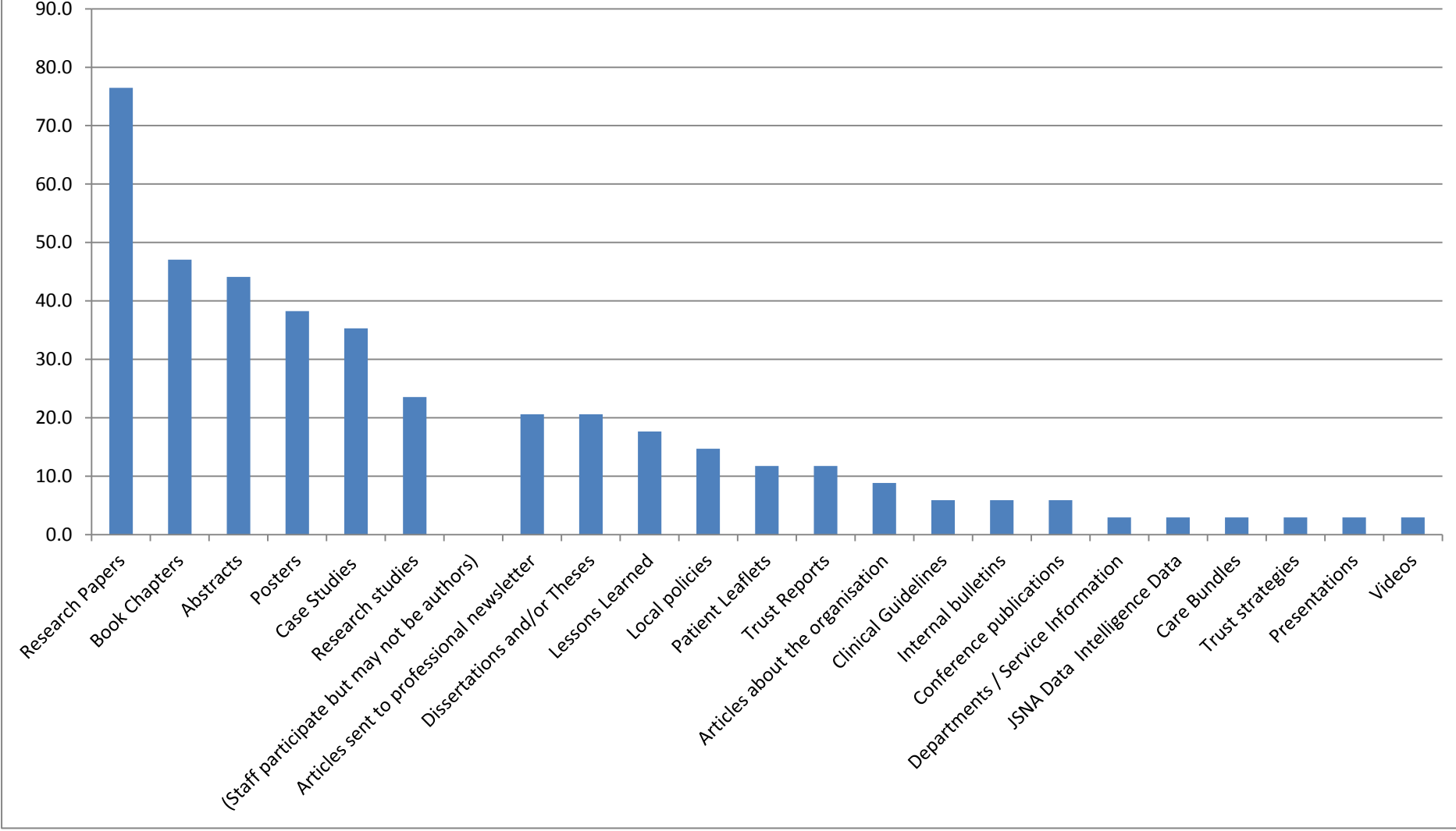
## Exploration of content contained within repositories within NHS funded LKS

### Content

34 responses indicated instances of repositories in use within an organisation (inc. shared)

Content Type	Number of instances	Percentage
Research Papers	26	76.5
Book Chapters	16	47.1
Abstracts	15	44.1
Posters	13	38.2
Case Studies	12	35.3
Research studies (Staff participate but may not be authors)	8	23.5
Articles sent to professional newsletter	7	20.6
Dissertations and/or Theses	7	20.6
Lessons Learned	6	17.6
Local policies	5	14.7
Patient Leaflets	4	11.8
Trust Reports	4	11.8
Articles about the organisation	3	8.8
Clinical Guidelines	2	5.9
Internal bulletins	2	5.9
Conference publications	2	5.9
Departments / Service Information	1	2.9
JSNA Data Intelligence Data	1	2.9
Care Bundles	1	2.9
Trust strategies	1	2.9
Presentations	1	2.9
Videos	1	2.9

# Repository Content Reported



## Types of repository reported

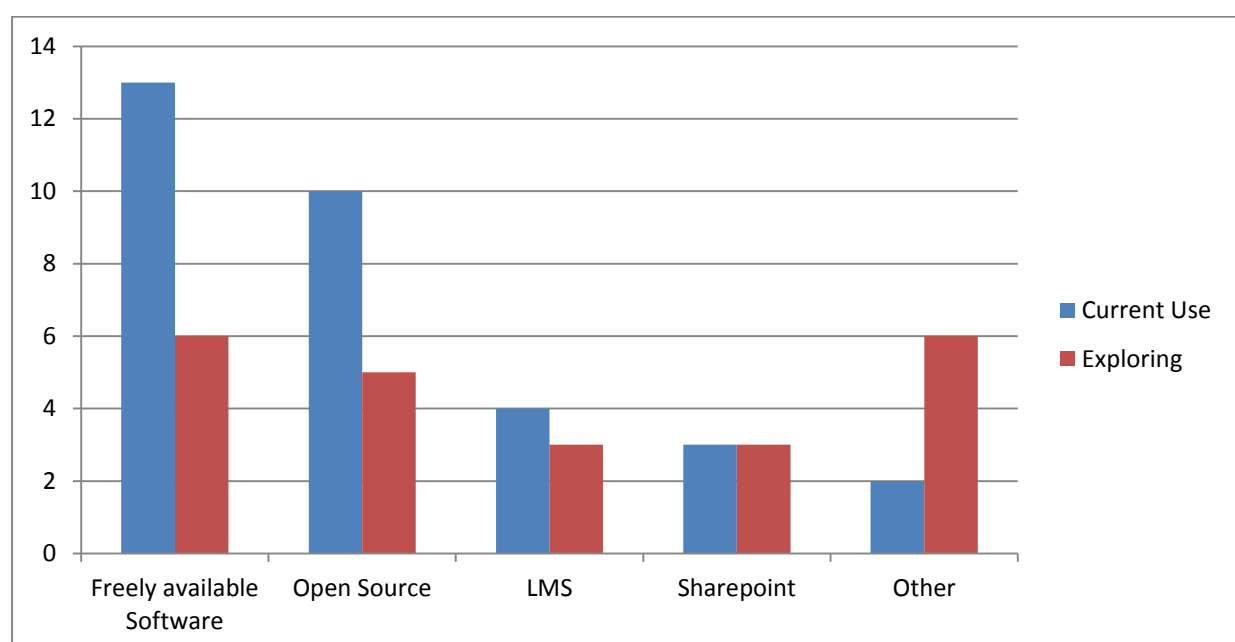
We asked respondents to tell us about the repositories in use. Details were requested relating to:

- Costs
- LKS Staff time commitments
- Whether they would recommend the system they used

34 responders indicating they currently have – or share -a repository are considered in this section

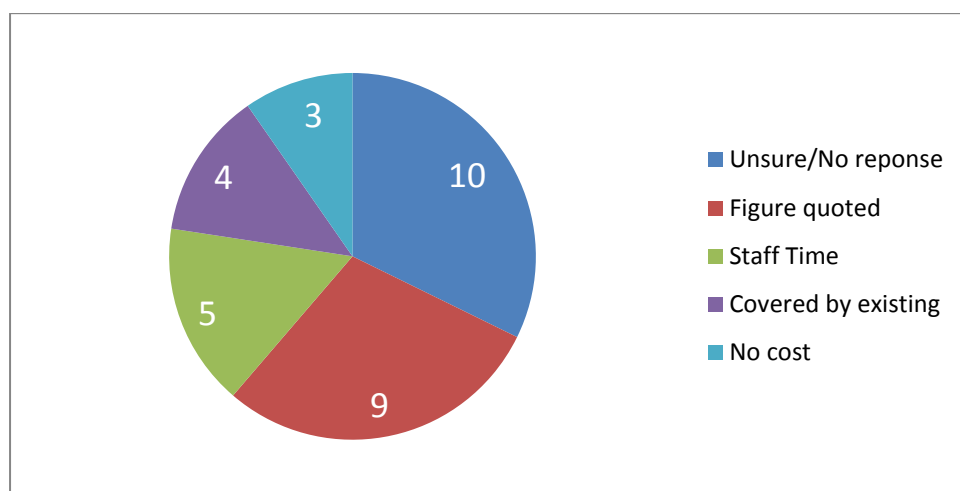
23 responses from those exploring repositories are also included in the table below.

System Type	Systems reported	No. of responses Current Usage	No. of responses Explored
Freely available software	Microsoft Excel Microsoft Access Zotero Intranet Internet	13	6
Open Source Software	DSpace EPrints Drupal Koha	10	5
Library Management Systems	Heritage Liberty	4	3
SharePoint	SharePoint	3	3
Other solutions	PURE (KCL) External Non-LKS System	2	6



## Costs

We asked responders to provide details of any known costs associated with the repositories in use.



The responses from the 9 services quoting costs for set-up and/or maintenance are shown below

In cases where more than one cost has been provided for a system an average and range is shown.

System	Average Set Up Costs Quoted	Average Maintenance Quoted p/a
Sharepoint	£110,000 (Met by IT)	£13,000 (Met by IT)
Drupal	£23,000	£1,500
Open Repository	Unknown	£6,000
DSpace	Average = £3,273 Range = £2520 – £4,300	Average = £3,273 Range = £2520 – £4,300
Koha	£4,850	£3,950
EPrints	Average = £10,650 Range = £3,800 – £17,500 <small>(Note: In case of higher amount the Initial grant included staff costs, support and software)</small>	Average = £5,450 Range = £3,800 - £7,100
Mean Average	£21,058	£4,963

Please note costs quoted are for guidance purposes only

Actual costs vary from year to year and will often depend on size of organisation

## LKS Staff Time Commitment

19 services (61% of repository owners) provided quantifiable estimates of staff time.

A further 5 (16%) provided general responses while 8 (26%) provided no response to this query.

Some services provided estimates of set-up time as well as maintenance.

<b>System</b>	<b>Set Up Time</b>	<b>Maintenance Time</b>
Access	-	0.5 hours per week
Drupal	-	8-10 hours per week
DSpace	98 hours	4 hours per week
DSpace	22.5 hours per week	7.5 hours per week
DSpace	-	2 hours per week
Easysite (Intranet software)	15 hours plus	-
Easysite (Intranet software)	-	1 hour per week
EPrints	70 hours	0.5 hours per week
EPrints	-	7.5 hours per week
Excel	7.5 hours	0.5 hours per week
Excel	-	0.3 hours per week
Heritage LMS	-	7 hours per week
Heritage LMS	-	7.5 hours per week
Library database	-	1 hour per week
Open Repository	-	4 hours per week
Sharepoint	70 hours	3 hours per week
Sharepoint	-	0.8 hours per week
Trust Intranet	-	1 hour per week
Zotero	-	2 hours per week
<b>Mean Average</b>	<b>47 hours</b> (Average of 6 times quoted)	<b>3 hours per week</b>

Note responses quoted in measures other than "hours per week" have been altered to provide a consistent time frame

## Recommendations

We asked respondents with repositories whether they would recommend the system to others.

10 respondents stated yes they would recommend

5 stated no

11 did not provide a categoric yes/no response

A total of 25 provided a rationale and further comments about the systems

System in use	Recommend Yes/No	Comments
Drupal	Yes	It is a good system created 5 years ago in PCT
DSpace		It is a good 'budget' software, although I personally think it is looking a little dated now, there are some upgrades due. The software was initially hosted by BioMed Central but they then got bought out by Atmire. I've seen some cleaner looking repository software (e.g. KnowledgeArc used by @ORDA) and think OR Lite looks a bit tired in comparison, but I'm assured that upgrades are coming in the Autumn. We only have 1 year of our deal remaining, and we're in initial discussions with local HEI re: possibly piggybacking on their software in the future.
D-Space	Yes	This is a much cheaper solution to other companies out their.
DSpace	Yes	fairly easy to use
DSpace	Yes	DSpace - yes it works and through KnowledgeArc was cheap. One other organisation has already subscribed.
D Space Open Repository	Yes	it is very easy to use. Uses a well-regarded platform (D-Space) and the technical support is very responsive.
Easysite (Intranet)		It works at a basic level but we've only recently started so it's difficult to say longer term if it will work.
Easysite Intranet	Yes	Making information easily discoverable and shareable among a clinical population on 2 sites 20 miles apart.
E-Prints		It is a very good way to promote the work of our Trust and raise its profile.
Eprints		For Trusts which are connected to a university this is a good option for creating a repository as it does not pose any additional costs. eprints is an established system which is fit for purpose.
EPrints /	Yes	If you have time and money. A national NHS repository would make much more sense.
Heritage LMS	Yes	easy to use and easy storage of information central
Heritage LMS		To some extent - it has helped to improve access to resources, but as it is only used for Trustwide documents, local guidelines are on the intranet. This causes confusion for some staff as there are multiple places to look. This is not



		a problem with the system per se, more to do with how things have been set up. One benefit is that we already have the system, so no additional costs incurred.
Heritage LMS		Easy to set up on existing software. No extra cost as software is used for other resources.
KOHA		Koha was purchased initially by the LKS to manage guidelines and policies. We now have a second installation as of October 2016 which acts as our LMS. It replaced Heritage. Small savings were made using one system as opposed two and it's easier for staff. The solution works for us. Downloads of guidelines and policies for the period December 2016-May 2017 - 84,894 We also have a good working relationship with PTFS Europe.
Liberty Library Management System	Yes	It has no additional costs, further justifies LMS maintenance charge and contributes to widening awareness of staff specialties. Staff can come across staff papers at the same time as searching for books on the same topic. This helps connect people to people.
MS Access		I would only recommend it if they wanted a simple, low cost option. It would be possible to achieve something more sophisticated with specialist software.
MS Excel & Refworks	No	
MS Excel	No	There are better systems out there but we are working with what we have as there is no additional charge to us.
Pure (KCL)		No idea - I am far away from managing this system. Worth noting that PURE has been purchased by Elsevier since we started using it
PURE (KCL)	No	Our HE/NHS partnership does not serve the information management needs of the Trust so no, I wouldn't recommend it.
SharePoint	No	SharePoint is not a 'value for money' option and there are simpler and cheaper options to deliver a near identical user experience (such as using the library LMS, or various cloud based applications)
SharePoint	Yes	Especially if your organisation already has SharePoint
SharePoint.	No	Not as it stands at the moment. It's too 'clunky' and isn't used as much as it could be. We're looking at a more sophisticated system using the newer version of SharePoint.
Trust intranet		System is simple but works. Sorting would be useful, but this is not possible in the current format.
Zotero		I would if you need a publications database at Zero cost, with a web interface. When we reach a critical mass we will upscale to Biomed Central or another commercially hosted system.

## Other Notes

Respondents were invited to share any further details relating to their experience of institutional repositories.

19 responses were received as follows:

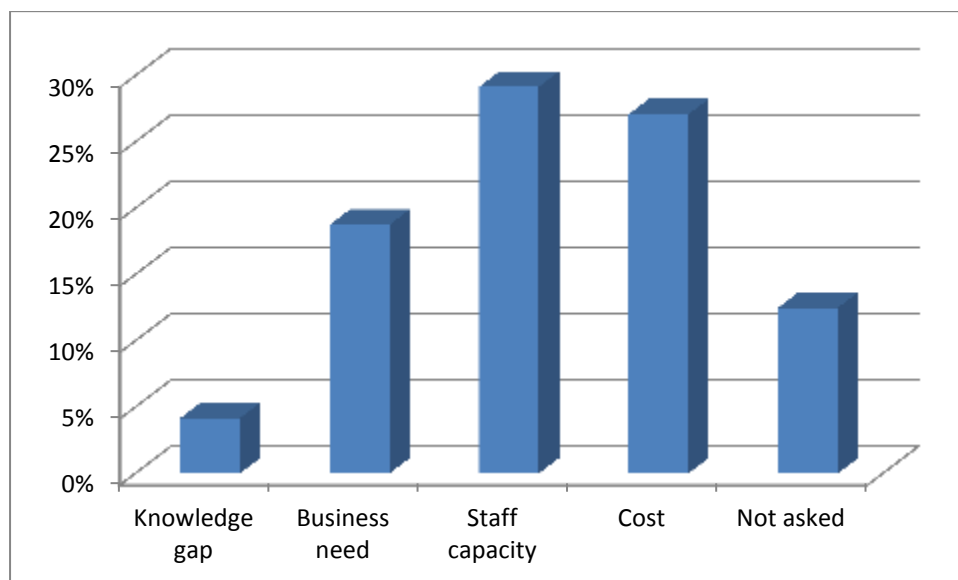
<p>Key features should include :</p> <ol style="list-style-type: none"><li>1. an automated update feature to allow authors of documents such as policies/guidelines/SOP/patient leaflets to be notified that a document is due review after X years/months. Keeping the material current is essential.</li><li>2. An effective search interface and ability to 'meta-tag' documents to make discovery simple for the end-user.</li></ol>
<p>The R&amp;D department have a different repository but they are not sharing currently. We had problems with our Comms team as they said they would have to see everything that was loaded in case they didn't want it publicised, even if it was in the public domain. We have chosed to go quietly ahead.... I'm disappointed that we're not working more closely with R&amp;D but they seem to want different things.</p>
<p>This was a great idea in the NHS, but has not been fully supported in Local Authority - but have lacked the confidence to bin it off. Don't work with LA's in terms of sharing and creating knowledge!</p>
<p>The staff papers are a relatively quick win as automated author affiliation searches can be created in HDAS and these can then be cited in the LMS. I am hoping of the majority can be linked out to PubMed this will provide maintained links to open access and link out to publishers for further details. Making abstracts of papers unnecessary. However I am aware some publication staff publish in are not on PubMed.</p>
<p>We share the repository ... The plan is for it to be a county- wide repository. The next step is to get another local Trust on board.</p>
<p>Managing the Trust Clinical Guidelines and Policies has raised the profile of the LKS at Executive level. During the 18 months I've been in post I've attended Management Executive on two occasions to discuss developments around KOHA. Gaining the support of the Executive enabled the guidelines and policies to be made accessible externally, at the time it was a significant decision.</p>
<p>it is not an "institutional" repository; it is a library maintained collection the web page stats indicate poor usage</p>
<p>A national or even regional repository makes ALLOT more sense than each Trust trying to do this. A change to contracts, similar to HE, where someone employed or funded by the NHS must make their research and publications available in a national NHS repository makes complete sense. If universities can do it, so can the NHS. It could save thousands in ILLs alone.</p>
<p>We have lots of joint NHS academic posts and their outputs are represented in the repository. We only include things that are research related really so would not start holding all sorts of things as per your list of potential items. There is reluctance to add NHS staff less closely connected to us as it increases the cost of the licence for a small number of additional publications and the general</p>

aggravation involved.
I would be interested in finding out more about other types of repository in use and the pros and cons of each.
Barriers include; finding a suitable time to get everybody who needs to be involved together to discuss and agree what is required, obtaining resource to actually build and maintain the repository.
There are a lot of trusts which have already gone down this path or are thinking about it. Its a shame that we have all done this individually recreating the wheel when a lot of this information could have been shared. I learnt a lot about this from the presentations and workshops at Scarborough's HLG conference, but a central point for information would have saved time and de-duplication of effort.
You can read more about it here <a href="http://kfh.libraryservices.nhs.uk/wp-content/uploads/2017/02/KM-Toolkit-Model-CreatinganInnovationsDatabaseRBHT.pdf">http://kfh.libraryservices.nhs.uk/wp-content/uploads/2017/02/KM-Toolkit-Model-CreatinganInnovationsDatabaseRBHT.pdf</a>
I worked in Open Access in a HE environment before I came over to the NHS. It seems like the NHS is about 5 years behind HE and we can learn a lot from them. It is hard to get the appropriate versions of articles from authors - especially as repository deposit isn't mandated like it is in HE. However, I think this is a growing area, and one that LKS staff have the ideal skillset for.
The biggest barrier we face is encouraging Trust staff to make full text deposits. We advocate the advantages, including increasing impact of their research, timely dissemination of research findings, potential increase in citations, making research findings publicly accessible, etc. but as there is no mandate from the organisation or other bodies to deposit in an institutional repository the incentive is still not there and despite a lot of promotion we have had few deposits.
There is chasing up to do - and looking at likely journals and e-newsletters....
As this project is in its infancy, hope eventually to have online submission forms so the repository is more up to date and can be exported into the records. The repositories may be a method of showing the public how staff are involved in research. Maybe one day the NHS libraries may have a national one with all the publications for researchers to search so people can see what other hospitals are doing in their subject area.
Obtaining full text is difficult. Some of the language relating to open access is not very accessible eg final authored versions etc. We link from our repository to articles and e-books in our library collection through a password system when publications are not freely available We have a statistics package linked to our repository which shows where around the world articles are downloaded which is always interesting to see. Anyone setting up a repository needs to factor in marketing costs and promotion through Social Media. We revamped our website a couple of years ago to reflect the branding of our Trust.
I copied the system from Birmingham and Solihull Mental Health Trust as they have the same website supplier (Easysite CMS).

## Organisations with no repository

48 Organisations responded that they have no repository. Fourteen (29% of those) have explored setting up a repository.

The most common reasons for not having a repository were staff capacity, cost, it was not a business priority or they had not been asked to set one up.



The libraries who had explored a repository had investigated a variety of systems. Two were specifically mentioned – this included

System	Reason not implemented
Koha	Technical issues – IT unable to implement Apache Open Source software
Moodle	Capacity and the need to identify “champions” within the Trust

Six of the 34 libraries who had not explored a repository expressed an interest in finding out more. Several libraries commented that this should be a regional/national initiative.

In summary, most libraries were open to the suggestion of a repository but were unable to take it further due to staffing and costing implications.

## Comments why they had not explored a repository.

No time. Not enough staff.
I wasn't sure how to go about it or what material would be relevant
The Library has undergone a lot of changes and there has not been time to explore this option.
Lack of resources i.e. funding and staffing levels Tried to set up a repository within organisation a few months ago. No interest shown at Nursing management level.
We currently use Soutron LMS. I believe they could facilitate a repository module or something of similar characteristics. I will be looking into this in the future.
Never been asked to be involved.
Don't have funds to support this and don't have evidence of the requirement within the organization. I feel this should be done at a regional or national level.
Lack of staff time
I am new in post, so not sure if and if not why not.
It is a battle to get people to do research and publish in the first place. Should more publications be produced, then a repository may be required. Are they actually needed? Is this not creating another information silo?
Currently not trust priority We are interested in setting this up , staff time permitting
Organisational restructuring Done by someone else - University, but could be doing one for Academic health science centre together collaboratively that covers both NHS staff and clinical researchers Staff turnover and loss of posts - lack of stable work environment I
I am not aware of the organisation having explored a repository in the past, but if it did, the Library was not involved. The main reason for the Library not being able to explore this ourselves is staffing capacity, as we have fewer than 2 WTE staff. I am aware of various partial repositories in the organisation, eg the Intranet "Document Library" for policies, local guidelines etc(unfortunately we haven't had input into the structure of this), and documents from Schwartz Rounds.
Never been asked and when asked if anyone thought there was need received negative response
I think it would be a good idea but at the moment the Library Team lacks the capacity
Has not been requested so far, understaffed, lack of time to deal with work involved in such a large Trust. I am not aware of any work on tis but cannot say for definite.
Lack of LKS staff (long term vacant post) May explore in future
Knowledge of staff and time pressures.
Low on priorities, focus on delivering and improving current offerings Please share any learnings and findings from this survey with us! Thanks!
As a library service, we have never been asked. I wouldn't know how to go about it.
Appropriate links weren't in place. We are beginning to explore LKS involvement in developing a repository by quality improvement projects, audits, junior doctor quality improvement projects & any other projects we can trace within the Trust.
I have never been asked to do so. As far as I know no repository exists within the trust.
Expense
It is something we are considering currently but have not explored in detail
Please note - I'm not sure what may have been explored elsewhere in the Trust. For me - no specific reasons, just not got that far yet. It's something we would be interested in.
I am the Operations Library Manager for the trust. We are currently seeking to appoint a Head of Service. This an area that would be pursued by that post once it is filled

I don't know whether our organisation has ever explored this or which departments would be involved. We have several areas of good practice where teams and departments work on quality improvement projects and the results of these are implemented and shared. We also collate all of the published research by Trust staff. We are starting to look at how information is shared in the Trust for the purposes of governance and identifying areas for knowledge improvement and I am auditing information flow which could lead to better knowledge management in non medical education. Better knowledge management is something that I would like to start to develop within the Trust but as I have only been in post a short time there are other areas which I am currently working on.

Having had experience of institutional repositories in previous organisations I think these work best if they have buy in at a senior level and they do need to be properly and systematically managed and underpinned by fit for purpose policies and processes. The repository storage system should be easily accessible and available across teams so that knowledge can be shared and it's usefulness fully exploited.

Cost - it would be too expensive for us to purchase.

As far as the library is aware there have been no recent discussions about setting up a repository. It is something the library team would like to explore further.

## Comments where a repository had been explored but not implemented

We did not proceed as we felt we didn't have enough support from R&D department.

I feel a repository would be very useful but probably need some positive data to share with others inc

Kept an eye on lis-medical and comments there - DSpace, Knowledge Share and Share Point mentioned. No funding here to buy a package. Hoped new intranet might provide a solution but not realised yet. Need to work with Programme Management Office (ideas for improvement via a 'Share and Learn' template) and Governance colleagues (lessons learned monthly PowerPoint slides).

I would be interested to know if Trusts are using the library management system for this purpose; it seems to me these are already paid for and could fairly easily provide a solution. I think other Trusts use theirs for this purpose.

costs was the biggest factor

supplier presentations need to be meaningful and relevant

We didn't get past the initial scoping exercise. We identified a lack of capacity in the organisation both within the LKS team and within the IT team. It was not an organisational priority or interest at the time. I also thought an NHS-wide open access repository would be a better route.

We discussed the option of having a repository with our Research and Development Team who were very keen. We wrote a business case outlining various options but never heard anything more about this. We believe this to be because of cost. Due to the current lack of appetite for the project we have put it on hold although we would be keen to explore this again.

Brief look at using the catalogue as a repository for internal documents. Unfortunately hosted and not secure. Looked at Koha - was possible, but IT said they couldn't work with Apache open source software (Microsoft only) and there was no funds to create.

So little research is conducted here, it is doubtful there would be a need.

I have looked around at repositories at other Trusts, and approached a couple of the commercial

options for quotes. I have discussed with R&D Team, but budget not available to take forward.
We looked at OpenLite from at the time Springer, now Atmire. I was interested and R&D were too, although they were keen to point out that they shouldn't have to pay anything to support the project as it wasn't anything to do with their remit (!). I had to shelve the project due to covering staff absence for an extended period of time - there wasn't really any other reason for not proceeding. When I finally catch up from this period of cover, I intend to pick this up again.
Looked at research publications repositories in other organisations (NHS and academic). Costs were prohibitive. Looked at creating one in-house but too difficult.
Wanted to establish a database/ repository to share best practice and innovations based on work of the project group - <a href="http://kfh.libraryservices.nhs.uk/wp-content/uploads/2017/02/Main-Report.pdf">http://kfh.libraryservices.nhs.uk/wp-content/uploads/2017/02/Main-Report.pdf</a> . We still hope to take this work forward with the quality lead in the Trust so we can encourage spread of knowledge about QI initiatives. Response from the Research and Innovation Lead was disappointing and they seem to have tried to set up some form of repository themselves but this is not published on the intranet nor widely available - LKS were not involved despite offering assistance. We also compile updates about staff publications but we do not store copies locally. Different motivations in different departments and some don't seem to see the library as having a role here. Would love to be able technical assistance to help set something like this up across the area
investigated Biomed model either individually or in collaboration Repositories require high level support and commitment supported by policy and guidelines. The time and effort required to develop one should not be underestimated.
I believe we got quotes from a couple of suppliers, one of whom came into the trust to talk to ourselves and the Research and Development Department. Cost was the main reason we did not proceed.
Due to financial constraints, there appears to be a lack of appetite for a repository at the current time. I have only briefly looked into this, and am mulling over using our moodle system as a repository, which would not cost us anything other than staff time. I need to find champions for this among senior staff before it can move forwards. I have also had lack of time to devote to this over the past few months. Tangible benefits from other trusts from creating repositories would be a useful selling point.
Reasons for not proceeding, time and money No, except that I think that all Trusts should have one but most staff usually deposit with the university or another organisation.

## Comments from Libraries currently exploring

15 responses from organisations that are currently exploring implementation of a repository.

We have looked into using Wordpress, Libguides, free repository software - DSpace plus the hosted version DSpace direct and Open Repository. The main challenges are finding funding if we go for a paid for version and hosting issues if we try to do something in-house. IT are also too busy at the moment to help us out. Setting up DSpace from scratch looks very involved. We quite liked WordPress which another Trust had used but we thought it looked too time consuming to enter records retrospectively.

I would be interested in any shared learning from this survey!

A couple of years ago we were exploring platforms to use and then were looking at using the content server that the Trust uses for its intranet site. However, now that we are working closely with a nearby Trust we are considering using (and sharing) their platform.

We are just currently collating the information on a document to include on our library website and intranet. We have just started this project and are working with the Research department to gather information for this. As the project developments we hope to explore more effective ways to share this information

We're looking at creating a repository of 'best practice' to share outcomes. It's still in its early stages and we're currently looking at using the Trust's Intranet site to host. We're only looking at the content being visible within the Trust. There's wide spread support across the Trust. Key areas that would add content include Transformation, Clinical Audit - specifically F2, Communications - HSJ Awards, Trust scheme. A lot of the content is available but not accessible. The idea is that individuals and teams will add content with the LKS managing the platform, meta data and review dates. Each entry would link into the Trust objectives. This could then be used as evidence to support CQC visits.

Currently we list publications by staff based at the Trust on our catalogue system which includes a tab for "staff publications". This was started by one of my predecessors and I have developed it further by adding more publications identified by searches.

As we may be merging with another Trust it is likely the existing list may be replaced by something else in the future.

Early days - we are planning to create a repository of abstracts and links to published papers by Trust staff, and will be investigating the use of SharePoint to host the repository. Key challenge is time and lack of full staff.

I see the creation of this kind of repository as just one element of KM, but currently this is the most immediate and effective step to get involved and do something.

I see the creation of this kind of repository as just one element of KM, but currently this is the most immediate and effective step to get involved and do something.



Presented idea in May 2017 to research governance committee as a means of managing the trust's (staff) publications and poster presentations. Looked at what other organisations (universities and NHS trusts) offer. Full IR would be too expensive for an organisation of this size, so initially we will collate publications into spreadsheet with a view to adding to a database. Challenge is who will add content and update: possibly shared responsibility between the library and the research department?

We have a Word document, which is produced annually, of documents that have been published by Trust staff. The list is available via the Intranet on our new Innovation & Research Hub, which the Library Manager edits on behalf of the Innovation and Research Council. We've also started tagging any books on our library management system, so that they can easily be found. Small baby steps to start with ...

we are working with our research team to create a database where we can record innovations and publications of papers by people in the Trust. We are hoping to access a facility via our medical education website to set up the searchable database. this is taking time to engage with the right staff but 1 meeting has taken place and we are waiting training. Research team have been very supportive as they are keen to see this happen as part of their objectives and are trying to get some funding to support it. Time is a challenge as there is a lot of work pulling all the data together, project plans and meetings etc.

We have looked at repositories and research hubs that other NHS Trusts have and also at university sites. We investigated the software being used and the cost of buying and maintaining several systems. We decided that the system that we preferred was one that had been developed internally and have asked our IT department to create something with similar capabilities for us. We have been trying to get IT to do this for several years and the project has been previously rejected by an IT manager who has now left so we are now more hopeful and preliminary meetings have taken place. We are looking at a research hub and again several years ago the Head of Research didn't engage with the idea but is now fully supportive.

looked at commercial providers - Eprints, Open Repository, looked at other repositories eg ORA (U Oxford) All require not only set up fee but maintenance fee which we could not support and could not get support to finance. Asked IT - initially said no capacity to develop. Also asked R&D, L&D & business strategy team but no funding available (although all were supportive). However a year later (Jan 2017) I asked again and IT this time agreed to develop using WordPress. I set up meetings with R&D, Clinical Audit, Comms to discuss - all agree it is a very good idea and support it. Our leaders conferences have recently raised issues around sharing and recording of local research (need to do this more). The repository will be able to support this, recording local projects and research, not just published research. Library is to coordinate, manage and provide ongoing support. Web developer has produced an initial admin form and will next develop the public view. It will be hosted on the Trust main website. I have also asked other NHS libraries who use wordpress as a repository - it seems to work well.

The library manages a staff publications database which uses Wordpress Software. We don't currently use this as a repository, but it could potentially be used as one and I am considering whether it might be 'good enough' to use until something is created nationally and getting authors to provide copies under green open access so we have a collection that can be used to populate something larger. If there are no plans for a national NHS repository, then we may look at possible repository software alternatives. However, at the moment the R&I department has not expressed any desire for us to create a repository. I think the main challenge is going to be time and expertise rather than financial, as we don't currently know enough about how to manage a repository, and we have limited librarian capacity.

Have investigated hosted systems like Dspace, eprints etc Also currently exploring with IS Oxford whether a module can be developed for existing LMS. The main issue for me is that there are two main aspects to this • Having a process in place which captures information for the repository (the cultural people bit) • Having a way of collating/sharing this information (ie the technology) No point in spending lots of money on the technology if there is not the culture bit....

In the process of developing an in-house research repository in partnership with research and development. We have explored purchasing a package or asking IT to create a database for us. For the first stage we decided to go for a simple in-house solution developed by the LKS team.

I started this work last week! We will be developing a repository as it's one of the objectives in the latest Training, Education and Development strategy. I met with another Trust who shared the work they had done with a view to joining their system. I also looked at the work of neighbouring areas. We have a license for EasySite CMS and so one of the other options would be to develop a directory based on the work of other Trusts.

Additional issues to consider - Output methods for users searching the repository. Can users print the record or the case study etc. Also including video or other media in the repository.

Hugh Hanchard & Dominic Gilroy

For the HEE Senior Leadership Repository Project Group