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

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**Role:** CCG Regional Lead / Steering Group Lead

**“Getting the senior hospital clinician on board is crucial. They’ll be the ones saying, ‘This impacts on quality assurance, it impacts on safety for the patients, this is blocking our beds’, so getting that clinical engagement particularly at a senior level is the first thing.”**

**As someone involved in the implementation of the eRedBag project what did you see as your role in particular?**

Well, I was part of the initial bid for the eRedBag, so having been a part of the creation of the physical red-bag I knew the benefits of that system, but I also knew what some of the limitations and issues were.

Once we had the go-ahead for the eRedBag, my role then became about how we actually made this happen and to start with it was important to get someone who was a really good project manager. I needed to ensure I had someone who understood the care homes and was able to relate to them; because I think sometimes that can be a challenge.

It’s really critical when working with care home staff to make a connection with them so they trust you - particularly as we've gone into remote working - but also someone who had that attention to detail; who was willing to learn and pick up the IG and the IT side.

For the people involved at a local level in using the eRedBag, the benefits are absolutely a no-brainer, however we have to understand that for hospital clinicians the care home residents are just a small proportion of the patients they see. They are often the patients who are really challenging to move through the system or to assess and discharge effectively, but at the same time clinicians also have many other competing priorities.

So, my key role was really trying to get the right project manager who had the right skills to absolutely drive this forward and from there my role has been about raising the profile, selling the benefits, going to the CCG digital board making sure we were able to get it on to the program there and make sure it was a priority.

We knew we had to connect up with the IT side of the hospitals but also the clinical side and I had to ensure the project manager was introduced to senior people there and make those introductions to keep the project on senior peoples’ profile, so they understood this is important and what the benefits are.

I also had to engage fully with the local authority, and it was fortunate due to the history of the Sutton Vanguard and the connection with the physical red bag, that we were able to get that through very quickly. The local authority has been the sponsor and we wanted the local authority leads to be engaged and fully supportive, but we also knew they have limited time, so the discussion with them was that they would chair the steering group while we would support them in doing much of the work, but we had to have that local authority figurehead driving things forward and able to influence change.

The eRedBag has a direct impact on health service delivery and it will change health and social care pathways. Although local authorities won't necessarily see a change in their day-to-day management, we're really fortunate in that we've had leaders in the council who have the insight to understand this is part of a journey of creating communication between care homes and health and enabling care homes to better look after their residents.

The risk is that local authorities might say ‘Well, the eRedBag is a health issue’, whereas actually I think it's really important to have the local authority on board and behind it as they have that connection with the care homes and hold a lot of sway with care homes in terms of quality assurance and contracting a significant number of beds.

So, I would say we need to have local authority leadership right from the start with someone who has a fairly senior role, who can be a champion, and we were fortunate to have Director level involvement. We want the local authority to endorse the eRedBag and say to care homes this is really important and hopefully to eventually get this into care home contracts as part of their quality assurance process and best practice.

 **What would you say has worked well in terms of the planning, setting up and promotion of the eRedBag?**

With hospitals I would say it's really important to get a senior manager-level person involved, someone who really understands it and sees the importance of the eRedBag to the hospital. Having Peter Davies, Director of Corporate Affairs at St Helier involved absolutely changed things - his senior endorsement has really helped us to take things forward.

I think also having a connection with the digital team the hospital and having clinical leadership is really important. Last summer at St. Helier's and in the autumn at St. George's we held Red Bag relaunches. These events were about raising awareness again and as part of that we always said ‘And the eRedBag is coming, keep an eye out for the eRedBag’. If we weren't in Covid, we could have done much more of that type of work. What would be ideal would be to walk the wards and look for the red bag and to go into A&E and speak to clinicians. It's really important to get clinical leaders who will help to drive it forward locally and that has been a little bit of a struggle because of Covid - we just haven't been able to get into the hospital physically in the same way.

Another challenge has been getting a large number of care homes to use the red bag. The pressures of COVID have limited the Care Homes capacity to take on new ways of working, so the uptake has been slower than planned and we only had a small cohort using it.

The other key players are the care homes. Care Homes respond well to peers sharing information. For example, at a Care Home Forum a manager may stand up and share that they have been using the eRedBag and it's been fantastic thus selling the benefits. Showing short videos filmed of peers and this case presentation, step by step approach works really well.

There is always that fear and apprehension for care homes about ‘Will this work, is this going to be safe?’, whereas a peer is using it and saying ‘This is really good’, people are more likely to take it onboard.

It is important to know your care homes networks and to start promoting the eRedBag even before implementation; asking Care Homes who would like to be involved and using communication channels, such as the forums is really important.

In addition, working with the care software providers was key in getting the care homes on board particularly for those care homes who are already working with the software providers. Strategically it was also about targeting care homes that we wanted to be directly involved, for example those homes who are struggling with their quality assurance levels and showing them how this would help them with that.

Although we’re not quite there yet, we also will need to engage fully with the ambulance service as they will soon have access to the eRedBag, and they are a critical partner in the pathway.

**In terms of other locations wanting to implement the red bag what would you say some of the challenges are with implementation and how could are the areas overcome these?**

IG is always a challenge and people are always fearful whenever you say the word Information Governance. We had connected with Southwest London CCG’s IG lead early on and the hospital IG lead. I’d say getting those IG Leads on board was really crucial and going through the steps that we were required to do as well as getting the Data Protection Impact Assessment and the Data Sharing Agreements all signed off.

Getting the IT connectivity was also a big hurdle to overcome - it still is, and it still takes time but the connection with the hospital and care homes needs to be put in place as an early prioritisation with early conversations. From a care homes perspective, to get their Data Security Protection Toolkit standards met is a challenge that needs to be addressed early on. Care Homes need the support and time to move through the DSPT and it is a huge challenge for them.

Also, the engagement is so important, just getting people onboard and raising the profile consistently so we can get it on key people's agendas and up their prioritisation list.

In terms of engaging with the hospitals, I think a good starting point is first getting a clinician onside who deals with care home residents and has seen the problems and would like things to be better - starting from that clinical perspective is really important.

Clinicians can go back to managers, particularly senior clinicians and say, ‘We need to be doing this, it would make things much better in the hospital’. Getting clinical buy-in first is probably the most important point to start on. If clinicians don't think it's important than the rest of the system won't either. Clinicians will be the ones driving this and saying ‘This impacts on quality assurance, it impacts on safety for the patients, this is blocking our beds’. They are the ones who will drive that, so gaining clinical engagement, particularly at a senior level is the first thing. When you've got that buy-in you can then say right, let's try and make this a reality let's go to the next layers and the next steps