**Implementer - Interview Notes for eRedBag User Story**

**Name:** Peter Davies, Director of Corporate Services, Epsom and St Helier’s NHS Foundation Trust

**Role:** Exec Sponsor for the eRedBag

**“It’s vital to get someone like a senior clinician to be constantly saying “Don’t forget to look at the eRedBag”, because if you’re not looking at what’s in the eRedBag, you’re not seeing the benefit of it.”**

**As the exec sponsor involved in the eRedBag project what did you see as your role in particular?**

My role has been to act as a champion for the programme but also to ensure that if for example anyone clinical or in IT needed someone to go to in the Trust who knew the programme, who was committed to it and could unblock any difficulties, I could fulfil that function for them.

So for example, what happened with us was our senior nurse clinician moved around a bit, but what I was able to ensure was that we could always find the right clinician who was committed and could speak about the eRedBag when needed or test something out.

**What were the challenges and successes with implementation?**

The advantage we had was that we had already implemented the Red Bag as part of the Sutton Vanguard, and so our management team and clinical team already were familiar with it from the outset. So fortunately, we weren’t starting from a blank page, but we still needed to implement the technical side of the eRedBag and make sure people were aware of it and could use it.

If we were starting from scratch, we would have much more to do to ensure people understood what their roles needed to be, whether it was an IG issues or an operational issue and that people understood where to look for the eRedBag, is it safe and how do you use it.

**What do you think has worked well with promoting the eRedBag through the hospital and ensuring all systems leaders were aware of it?**

We used all the communication channels that the Trust has available, rather than just having the nurses trained for example. We used lots of our tools to make sure we had awareness, but the hard bit is if you don’t have all the care homes using it then the touch points are really quite small.

For example, when we were piloting it and had three or four care homes using it, the chance of there being an admission, with an eRedBag attached and for our people to know to look was relatively small – if there is only a small handful of admissions that have that you’re not necessarily going to look there.

Whereas with the physical Red Bag, if you’re on the ward, you can see the patient has come in with that and there are practical things in it, not just their medication, but their glasses, teeth and clothes. So, the physical Red Bag made it easy for the immediate ward the patient was in, but the downside of the physical red bag was that there are lots of other staff not on the ward who don’t know about it.

The advantage of the electronic version is you’ve got much broader reach – so pharmacy can look at it and lots of people in the hospital can look at the information.

The reach into care homes is also really critical to make the work in hospitals more effective – so the more residents who come in with the information there, the easier it is for hospital staff to think “Oh I’m going to have a look in the eRedBag, is there any extra information there because I can see they come from a care home”.

Closing that loop with the care homes is the hard part. So, where roles like mine come in is reassuring the care homes the hospital is committed and we’re taking this seriously, so it is worth them doing what they need to do at their end like sorting out their IT and governance. Then, if they’re doing their bit well, which means we’re doing our bit well and then finally when the patient is discharged back into the care home, they have useful information from us which is electronic too and that closes the loop for the care home.

The other benefit of having someone senior from the hospital engaged is you can demonstrate to other stakeholders that with the eRedBag there is a benefit both in terms of the resident going into the hospital as well as going back.

The challenge is how do you start with a pilot and then scale up? The pilot is really just a proof of concept, you can make it work but how do you scale up to operationalise, so that after you’ve done your comms, how do you ensure that sufficient residents come in with an eRedBag and make it more likely hospital staff will have a look at it, rather than look and find nothing there and then forget to look again.

**Finally, what do you see as the challenges in the system with implementation and how could other Trusts overcome them?**

The first step is you need to engage with your Tech and IG team early enough, so they’ve done the work that enables the interface to be there, which does take time and effort. The second step is to translate that operationally, so you do need someone like a senior nurse for example to make sure this is covered, for example in weekly senior nursing meetings or ward meetings to remind people the eRedBag is there, have you set up training for it, do you know how to look for it and to populate the discharge information going back.

So, it’s vital to get someone like a senior clinician to be constantly saying “Don’t forget to look at the eRedBag”, because if you’re not looking at what’s in the eRedBag, you’re not seeing the benefit of it.

You also have to find the right Exec Sponsor – it will be different in every Trust, but you need someone interested and engaged – it might be a senior nursing person, a Chief Nurse or Deputy Chief Nurse kind of person who can see the benefit of supporting older people in a better way and therefore is keen to push it. The technical and IG folk will always respond best if it’s a clinician saying I really need this because I can see how it’s going to help improve patient flow or patient experience.

I took up the role because I knew about it from before and this was going to be the ‘e’ version of the Red Bag and I just wanted to make sure at Epsom St Helier’s that we did our bit to support the project.