NHS

Guide for Mobilisation Lead
Guide to Implementing the eRedBag

Contents

> For the care home staff, especially the nurses, when you are dealing with an emergency situation, extra work is the last thing you want to do. With the eRedBag system there are only a few specific bits of information we need to add, the current vital signs for example, and the reason for the hospital transfer… We just press [the button] and the eRedBag goes straight to the hospital. It saves us time because there is far less administration involved and the hospital now no longer calls us for information because it's all there in the eRedBag.
> **Care Home Manager**

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1. Aim of this user guide

This document is a guide for the Mobilisation Lead based in a commissioning organisation. It is provided as part of the National Mobilisation Pack and aims to support mobilisation leads in implementing the eRedBag Pathway in their areas. A list of the resources available in the Mobilisation Pack is in Appendix 1.

2. Background

The Hospital Transfer Pathway, sometimes called the Red Bag Pathway, was developed by Sutton Homes of Care Vanguard in 2015 and has been cited as an example of good practice by NHS England, as well as aligning with NICE Guidance NG27 on Transitions of Care. It has been implemented in around 80% of CCGs across England using the NHS England Quick Guide.

In Sutton, the Hospital Transfer Pathway is called the 'Red Bag Pathway'. It involves residents of care homes taking a Red Bag with them when they need to go hospital urgently or in an emergency. The Red Bag that goes with the resident contains paperwork, for example, copies of 'This Is Me', their Advance Care Plan and baseline assessment, as well as other items such as medications and belongings. On return from hospital, the pathway is completed by hospitals sending patient discharge summaries back to the care home.

3. Context

In 2018, Sutton began developing the Red Bag Pathway further to digitise the paper elements: the paperwork in the Red Bag and the discharge summary. The project was sponsored by NHS Digital's Social Care Programme, which focused on "improving digital maturity in the adult social care provider sector and helping adult social care to join up its IT systems with the health sector".

With local issues around the Red Bag paperwork, such as it being incomplete or going missing, and with the growing use by care home providers of digital care planning and monitoring systems, (which contained almost all the information in the paperwork) it was envisaged that a digital version of the documents would solve these issues and could be autogenerated through the software, thereby reducing duplication and errors too. By February 2019 the Red Bag Pathway included a digital version of the Red Bag paperwork. The pdf document is transferred, via cloud-based software, directly from the care home's IT system to the hospital's IT system, at the same time as the resident transfers to hospital. In 2020 this was available to all care homes in South West London (SWL). The digital copy of the paperwork is called the 'eRedBag', though it may also be referred to as the Care Home Emergency Pack as it needed a more formal name on hospital electronic patient records for easy recognition by NHS staff across the country.

In SWL the eRedBag can be accessed through the local Health Information Exchange (HIE) software, which all local hospitals access via their electronic patient records. In time, the aim is for care home data to be integrated with NHS systems, and vice versa, and for all health and care data systems to be interoperable, enabling joined-up care planning for example.

As part of our original scoping work, care home managers reported local issues with the discharge summary. These included not receiving a paper copy at all and receiving a copy but too late to act upon. Work was done to enable care homes to view the discharge summaries and other information about the person through a shared care record. In London, the discharge summary is available to view on the London Care Record.

Our current ambition is to support more care homes with their information governance requirements as this is the biggest hurdle to their residents having an eRedBag.

4. Connecting data records

The eRedBag Pathway connects people's social care records to their NHS records and their NHS records to their social care records. It has developed better systems of communication between care homes and acute hospitals which will have a range of benefits both for individual residents and for staff working across different settings. For many places in the country, the communication systems exist to connect social care and NHS records and one of the first tasks is to find out how health and social care data joins up in your area.

In SWL, there is a regional data sharing system called London Care Record hosted by OneLondon. OneLondon is referred to as Local Heath and Care Record Exemplar (LHCRE, pronounced 'lycra'). It has been introduced to give health and care staff better and faster access to vital information about people in their care. It combines data pertaining specifically to health (NHS held data) with data relating to social care needs; having access to this information aims to improve decision making, ensuring responsive, appropriate action in relation to people's referrals, tests, or support at home. The eRedBag is accessible in SWL through London Care Record.

At a national level, the eRedBag can also be viewed through the National Record Locator Service (NRLS) which is a national index of pointers to patient records. The NRLS enables an authorised clinician, care worker and/or administrator, in any health or care setting, to access a patient's record to support that patient's direct care. The NRLS works by pointing, or bookmarking, to show a user of the system that a patient record exists and where it is held. The user can then use the information held on the NRLS to contact the organisation where the record is held to request that record, or directly retrieve the record if the user's system is enabled to allow this (see Exhibit 1 for how the NRL works).
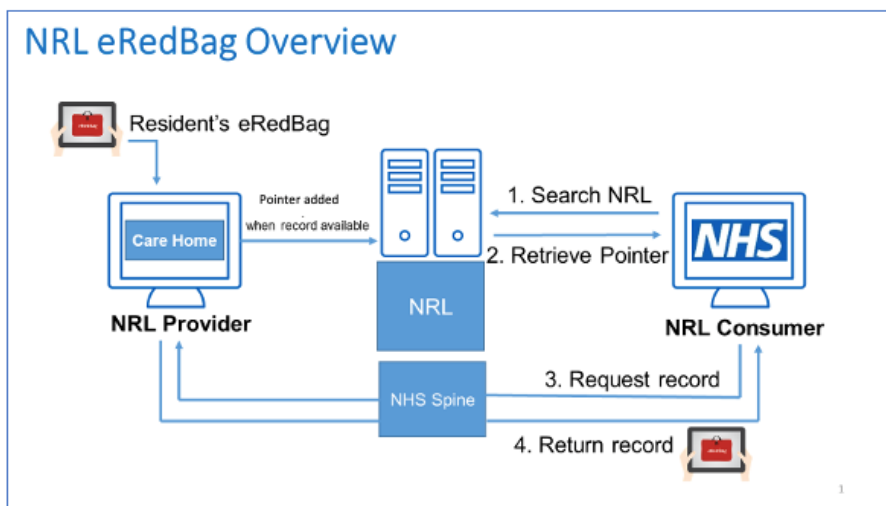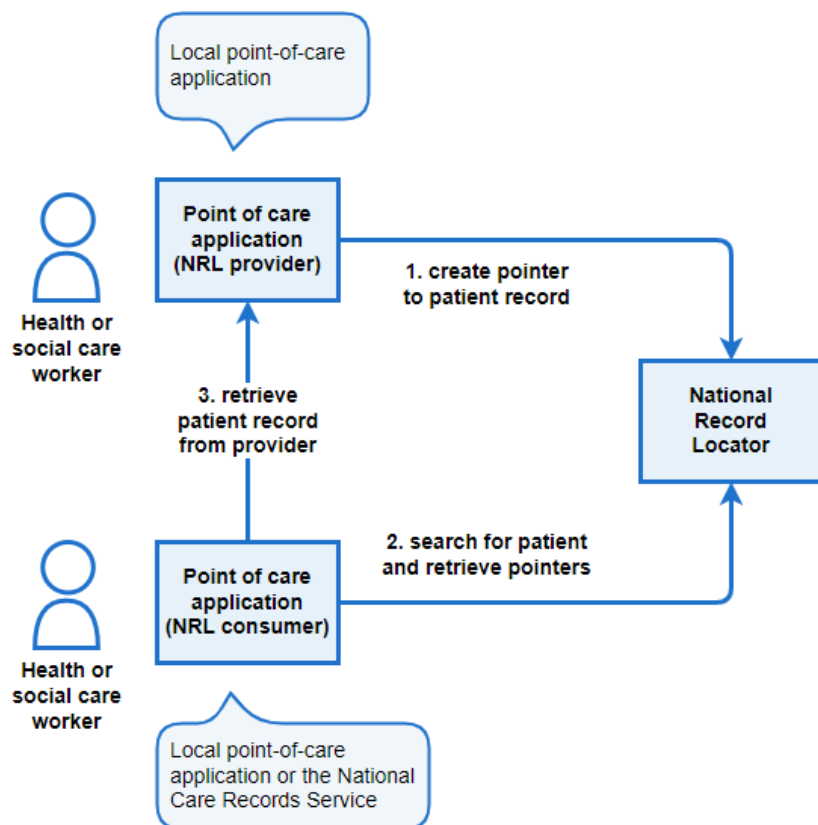
Exhibit 1: Overview showing how access the eRedBag through the National Record Locator Service (NRLS)

5. What information does the eRedBag contain?

Information within the eRedBag conforms to the Professional Records Standards Body (PRSB) to the standards relevant to the eRedBag:

- Urgent transfer from care home to hospital
- About me

These standards describe the exact data items that must be transferred with a care home resident. In terms of groups of items, the eRedBag includes:

- Details of resident, preferred name the resident likes to be called by, care home, GP and next of kin
- CARES Escalation Form – symptoms, concerns and actions taken by care home before hospital was required
- Medical history, medication administration record (MAR) chart and vital signs observations (where available)

- Body map, including pressure sores
- UCP plan, Advanced Care Plan and DNACPR if any
- Reasonable adjustments and any impairments
- About Me form and personal preferences
- Safeguarding, legal information and risks
- Additional support plans

The full list of data items, and their codes, contained in the eRedBag is on the PRSB website.

6. Benefits of the eRedBag Pathway

Benefits of the eRedBag Pathway are both non-cashing releasing financial benefits and quality benefits; both have been witnessed at all system levels. The full benefits are detailed in the document 'eRedBag Pathway Benefits Paper' in the Mobilisation Pack (see Appendix 1). In summary, the current non-cashable financial benefits are from:

- Reduced emergency department (ED) attendances (non-cashable)
- Reduced admissions (non-cashable)
- Reduced length of stay (non-cashable)
- Reduced readmissions (non-cashable)
- Increased hospital staff productivity (non-cashable)
- Increased care staff productivity (non-cashable)

Based on our assumptions, we have estimated that one eRedBag Pathway has a non-cashable financial benefit to the health and care system of around £430 a year.

Quality benefits across SWL are distinguished by short and long term (Box 1), by settings, by user groups and also by specific benefits of the eRedBag in the pandemic (Box 2). More details are in the 'Benefits of eRedBag Pathway' document as well as in the individual guides for different users.

Box 1: Short and longer term benefits of the eRedBag Pathway

Short term benefits:
- Improved patient/resident experience, quality of care and safeguarding
- More time available for hospital staff to spend on patients with greater need due to fewer ambulance conveyances, ED attendances, non-elective admissions, readmissions and shorter length of stay
- Improved job satisfaction for care home and hospital staff
- Improved communication across organisations resulting in reliable, up-to-date, consistent, quality information about patients/residents
- Quicker and safer discharges
- Better sharing of information across the health and social care system
- Care staff and managers feel more connected across the broader system, particularly through the use of NHSmail.
- Reduced risk of data breaches

Longer term benefits:
- Cost savings through reduced lengths of patients' stays in hospital, less paper-work to complete and fewer unnecessary tests and interventions

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- Greater overall assurance about data protection and security
- Improved compliance and understanding of data protection and data and cyber security

Box 2: Benefits of the eRedBag Pathway in the COVID pandemic

- The eRedBag Pathway reduces the need for handling paper documents which can be a vehicle for passing on infection across the health and care system
- In the care home, staff members have a tablet for inputting data which is easy to wipe down and sanitise therefore reducing the spread of infection inside the home
- Hospital staff can understand and respond to the resident's COVID status as well as that of the care home as the eRedBag template was modified to include both
- Access to the eRedBag gives all clinicians, and others providing direct care, the information for coordinating care which in turn enables effective infection prevention and control
- Access to discharge summaries, emailed to the care homes' secure email addresses and shared NHSmail accounts, enables care home staff to not handle paper documents from the health service, as well as put in place the care required before residents return from hospital
- Improved digital systems, triggered and supported by introducing the eRedBag Pathway, provide an opportunity for more effective infection prevention and control, particularly advantageous during the pandemic. This may, in turn, support care homes with compliance to CQC regulations and with being virtually inspected.

7. eRedBag options for care homes

There are two options available for sending an eRedBag from a care home. Both have the same data protection requirements involving the completion of the Data Security and Protection Toolkit (DSPT) to Standards Met. There are more details on this in the next section.

- **Homes using electronic monitoring software.**
  Person Centred Software (PCS) and Nourish are two companies that currently provide technical solutions that meet the eRedBag standard. Moving forward it is anticipated that there may be a number of other electronic care providers providing their own technical options for implementing the eRedBag.

- **Paper-based care homes or homes using different IT systems.**
  Currently, PCS provides software to support the Red Bag forms being sent as an eRedBag. This service will cost the home approximately £5 per month and the software can run on iPads. For more information on this system and further support see the 'Product Information Sheet: eRedBag 'paper-based' solution' in the Mobilisation Pack.

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

8. Scoping considerations

Lessons from rolling out the project have shown that prior to embarking on this project it is worth scoping five key areas:

1. **Understand how your local data sharing systems work and how NRLS is used in your area.**

   As described in section 3: connecting data records, you need to understand if your area has a local HIE and/or a LHCRE, and how NRLS is used (see the Ambulance guide in the Mobilisation Pack for more information and contact details). Once you have this understanding you will know what the possibilities are for connecting the eRedBag into the NHS.

2. **Check feasibility of sending the eRedBag in your area by contacting CASPA.**

   The Care Software Providers Association (CASPA) is an independent association representing the views and interests of social care software providers. Its aim is to promote the growth of digital technologies across the social care sector to improve the quality of care delivered. CASPA will tell you whether they have members working in your area who can support the technical side of delivering the eRedBag, as well as put you in touch with them.

3. **Find out which care monitoring software is in use in care homes**

   Identifying the current systems used within your local care homes will help clarify what tasks need to be completed before the home is ready to go live with the eRedBag. As described above, there are different options depending on whether a home is currently using care monitoring software or if they are paper-based. CASPA will be able to help with identifying homes currently using electronic software but you are likely to have to carry out a survey of homes.

4. **Undertake a review of the current DSPT status of the care homes in your area.**

   The DSPT is an online self-assessment tool that allows organisations to measure their performance against national data security standards. All organisations that have access to NHS patient data and systems, or who electronically share data into the NHS such as the eRedBag, must show they have published at Standards Met on the DSPT. Using this status to allow data sharing will need to be agreed by your organisation's information governance (IG) board. The DSPT has a database of organisations that have published on it which can be downloaded. However, before doing this, get in touch with the Better Security, Better Care programme's local support partners as they will know what is being delivered locally to support care providers with completing their DSPT.

5. **Assess how well the hospital transfer pathway is currently working.**

   Understanding your local hospital transfer pathway will be through conversations with care home managers, ICB staff working with care homes and acute staff in the ED and the discharge team. The information is an important part of understanding who is involved in the pathway of the eRedBag and how they can support it, as well as helping to understand the issues that may come up following implementation. Note that the eRedBag can be sent independently, when the resident goes to hospital, and does not require the physical red bag.

9. Calculating resources required

The following steps may be a useful guide to calculating the resources required for implementing the eRedBag Pathway in your area:

1. Calculate the investment to enable care homes to be digitally prepared to adopt the eRedBag.

   - **Review the state of digital preparedness of homes**
     Using your conversations with CASPA, PCS and Nourish, alongside any other local information on what systems are used by your care homes, create a list of all homes (and their provider organisations), bed numbers, DSPT status and what care monitoring software they are using, if any.

   - **Estimate time required for the digital readiness of each care home**
     For each home estimate how long it will take for it to go live and share data electronically. The length of time will be dependent on DSPT status and use of care monitoring software. Generate cohorts of homes based on DSPT status and use of care monitoring software. If there are not many care homes in your area that have DSPT at Standards Met and use an eRedBag compliant care planning solution, then it is likely that significant investment to support the homes will be required.

   - **Calculate the investment required for each cohort of care homes**
     For each cohort, estimate what it will take for the cohort to go live and based on assumptions, calculate the investment required for each cohort. The return of investment (ROI) spreadsheet can help with this. Review possible staff resources from within the ICB to support care homes with being confident with technology and digital solutions, as well as offering support to complete the DSPT. There is excellent support available on the Better Security, Better Care programme website.

2. Decide the value of the set-up investment into the eRedBag

The ROI for the project in SWL showed a seven-fold return of investment. Although the financials are non-cashable, this is a significant return. The investment included set-up costs and ongoing costs. However, it is best to split the two. Therefore, you need to estimate the set-up investment in your area by considering the costs for staff, payment to a software provider, any necessary hardware, training costs etc. Do not include what is required to support the care home to be digitally ready as this is taken account of separately. Since SWL has worked with CASPA, PCS and Nourish then payments to them should only cover any additional technical work and they have signed statements committing to that.

Based on the SWL project, we have estimated the following resource requirements for project delivery:

   - Part-time input from a project manager and support officer. Estimated at approximately three to four days/week (for each role) for a six-month period to get the project up and running.
   - Specific skills required: Traditional project management skills together with a willingness to understand the complexities of local NHS and social care data systems, particularly in relation to information governance and data security.

3. Familiarise yourself with the available resources to support roll out

The Mobilisation Pack in Appendix 1 shows the full list of resources available to support roll out.

4. Develop and sign off the business case

As part of the Mobilisation Pack there are a number of documents that will help you to complete your local business case template, including the benefits paper, a return on investment (ROI) spreadsheet and a logic model. Based on your scoping and analysis work, you will need to decide what your area's target is for the percentage of care home beds live with the eRedBag and by when.

10. Checklist for roll out

Once you have the go ahead for the project, the following checklist may be a useful guide to support implementation:

☐ **Mobilise stakeholders**

Your first steps are to consider who needs to be involved in the project. It is important to engage with senior stakeholders / decision makers from all the relevant organisations in the pathway. They need to be able to act as change agents and influencers to ensure the new pathway is embedded and communicated to all their teams. Your scoping work to understand the current Red Bag Pathway will help with this. We advise that the following stakeholders, organised into appropriate delivery groups, are involved from the beginning:

- Representatives of care home residents, family members and friends
- Senior clinical directors / heads of nursing at all local hospitals
- Digital/ICT managers from local hospitals
- ICB commissioner for Enhanced Health in Care Homes (EHCH)
- ICB clinical lead for Enhanced Health in Care Homes (EHCH)
- Local authorities' older people and care home leads
- Care home managers
- Care home support teams (for example, link nurses)
- Ambulance services
- Data analyst for financial benefits calculations and monitoring impact
- CASPA representative and other care software provider representatives
- Information governance (IG) specialists, including DPOs from local hospitals

We suggest that as part of your mobilisation you hold a benefits workshop to go through both monetised and quality benefits.

☐ **Following your review of the state of digital preparedness of homes, prioritise the 'easy wins'**

Stakeholder engagement is likely to be stronger if there is a sufficient number of care homes, with a sufficient number of care home beds, with the ability to share the eRedBag at the early stages of the project. It is therefore prudent to direct early project resource towards those homes which already use care monitoring software and have DSPT in place. The subsequent sharing of user stories, from care homes and clinicians benefiting early from the advantages of the eRedBag, can then help to motivate homes where more work needs to be done to build a state of readiness for the project.

☐ **Promote the eRedBag across different settings: care homes, acute trusts, ambulance service and community services**

Set-up 'task and finish' groups to develop delivery plans for each of the different stakeholders. There are How to Guides for the different settings in the Mobilisation Pack (see Appendix 1). Develop engagement plans and communications strategies at project inception and support with regular project updates and concise, timely, communication.

☐ **Work with software providers to ensure that adequate engagement and training for the care homes is in place**

Assuming that the care home has the required level of DSPT in place, then this will consist of:

- An information session from the ICB commissioner (there is a PowerPoint to help with this)
- A session from the software provider to ensure care home staff understand the new process and their role in it

☐ **Monitor use and collect user stories**

Work with clinical and digital staff in the acute trust to devise ways of monitoring use of the eRedBag by hospital staff. It is important to be aware how many times the eRedBag is being accessed and by what type of staff. If possible, collect user stories from these staff, there is a template to support this in the Mobilisation Pack (see Appendix 1).

> 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, perhaps 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**

11. Learnt lessons

In addition to the lessons shared throughout this guide, there are two key lessons that SWL has learnt:

- **Engagement with care homes**

Engaging, supporting and mobilising care homes to adopt the eRedBag is perhaps the biggest challenge to which significant resources should be devoted. Particularly challenging are those homes not using electronic planning software as it is a big leap from being paper-based to using a digital system. The first step lies in convincing homes of the benefit of the eRedBag, and then, for those without DSPT, the next task is to support them to reach the required DSPT standard. The processes involved are likely to vary depending on the size of the home; care homes managed by group providers are likely to have greater digital infrastructure than small and medium sized homes. With larger provider groups, initial communication may be more effective through a project lead based at head office, rather than individual home managers. We recommend early contact with your Information Governance (IG) lead to seek advice on any local tailoring of DSPT requirements.

SWL processes have been documented in a process map and template emails for engaging care homes which relate to different contextual scenarios. These are provided in the Mobilisation Pack to facilitate your local communication. They were written at a moment in time and may well not be relevant to your implementation, but we have included them for completeness.

- **Engagement with acute trusts**

Trust staff need to be helped to see the benefits of adopting the eRedBag. Mobilising strategically placed, senior champions and technical leads is invaluable. Personal testimonies such as those in the user stories are needed to help people understand 'what's in it for me'. Information sheets and lists of benefits for different user groups are included in the Mobilisation Pack.

> You 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, for example, a Chief Nurse or Deputy Chief Nurse, but needs to be the kind of person who can see the benefit of supporting older people in a better way and who 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.
> **Implementer**

12. Ongoing work

Roll out will need to continue until the target for the number of beds live with the eRedBag is reached. Ongoing monitoring and evaluation need to be inbuilt into your BAU plans and organisation's systems. Getting feedback from key stakeholders will ensure that effectiveness is maximised. It is particularly important to ask those who have used the eRedBag in different settings (care homes, ambulance, acute, community) how they found the experience. It is informative to carry out a number of in-depth interviews and short surveys which can be sent electronically (examples of questions to ask stakeholders can be found in the Mobilisation Pack). Once the eRedBag has been established in the majority of care homes you will need to review the ongoing resource requirements to ensure sustainability.

> Most care homes and domiciliary care providers are at the start of the digital journey. The trick lies in unlocking how each organisation can move forward. For some they are at the early stage of looking at how they can use secure email such as NHSmail instead of fax and post – that is fine – it is an important step.
> **Implementer**

For more information on the eRedBag contact SWLCareHomes.eRedBag@swlondon.nhs.uk

Appendix 1: Mobilisation resources

These are the resources to support the mobilisation of the eRedBag Pathway.

Implementing the eRedBag Pathway	Contents	Additional resources
eRedBag Guide for Mobilisation Lead	• As above (this is the guide for the mobilisation lead)	• eRedBag Short Guide • eRedBag Pathway on a Page • eRedBag Guidance for Ambulance Staff • eRedBag Pathway Benefits Paper • SQW Benefits Evaluation of eRedBag Pathway • SQW Logic model of eRedBag Pathway • SQW Monitoring and Evaluation Plan of eRedBag Pathway • SQW ROI Template of eRedBag Pathway • eRedBag Implementation Qualitative Report • eRedBag Interview Guide for Care Home Staff • eRedBag Interview Guide for Clinicians • eRedBag Interview Guide for Implementers • eRedBag Videos on Issues and Benefits • eRedBag Staff Training Slide Deck • eRedBag Care Home Process Map • eRedBag Email Template See below for description of these documents
eRedBag Guide for Acute Staff	• What's in the National Standard and the eRedBag • How to promote the benefits to all staff from ED to discharge, including clinicians, pharmacists, and therapists • Include tailored 'what's in it for me' guidance and user stories	• eRedBag Pathway on a Page • Dummy eRedBag • eRedBag Staff Training Slide Deck • People's Experiences of eRedBag Pathway (individual user stories) • eRedBag Videos on Issues and Benefits

eRedBag Guide for Care Home Providers	• Standard inclusions of privacy notices to cover digital sharing of data • Communications to relatives, family members and carers, and care staff	• PCS Product Information Sheet: paper-based solution • Dummy eRedBag • eRedBag Staff Training Slide Deck • People's Experiences of eRedBag Pathway (individual user stories) • eRedBag Videos on Issues and Benefits • eRedBag Pathway on a Page
eRedBag Guide for Care Software Providers	• How to access support from CASPA members, and the national gateway to the HIE • IG, such as, ODS codes, DSPT at Standards Met, DPIA for processing activities • Technical, such as, HSCN, FHIR connections, HIE, National Record Locator • National Red Bag Professional Standard requirements	
eRedBag Guide for Community Staff	• What's in the National Standard and the eRedBag • How to access it • Where to find the key information they require	• Dummy eRedBag • eRedBag Staff Training Slide Deck • People's Experiences of eRedBag Pathway (individual user stories)
eRedBag Guide for Residents and Families	• What's in the eRedBag • What's the eRedBag Pathway • What to expect and user stories	• Dummy eRedBag • eRedBag Staff Training Slide Deck • People's Experiences of eRedBag Pathway (individual user stories)
eRedBag Guidance for Ambulance Staff	• One page guide for ambulance staff on accessing eRedBag information	
eRedBag Staff Training Slide Deck	• A PowerPoint package for staff training on the eRedBag Pathway	
eRedBag Business Continuity Plan in a Trust	• Template for acute trusts to use when considering connecting to the eRedBag and what to do if the eRedBag fails	
PCS Product Information Sheet: paper-based solution	• Explains the steps homes need to take if going to use the paper-based solution	

Understanding the eRedBag Pathway	Description	
Dummy eRedBag	• The eRedBag document of a dummy resident	
eRedBag Pathway on a Page	• Covers what the eRedBag is on a page	
eRedBag Short Guide	• Covers the whole of the eRedBag project concisely	
eRedBag Videos on Issues and Benefits	• Problems with the paper solution • Introducing the eRedBag	
Experiencing the eRedBag Pathway	**Description**	
eRedBag Implementation Qualitative Report	• Summary of qualitative in-depth interviews on the eRedBag grouped into themes and with messages	
eRedBag Interview Guide for Care Home Staff	• The questions asked to care home staff for in-depth interview	
eRedBag Interview Guide for Clinicians	• The questions asked to clinicians for in-depth interview	
eRedBag Interview Guide for Implementers	• The questions asked to implementers for in-depth interview	
People's Experiences of eRedBag Pathway	• Individual user stories	
Measuring the eRedBag Pathway	**Description**	
eRedBag Pathway Benefits Paper	• All benefits and opportunities of the eRedBag Pathway	
SQW Benefits Evaluation of eRedBag Pathway	• All the information about the monetised and quality benefits in one place	
SQW Logic model of eRedBag Pathway	• Description of the eRedBag intervention as inputs, activities, outputs, outcomes and impacts, as well as assumptions and drivers of change	
SQW Monitoring and Evaluation Plan of eRedBag Pathway	• Plan for how to monitor and evaluate the eRedBag project	
SQW ROI Template of eRedBag Pathway	• Spreadsheet for users to support their understanding of their return on investment	

Commented [SJ(SWLI1]: Can you please reorder these in the sequence they appear on the webpage?

Acknowledgements

We would like to acknowledge and thank the following organisations for their ongoing commitment to this project: