**Report of Qualitative Interviews on Implementing the eRedBag**

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## Overview

Between September and November 2020 thirteen in-depth interviews were conducted with a range of stakeholders involved in the eRedBag implementation. Interviewees comprised of:

* Implementers – 8
* Care home staff – 3
* Residents – 1
* Acute staff – 1

The interviews were transcribed, and a thematic analysis carried out where data was manually categorised into codes and themes. Whilst the ambition was to conduct more interviews in care homes and hospitals, our targets were revised in the light of ongoing pressures caused by the Covid-19 pandemic. In addition, anonymity of users means that following up with those who have accessed the eRedBag data cannot be carried out automatically. Whilst the project team is supplied with data relating to numbers of staff who have accessed the eRedBag, direct access to users is not routinely given and needs instead to be done through direct contacts made within the trust. Again, the particular pressures of the pandemic restricted normal routes for seeking user feedback. As the project rolls out nationally the intention is to collect more feedback from care homes and clinical users in order to refine the products and process followed, and realise the benefits.

The sample was self-selected from those who had played important roles in project implementation and therefore presents a partial view of project – despite this the themes arising from the interviews provide a valuable insight into the process of implementation and the lessons learnt.

Although project implementation was beset by the significant challenges arising from the Covid-19 pandemic and subsequent pressures on the care homes and acute trusts (key players in the eRedBag) enthusiasm for the project aims and objectives remained high. There was an underlying assumption that project goals remained worth working towards and indeed could be met. There was also recognition of the robust partnership work that had gone into finding innovative ways to keep the project moving forwards.

**The Sutton eRedBag project is undertaking outstanding work, focusing on digital solutions for Care Homes of different sizes and different levels of digital maturity. These include homes from larger organisations who are more likely to be ready to use advanced digital solutions, as well as smaller homes**. **Implementer**

**We think the eRedBag system is working very well – we have seen the benefit it has had to Care Home staff, residents and their families, as well as clinicians. We hope to see the eRedBag rolled out to the rest of the country. Implementer**

## Perceived benefits

### 2.1 Improved sharing of information

The benefits of sharing information in a timely fashion across system boundaries were mentioned repeatedly. The outcome of more efficient information transfer was spoken about, in relation to improved patient outcomes, to reduced need to repeat unnecessary tests as well as savings to staff time relating to tracking down/searching for lost paper documents.

**By the time the paramedic has taken the Red Bag, gone to hospital, it’s not there anymore. The added problem was when someone was sent to xxx Hospital for immediate care but was then transferred to yyy hospital for further investigations, or trauma care. By the time it’s been transferred from one place to another, nobody knows where the Red Bag information is – it’s lost in the transit**. **Care Home Manager**

**The situation that we found with the paper-based system is that it often got mislaid. The majority of our time was spent on the phone or with the professional from the hospital trying to get accuracy of information and repeating information that we'd already sent.** **Care Home Manager**

Better communication with relatives of residents was another reported outcome. Having all the relevant information in one place relating to patient wishes, informed sensitive discussions with relatives.

**Yes - all the information they need is in the eRedBag and there is continuity of care as they have all the care plans and assessment there. In addition, there is improved communication with the residents’ families as the eRedBag has information on the next of kin, whether they have the lasting power of attorney and so on. Care Home Manager**

### 2.2 Improved efficiency of running and quality of care offered in care homes

Care home managers and staff recognised the multiple benefits of using the eRedBag pathway, both in terms of the quality of care offered to residents, as well as improvements and efficiencies to their own systems.

**It also reduces the risk of any breach of communication … Before we had problems with breach of GDPR, disappearance of information, non-stop phone calls – now the eRedBag has really fixed the problems, it draws links between health and social care.** **Care Home Manager**

**I used to have fights with the ambulance crew – they wanted the original DNACPR. Since I have the DNACPR downloaded with the eRedBag, the ambulance doesn’t need to see the original anymore... Care Home Manager**

### 2.3 Benefits for patients/residents and their families

One of the most powerful stories recounted came from a clinical nurse specialist, who accessed the eRedBag information to inform the treatment of a patient in her care.

**In this particular patient’s case, the eRedBag had almost like an advanced directive of what the patient wanted and what she didn’t want in certain circumstances so it was a case of if there was a potential cancer diagnosis there, she wouldn’t want any invasive investigations, she wouldn’t want any treatment for it. However, that was exactly what I was about to do for her, I was about to start doing some quite difficult investigations and without the information in the eRedBag, she would have ended up with two huge scans plus a lot of blood tests, breathing tests and then a biopsy. Clinical Nurse Specialist**

The ability to access information relating to the patient ACP in a timely fashion meant that further treatment, which would have gone against the patient’s wishes, could be avoided.

The reassurance of having better information sharing processes in place was also seen to benefit families, particularly in relation to the ability to share their relatives end of life wishes across organisational boundaries.

**It's a reassurance for the family as well because they feel comfortable that the information is secure with data protection. These people are entrusting us with their care. We are able to share it in a professional and secure manner. Care Home Manager**

### 2.4 Standardisation of information

One of the early project targets was to develop approved standards which could be used nationally to determine what strands of information to include when residents are conveyed urgently to hospital.

**The new About Me standard highlights the most important details that an individual wants professionals in health and social care to know about them. It might include how best to communicate with the person, how to help them feel at ease and how to reduce their anxiety- for example when having an injection, and who they would like to be with them. Implementer**

The fact that two standards were created, one covering health ([Urgent transfer referral form](https://theprsb.org/standards/carehometohospital/)) and the other social care ([About me](https://theprsb.org/standards/aboutme/)) was particularly applauded:

**One of the other really important pieces of work we did was to create an information standard called About Me and that’s information that the individual thinks is important for clinicians to know so they can tailor the care needed for that individual…. Geriatricians that we worked with told us that it is really important to have a thumbnail sketch of the individual so that they have a better sense of who they are treating, their background and their behaviour and appearance normally. Implementer**

### 2.5 System wide benefits relating to improved IG and data capability

For all care providers, completing the [Data Security and Protection Toolkit](https://www.dsptoolkit.nhs.uk/) is a fundamental building block towards better digital, joined-up working and respondents noted this as one of the particular contributions of the eRedBag project. Whilst completing the DSPT was seen as a significant challenge, particularly for the smaller paper-based care homes, the provision of support and encouragement to achieve improved data security and governance was viewed as a positive outcome which accrued wider system benefits.

**The eRedBag projects are doing some great work in terms of highlighting the importance of Information Governance (IG), cyber-security, and assisting care homes to meet the required standards…. This is so important because, until health and care providers can demonstrate that they have met the required standards within the toolkit, it is going to be difficult to participate in integrated digital solutions. Implementer**

## What has contributed to successful implementation?

### 3.1 Rigorous project governance

The fact that the project had been ably managed by a senior PM with the ability to find their way through the complexity of NHS and social care IT systems was seen as pivotal to project success. The project manager was responsible for a diverse portfolio including strategic planning, budgeting, bringing together stakeholders, disseminating and demonstrating project benefits to a range of stakeholder groups, setting up structures to support care homes complete the DSPT, chairing regular steering groups and other task and finish groups.

**Having a Steering Group with regular meetings and detailed reports with an overall plan, status updates and the different stages of the project has been extremely positive. We also have a technical group that meets a week before the Steering Group to discuss the technical aspects separately. Implementer**

The Red Bag project, overseen by the Sutton Vanguard, was the forerunner to the digital innovation and the management’s team familiarity of this project was seen to support the direction of travel.

**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. Implementer**

### 3.2 Stakeholder engagement

Stakeholder engagement was seen as key across a range of sectors and settings, care homes, community, acute, ambulance, NHS systems IT, software providers.

**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. Implementer**

**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 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.** **Implementer**

**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. Implementer**

As with many innovations where engagement of hospital staff is key to project success, high level clinical engagement should be encouraged.

**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 - then 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’. Implementer**

To this end, the collection and dissemination of user stories, providing examples to demonstrate how the eRedBag can make a difference, may be particularly effective. In care homes peer support networks were one method used to help introduce and encourage uptake.

**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.….** **It is important to know your care homes’ networks and to start promoting the eRedBag even before implementation. Implementer**

### 3.3 Partnership work

Effective partnership work follows in part from the successful engagement work which was applauded in this project.

**Much of the success of the project can be attributed to the Sutton Project management team (SWL CCG) who have managed to corral a wide range of groups including the NHS Trusts, software suppliers, LAS, PRSB, Healthwatch and of course, the care homes, whilst grappling with issues around data security and data standards. …. I cannot offer enough praise for the excellent project management team that has made this project such a success. Software Provider**

Given the integrated nature of the project, bringing together partners in health, social care as well as private IT operators, the appointment of a senior steering group chair, able to bring different groups and interests together, was an important early task.

**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. Implementer**

## Challenges and possible solutions

As previously mentioned, the most significant challenge to the roll out across SW London related to the increased pressures of the Covid-19 pandemic. Other challenges linked less to the external environment and more to routine processes which were part of implementation included:

### 4.1 Delays in care homes completing DSPT

Lack of resource within Care Homes to be able to complete the DSPT, exacerbated by other external pressures (particularly COVID) meant the body of homes offering eRedBag was lower than anticipated. This in turn created problems in relation to gauging the appropriate time to go live with the project – it may be worth waiting for a number of homes to be ready to go live at the same time, to ensure there are enough to reward the efforts that clinicians make in seeking out the information. If clinicians repeatedly try to access the eRedBag only to find there is no information on the system, it will present a disincentive to continue use.

**They {small care homes} just don’t have the required resource to undertake major new projects and to address IT shortfalls. I think they are all willing – just some are not so able. Taking on significant projects where they have to act at pace can be really difficult for them – and with COVID on top of other challenges – it’s definitely put some spanners in the works in terms of delivery.**

**.. the hard bit is if you don’t have all the care homes using it [the eRedBag] 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 for it was relatively small – if there is only a small handful of admissions that have that, you’re not necessarily going to look there. Implementer**

**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? Implementer**

**Another huge challenge is that people are doing this – getting it up and running – as part of their normal job and particularly in the light of Covid there’s just not much give in the system. People on the ground have found it really hard to find the time. Implementer**

**Suggested solutions included:**

Suggested ways of supporting care homes to complete the DSPT and engage with adopting the eRedBag included:

* Provision of extra support to complete DSPT such as was done in SW London through DISLOs (digital innovation support and liaison officers)
* Only trigger the project to connect live to the hospital system once there are a minimum number of homes to go live
* Include information about the eRedBag in mandatory staff training

**I would make it part of mandatory training, in the same was as safeguarding and capacity. Also advertising the eRedBag on computer screensavers would be really good. Clinical Nurse Specialist**

**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. Implementer**

### 4.2 Information overload for care homes – challenge to find innovative ways of sharing information

Engaging care homes at the start of the project necessitated finding innovative ways to communicate in what is a busy space.

**What we’ve realised, particularly through Covid, is that our homes are being bombarded with so much information that they’re not always reading it.** **Implementer**

### 4.3 Difficulties encountered in acquiring user feedback: Are clinicians/managers getting the information they need in the most efficient way?

Particular challenges encountered in gathering user feedback have already been mentioned and innovative solutions must be found during wider roll out to ensure that both the products and the manner in which they are accessed are optimal.

**In terms of implementation what we’re still trying to understand is does the information provided to the hospital clinician satisfy their needs? Are they getting the right information to deliver care? We also need to make sure that if different electronic care providers have slightly different names for things, such as a care plan, not a support plan, or it’s in a slightly different place, that the hospital clinician can still find it properly. This is a challenge for any new provider, so we need everything to be really standardised.****Software provider**

### 4.4 IT connectivity, system complexity and accessing the eRedBag

The eRedBag project operates within a complex environment where there are significant differences in the way IT systems are set up and operate at the local and regional level. This, as well as the fast-moving nature of technical change and innovation, compounds to create a challenging backdrop with often fast-moving goal posts.

**… some of the technical specifications have changed throughout the project. I’m not technical myself, but it relates to the way our system links into the hospitals through Connecting Your Care. But we’ve managed to adapt, and I suppose this demonstrates the flexibility and versatility of the programme. Implementer**

**The health and social care context is extremely complex. London, for example, is a patchwork quilt of over 30 local authorities with many NHS hospitals, trusts, etc. There have been a variety of IT ‘integrated’ solutions, sometimes more than one in a locality! Information also needs to be shared across many geographical boundaries. Implementer**

**Suggested solutions:** engage early with IT specialists and keep them onboard throughout project.

## Conclusion

The interviews and analysis reported on in this paper have been used extensively to inform and develop the resource pack which will be made available to support wider roll out of the eRedBag (both in SW London and nationally). Going forward we will strive to collect additional stories from a wide range of users (both health and social care staff across a variety of settings) as well as residents and families.