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LADDeR
Landscape Assessment of Data and Digital Readiness of Scottish Care Homes

Digital and Data Readiness of Care Homes for Older People in South East Scotland

Final Report April 2022

Edinburgh Napier University

Lucy Johnston, Senior Research Fellow, School of Health and Social Care; Heidi Koikkalainen, Research Assistant, School of Computing; Lynda Anderson, Research Fellow, School of Health and Social Care; Paul Lapok, Research Fellow, School of Computing; Alistair Lawson, Associate Professor, School of Computing

Advanced Care Research Centre

Dr Susan D Shenkin, Reader, University of Edinburgh; Honorary Consultant, NHS Lothian

Contact: l.johnston@napier.ac.uk

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DDI Data-Driven Innovation

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Introduction

What has been described as a care home 'data gap', was starkly exposed during the COVID-19 pandemic (Burton et al, 2020) as was variable use across the sector of digital care services and systems. Prior to the pandemic, but increasingly over the last two years, local and national strategies and plans have been established to improve digital capabilities, electronic data capture, data sharing and interoperability. The Scottish Government proposals for a National Care Service, the related construction of a National Digital Platform, many objectives and actions within the refreshed Digital Health and Care Strategy and the Digital Approaches in Care Homes Action Plan all position digital and data driven innovation as a core aspect of recovery, and improved efficiency and effectiveness in health and social care. The scale of data and digital transformation envisioned relies on care homes having basic levels of data and digital readiness.

The Landscape Assessment of Data and Digital Readiness of Scottish Care Homes (LADDeR) aimed to map current data and digital readiness in relation to digital connectivity, the systems used to collect and store resident data, and how this information is shared with other care partners. It was not constructed as a traditional or full Digital Maturity Audit, in that it does not cover leadership, skills or data security.

Funded by the Data-Driven Innovation Programme and led by Edinburgh Napier University's School of Health and Social Care and School of Computing in partnership with the Advanced Care Research Centre at the University of Edinburgh and undertaken between July 2021 and January 2022.

The objectives, methodology and results of the LADDeR study are presented in this report.

Methodology

Study preparations

Content of the mapping template

Proposed content of the mapping template was circulated for comment to CHIP Care Homes, the Lothian Care Home Reference Group, Professor Bruce Guthrie, Dr Jenni Burton, Yvonne Leathley, Dr David Henderson, and Dr Michael Gray. Following feedback, the mapping template was iteratively modified to make it as quick and easy to complete as possible. The final version of the mapping template is shown in Appendix 1.

LADDeR website and web service

Two web applications were developed and hosted on a university web server: the *ladder.napier.ac.uk* domain. First, a website with a dynamic landing page was developed to provide information about the project. This was utilised in the communications about the project to raise awareness of the work. The website has an administrator account that allows to apply changes and post blog articles without requiring software development knowledge. Secondly, a web service platform was developed to manage care home data and track responses. A database was set up to store the care home contact details and survey data, statistics of which were made available through an administrative dashboard in the web service. Accessed through a login, user accounts were set up to enable manual entry of information and data uploads.

In order to enable potential further development of the web service in a future project, DevOps tools were used for building the application. The source code is managed using Git, a distributed version control system. A continuous deployment pipeline was also implemented, which reduces the hosting time of new web service versions by allowing an automatic deployment of source code changes to the production server.

Care Home Contact Details

The Datastore published by the Care Inspectorate, was used to collate a list of all registered care homes in the South East Scotland region. Relevant information about the care homes and provider groups were extracted as was the named contact and email address.

The web service was developed as a hybrid system together with the Novi survey platform. The web service was used to manage the data, such as care home contacts and invitations to the survey, and to track responses. Novi was used to set up the mapping template as an online survey, and a unique link was created for each care home to track their response. Files containing contact details, survey links and results were exchanged between Novi and the web service at regular intervals to ensure that the data was synchronised. Using this hybrid approach ensured that relevant background information, such as the care homes' location, sector and size, could be gathered from

the Care Inspectorate datastore and did not need to be asked in the mapping template, thus making it quicker to complete and reducing the burden on care home staff.

Completion of mapping template

Online Survey

The LADDeR Information Sheet providing information about the study is shown in Appendix 2. A Consent Form (Appendix 3) and Privacy Notice (Appendix 4) were also developed. These were distributed with the mapping template electronically to all 200 residential care homes for older people in South East Scotland in November 2021. This was two months later than originally planned, delayed to accommodate necessary consultations and to ensure awareness of the work to align it with other care home data/digital initiatives.

Advice was also given on how to contact the research team for further information or if the care home preferred completing the mapping template over the phone or via a video call. While it was made clear that taking part in the study was not mandatory, the importance of the contribution of every care home in the region was strongly emphasised.

Seventeen email invitations bounced back as undelivered, and an alternative email address for the care home was identified from online sources wherever possible. Two reminder emails were sent to the care homes that had not responded emphasising the importance of the study for the care home sector and encouraging them to take part.

Direct contact by email and/or phone calls

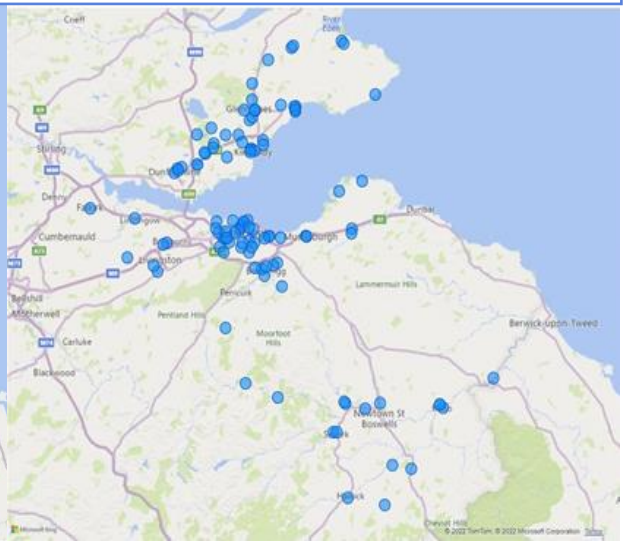
To help increase the response rate and support the study, staff from ENRICH Scotland contacted some of the care homes and helped them complete the mapping template over the phone in December 2021. Additionally, towards the end of the study in January 2022, researchers from the LADDeR team contacted the NHS Boards Chief Nurses and care home oversight teams and the head offices of the largest provider groups to confirm where possible whether all of the care homes within their groups have the same data collection systems in place.

Online research

To supplement the information collected through the online survey and direct contact, online research was also conducted, and relevant data sources identified. Websites of the main care home software providers, including Person Centred Software and iCare, and the largest care home provider groups were reviewed for relevant information. Data about particular electronic care planning and medication management systems were collected where available.

How complete is the LADDeR Map?

There were 200 residential care homes for older people in South East (SE) Scotland as at October 2021. The largest number of care homes in SE Scotland are located within Fife (35%) and the City of Edinburgh (31%). Care homes in the Scottish Borders account for around 12%. Overall Lothian region hosts just over half of all care homes in SE Scotland (53%). Overall, the LADDeR map has been constructed using information about 110 of these – representing 55% of care homes in SE Scotland.

South East Scotland Map	LADDeR Map
	

The LADDeR map has a very similar distribution of care homes and is representative of the geographic and sector distribution of care homes for older people across SE Scotland. See Figure 1 and 2 below.

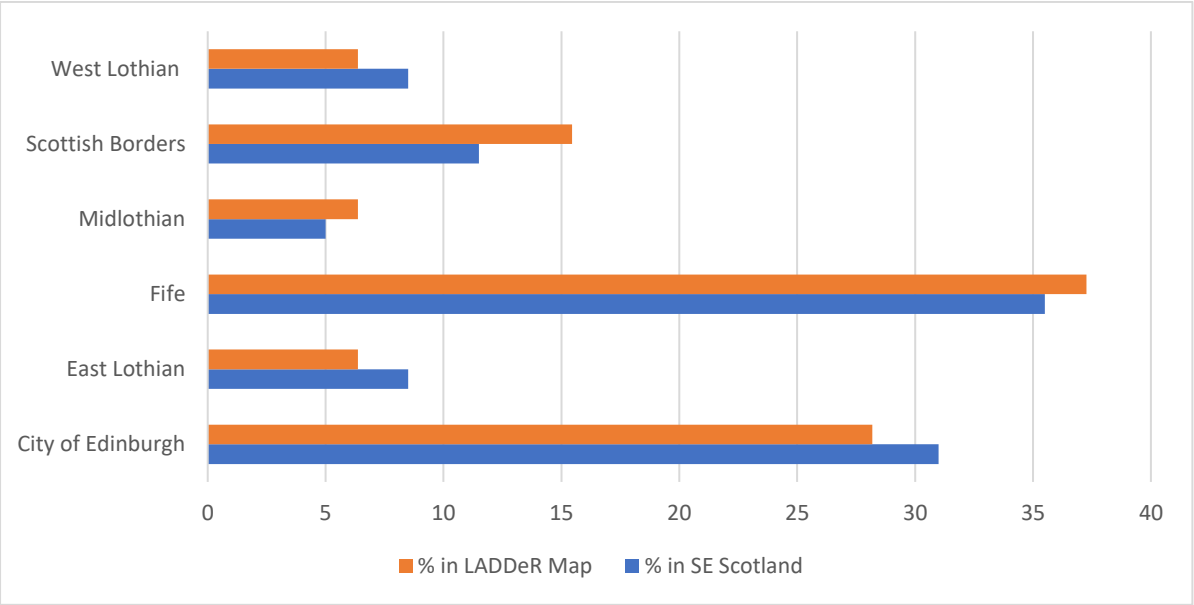


Figure 1: Care homes in SE Scotland and in LADDeR Map

The LADDeR map reflects the distribution of the three provider sectors of older peoples' care homes within SE Scotland. See Figure 2. In the LADDeR map private sector homes account for 80%. compared to the three-quarters (76%) of all care homes that are privately owned in SE Scotland.

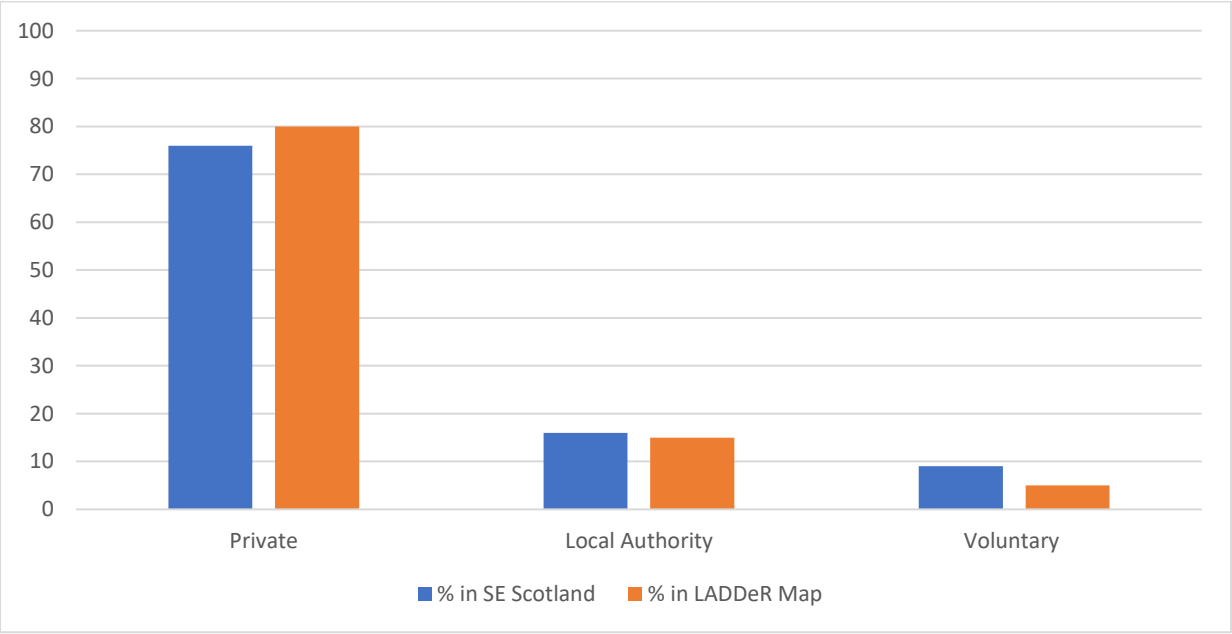


Figure 2: Sector of care homes in SE Scotland and in LADDeR Map - %

The online sample, who completed all 15 questions, is also geographically similar to SE Scotland, albeit the City of Edinburgh is slightly under-represented and Fife overrepresented. See Figure 3.

The online template was completed in full by 43 care homes. Information was identified and recorded for a further 67 through direct contact and online research.

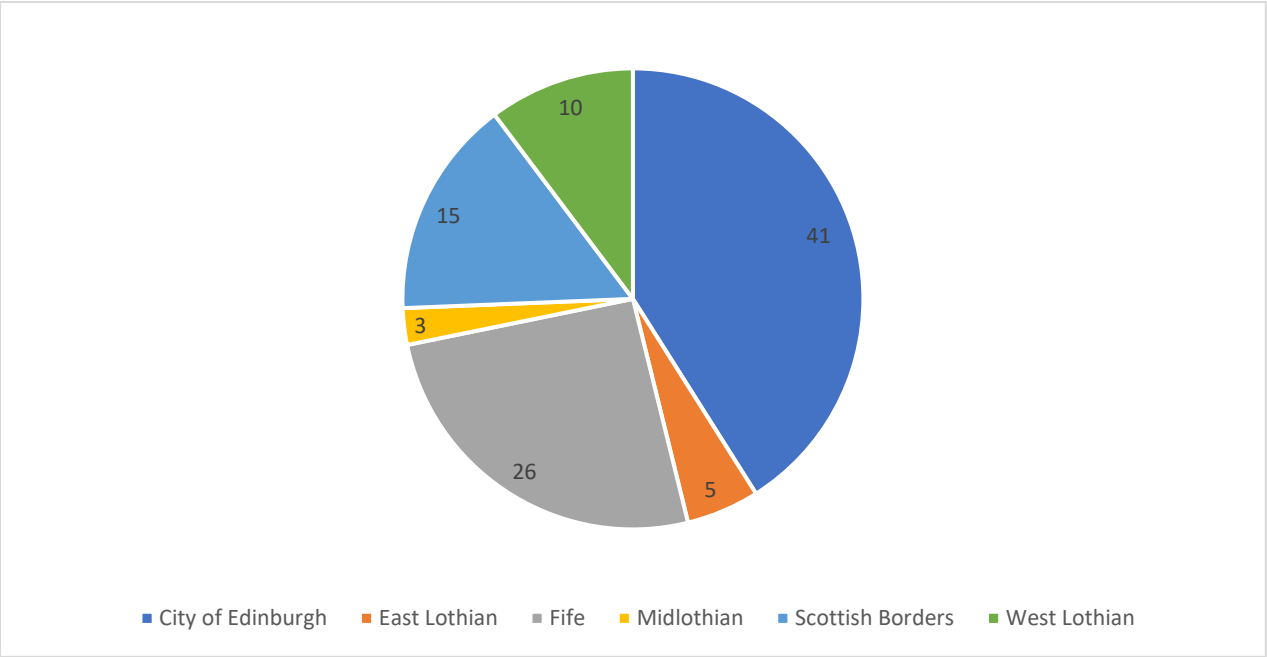


Figure 3: Geographic distribution of online respondents - % of care homes by area

Current Data and Digital Readiness

Basic software

Almost all (91%) care homes use Microsoft Office 365. This is the online version of Microsoft Office Software, with Word, Excel, PowerPoint, etc. and is regarded as one of the basic digital technologies used by digitally enabled organisations (Technology Enabled Care, 2021; Digital Social Care/Skills for Care, 2021).

Connectivity

Internet access is also a basic, foundation level technology. Forty-three care homes answered questions about connectivity. All (n=43) had wireless internet connection capabilities. However, 45% of responding homes also use devices that connect to the internet via a cable. Only 4 homes (10%) utilise a mobile internet connection (Mi-Fi).

One in 4 (27%) reported that internet connection is not available in all parts of the home. Of the care homes with only partial coverage, half are in the City of Edinburgh. This may be due to traditional stone buildings that limit Wi-Fi spread, or inadequate Wi-Fi infrastructures. The use of multiple connection routes may be to facilitate internet connection in all parts of the care home.

Most care homes have less than optimal internet connection. Poor connectivity and regular service interruptions are experienced by 18%, and a further 40% report service is interrupted at times and

long loading times. Only 2 in 5 homes in SE Scotland (42%) described their internet connection as 'good' that is with fast loading of content and no interruptions. See Figure 4.

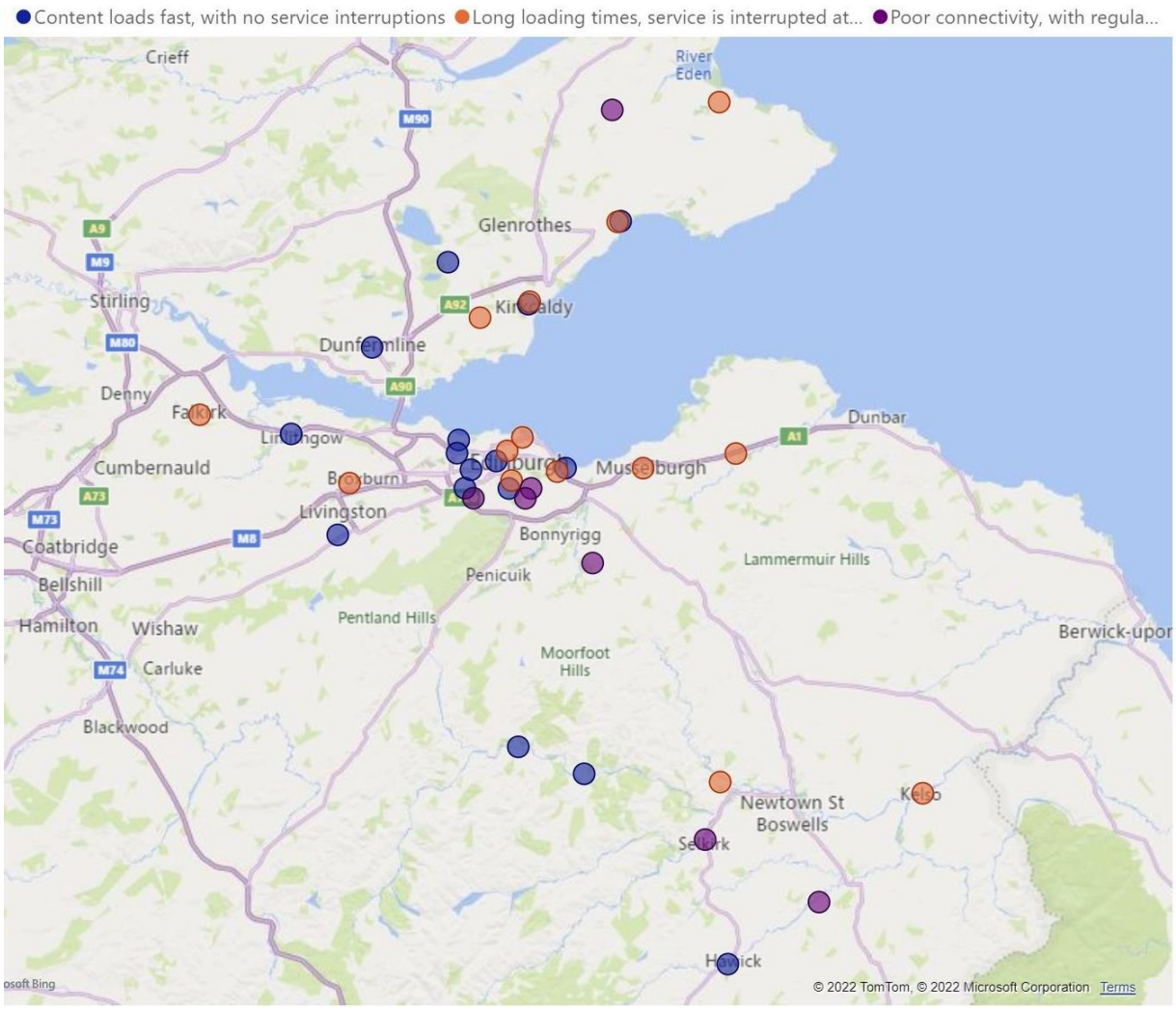


Figure 2: Internet connection quality

Data collection

LADDeR data shows that one in three (35%) care homes in SE Scotland currently use an electronic care management system and two in five (43%) an electronic medication management software or system. Paper based systems predominate across all homes of all sectors in SE Scotland. See Figure 5.

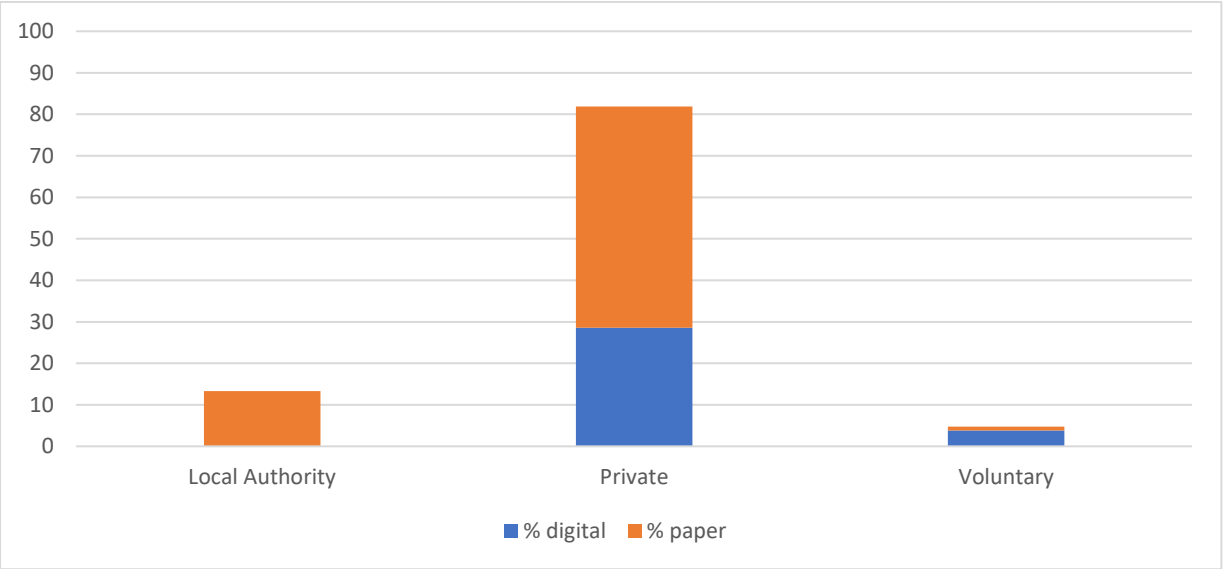


Figure 3: Paper based and digital data collection by sector - 2021

Care homes which currently use digital care planning are predominantly privately owned, accounting for 88% of those with electronic care management systems.

That said, however, digital data collection and holding by privately run homes is limited. Overall, less than a third of privately run homes currently have such systems in use. No Local Authority care home uses an electronic care planning system.

In addition to difference between provider sectors, there is also a large geographic disparity. In Scottish Borders only 24% of care homes use paper-based data collection and holding systems, compared to 100% in West Lothian. See Figure 6.

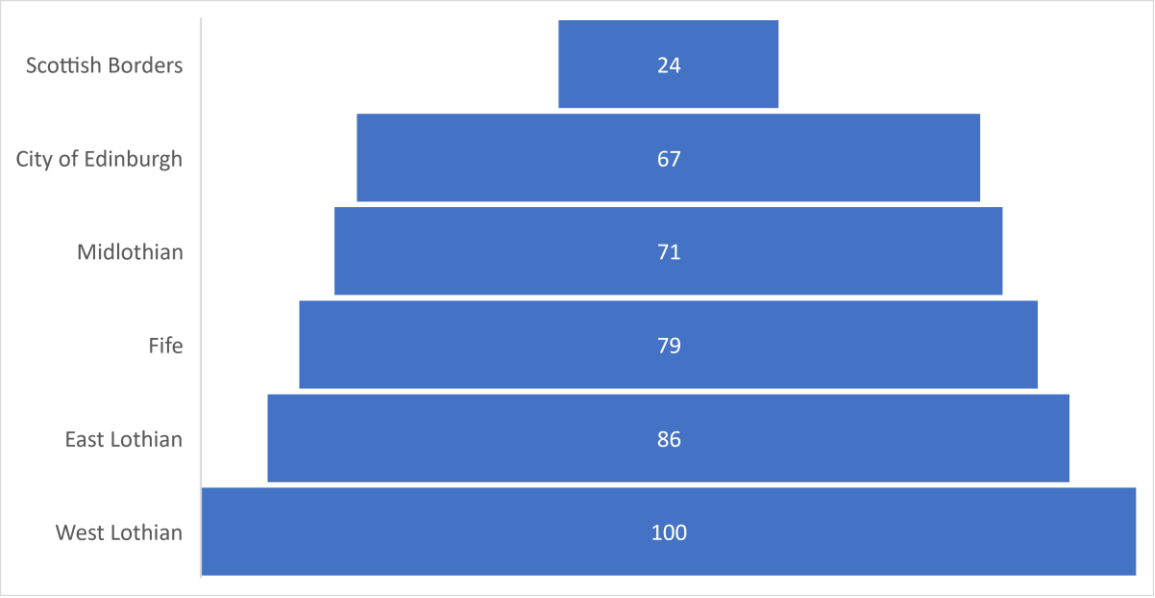


Figure 4: Percentage of paper-based care homes by area

Scottish Borders is similar to West Lothian in that around three-quarters of all homes are privately run. However, the difference appears to be explained by looking at who the private company is. In Scottish Borders, two companies run a total of nine of the 17 private homes in the region. Both have introduced an electronic care management system into their homes. West Lothian's private care homes are also owned mostly by large group providers who operate four or more homes. None of these companies have digital data collection in their homes.

Within the LADDeR map, the use of Person Centred Software dominates, used by three quarters of the care homes which use and electronic care management systems. (That is 20 out of 27 for which a named system could be confirmed). However, it is of note that a further seven different systems were reported by seven different care homes. These were Log my Care, StoriiCare, Ablyss Care Management System, CareSys, Access Care Planning, Care Control Systems and Care Management Systems Ltd (CareDocs).

The eight different care management systems identified as being used currently within SE Scotland is only a small number compared to that available. A suppliers list collated by the Care Software Providers Association lists over 30 different care management systems (Care Software Providers Association, 2021).

Data Sharing

Nearly two thirds (58%) of the care homes who provided this information to LADDeR reported that remote electronic access to resident information is not possible for any key health and community-based professionals.

Two in five care homes stated that they can electronically share information with one or more external health and social care partners who are involved in the care of residents. However, of the 21 care homes who reported being unable to share information remotely/electronically with these professionals only 12 are paper based. The other nine currently use an electronic care management system.

Of note is that, between these nine care homes, eight different care management systems are used – so this lack of remote access appears not to be specific to one particular choice of software. This raises doubt as to the extent to which investment in digital data capture have resulted in increased data sharing and interoperability.

Fifteen, or 42%, reported that at least one health or social care professional could remotely access information on individual residents without physically coming into the care home. Of these, only three currently have an electronic care management system and twelve are paper based care homes. In addition, of those reporting that external health and social care professionals can remotely access information most are located within the City of Edinburgh (n = 9) and included public, private and voluntary sector service providers.

The health and social care professions the 15 care homes can remotely share information with are predominantly their local primary health care colleagues. If any remote access to information is available, it is predominantly a system whereby the resident's GP (93%) or a member of the wider primary care team (73%) can access information on individual residents without coming into the care home. What information is remotely shared was not collected by LADDeR but it may be that the care homes are referring to Key Information Summary (KIS). KIS is a collection of information about a patient extracted from the patient's general practice record, specifically created usually by their GP. It is an extension of the Emergency Care Summary and often includes details of Anticipatory Care Plans.

Only one in three care homes that reported being able to electronically share information actually shares with hospital based (33%) and emergency care (33%) partner organisations or individuals. These findings suggest that even with electronic data collection systems, the flow of information from care homes to care partners is ad hoc, one way and lacks real-time capabilities. It also highlights the need to understand in more detail the actual extent of actual interoperability and how care homes themselves understand 'remote access' to information.

Increasing Data and Digital Readiness

Plans

Over two-thirds (69%) of care homes in SE Scotland that are currently paper based, are planning to introduce an electronic care management system for care in the next 12 months. See Figure 7.

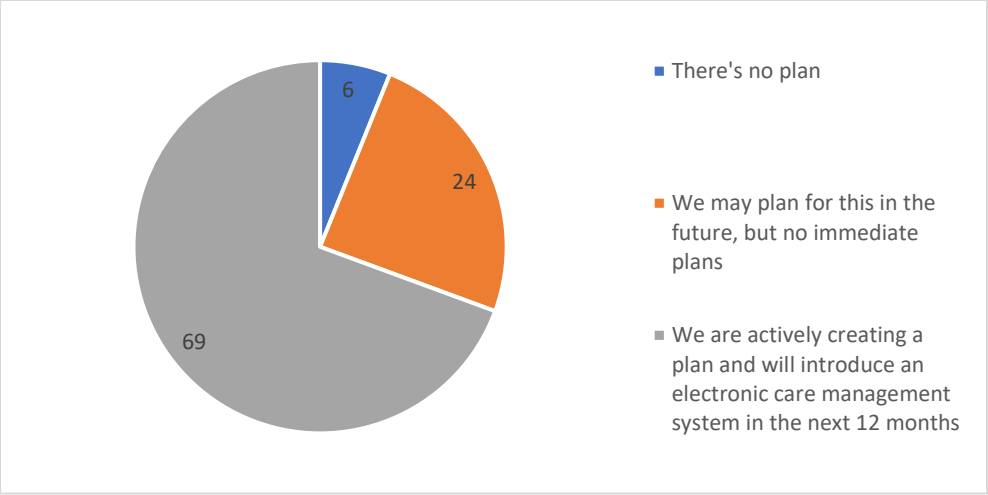


Figure 5: Care Home plans for electronic care management system

Of the homes with no plan at all or no immediate plans 60% are local authority run. Only one local authority care home reported to be planning for the introduction in the next 12 months (in West Lothian). In contrast 92% of care homes that plan to introduce an electronic care plan in the next 12 months are overwhelming privately owned homes.

Possibilities/Projections

These percentages are based on information gathered about individual care homes. However, by linking these individual homes to their service provider, it is possible to estimate that across SE Scotland a total of 42 care homes may introduce electronic care management system in the next 12 months.

LADDeR data estimates that at present only one in three (35%) currently use an electronic care management system. By factoring in these planned increases the level of electronic care planning in older people's homes could be forecast as, as high as one in two (52%) by 2023.

Across SE Scotland nine different providers account for a third (36%) of private homes for older people and a similar proportion (29%) are single care homes. The diversity of the sector means that what will primarily drive increases in digital capabilities of care homes, may be the investment decisions of larger group providers.

Care homes responding online (n=33) gave a number of reasons why they currently did not use an electronic care management system for care planning. The most common reason given was financial. The cost of introducing digital systems was given by a third of homes as a reason why they remain paper based and it not being the right time to make an investment in this was reported by a further 5 homes (15%). Internet connectivity and the availability of handheld devices were noted, both by a small number of care homes (n=5). Eight care homes indicated that their staff not having the skills to use an electronic system was also a factor in their decision to remain paper based.

Conclusion

The findings of the LADDeR study map the extent to which the care home sector in SE Scotland can be considered to be 'digitally enabled'. It found that the extent of access to fast connectivity, capacity for electronic data capture and information sharing capabilities are limited and unevenly dispersed not only geographically but also within and across sectors. This targeted landscape assessment of data and digital readiness exposes the fragile and insecure foundations of a care home data platform for Scotland.

The findings presented here confirm that care homes are however only in the foothills of what is a complex, vast landscape where the direction of travel is rightly ambitious and therefore uphill and the pace is fast. To ensure care homes are not left behind, they require a trusted, well-informed and certain national and local route map, secure ties to the new and developing infrastructures and continued integration of health and social care services, and many will also require coordinated resources and support to even get a foot on the LADDeR.

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Appendix 1 – Mapping Template

THE UNIVERSITY of EDINBURGH
Advanced Care Research Centre

Edinburgh Napier UNIVERSITY

LADDeR
Landscape Assessment of Data and Digital Readiness of Scottish Care Homes

Mapping Template

Q1. Care Home Details

Name of your care home:

Name of person completing the form:

Your role in the care home:

Q2. Is your care home part of a group of care homes with the same owner? (Select one answer)

- ☐ No - single care home
- ☐ Yes - one of a small group provider with 2 or 3 care homes
- ☐ Yes - one of a large group provider with 4 or more care homes

If your care home is part of a group – please answer the questions about your care home only.

Q3. What type of internet connections does your care home use? (Select all that apply)

- ☐ Wireless internet connection (Wi-Fi)
- ☐ Mobile internet connection (Mi-Fi), e.g. USB-Stick or Sim card
- ☐ Devices are connected to the internet via a cable
- ☐ No internet connection

Q4. Can you connect to the internet in all areas of the care home?

- ☐ Yes, in all areas
- ☐ No, only in some parts of the care home
- ☐ No, I cannot connect to the internet

Q5. Which statement best describes the internet connection you have available?

- ☐ Content loads fast, with no service interruptions
- ☐ Long loading times, service is interrupted at times
- ☐ Poor connectivity, with regular service interruptions
- ☐ No internet connection
- ☐ I don't know

Q6. Does your home use Microsoft Office 365?

This is the online version of Microsoft Office Software, with Word, Excel, PowerPoint, etc.

- ☐ Yes
- ☐ No
- ☐ I don't know

Q7. Does your care home use an electronic care management system?

- ☐ Yes
- ☐ No
- ☐ I don't know

Q8. If you answered YES to Q7 - Please type in the name of the system you use and when you started using it.

	Name of software/system used	Year care home started using this software/system
Care planning and delivery		

Q9. If you answered NO to Q7 - Please tell us your reasons for NOT USING an electronic care management system for care planning. (Tick all that apply and add in your own)

- ☐ Cost
- ☐ Not knowing what's available to make the right choice
- ☐ Not the right time to make this investment
- ☐ Wi-Fi / broadband availability
- ☐ Limited availability of mobile devices, e.g. laptops, iPads

- ☐ Staff do not have the skills to use the system
- ☐ I don't know
- ☐ Other_____
- ☐ Other_____

Q10. If you answered NO to Q7 - Which of these statements best describes how your care home is planning to introduce an electronic care management system for care?

- ☐ There's no plan and no intention to make one
- ☐ There's no plan but we are thinking we should have one
- ☐ We may plan for this in the future, but no immediate plans
- ☐ I don't know
- ☐ We are actively creating a plan and will introduce an electronic care management system in the next 12 months
    - What system are you planning to introduce?

      _____

Q11. If you answered NO to Q7 - What would need to happen or change for your care home to introduce a digital data collection/electronic care management system?

Q12. Which of the following can remotely access information on individual residents?
(Select all that apply)

By remotely, we mean without physically coming into the care home.

- ☐ Resident's GP
- ☐ Primary care/community-based health professionals, e.g. District Nurses
- ☐ Hospital clinicians/staff
- ☐ Ambulance service/Paramedic
- ☐ Allied Health professional, e.g. a physiotherapist or occupational therapist not employed by your care home
- ☐ Social workers

- ☐ None of the above
- ☐ I don't know
- ☐ Any other organisation or professional
  - ☐ Please specify:

    _____

Q13. In your care home, how is information about a resident's medication recorded and documented?

- ☐ Paper records only
- ☐ Recorded onto paper, then key information is manually entered onto in-house or company electronic database/record
- ☐ Digital devices are used to directly enter onto electronic medication management software or system

Q14. If you selected 'Digital devices' in Q13 - Please type in the name of the system you use and when you started using it.

	Name of software/system used	Year care home started using this software/system
Medication management system		

Q15. If you have other comments or thoughts, please use the space below.

Thank you very much for providing your information and views!

Appendix 2 – Information Sheet

Mapping Study 2021 – South East Scotland

Information Sheet

The Landscape Assessment of Data and Digital Readiness of Scottish Care Homes (LADDeR) study is being led by Edinburgh Napier University in partnership with the Advanced Care Research Centre. This information sheet tells you what the study is about, why it is being carried out, and how you can contribute. Please take time to read the information carefully and contact the project team if you have any questions.

Background and Aims

The recently published Digital Approaches in Care Homes Action Plan highlights the importance of accurate data on care home residents and digital connectivity in care homes – made ever more pertinent by the COVID-19 pandemic – and lays out plans for strengthening and improving the use of technology across the sector in Scotland. However, the current extent and nature of digital practices and capabilities of care homes is not fully known, which limits how policies are informed and the design of innovative approaches and solutions.

This project is an assessment of the data readiness and digital activities of care homes in South East Scotland so we can present a detailed description of the current digital landscape in the region. We aim to:

- map adult care home digital data collection, practices and connectivity;
- explore digital readiness and facilitators/barriers to the development of digital capabilities.

How your home can be part of the 'map'?

To achieve this, we are contacting all care homes of all sectors in Edinburgh and the Lothians, Fife, and the Scottish Borders.

Focusing upon data readiness and digital maturity, we will collect information about (1) digital connectivity; (2) digital data collection and care planning; and (3) data governance procedures for sharing and processing information.

You can take part in two ways:

1. By filling in your home's online mapping template

The mapping template contains a set of questions about your care home and should take approximately 10 minutes to complete.

Only one response is requested per care home, and you have the option to save answers and complete the template over several sessions.

2. Telephone completion of the mapping template

If preferred, we are happy to have a one-to-one meeting with you to go through the questions on the mapping template over the phone or via online call.

Please contact l.johnston@napier.ac.uk to arrange a meeting.

Does my home have to take part?

Taking part in this study is not mandatory but, in order to achieve as accurate a picture as possible of the current digital landscape, the contribution of every care home in the region is highly important. This will enable the design of better digital approaches for the care home sector as a whole. To encourage participation, we will contact your care home by email and by phone to offer help with filling in the mapping template if you have not yet completed the online form. If you decide to take part, you are free to withdraw at any time without giving a reason, and your data will be removed from the study if analysis has not begun.

Will my taking part in the study be kept confidential?

All personal information collected during the study will be confidential and your privacy safeguarded in compliance with the Data Protection legislation. Your name and contact details will be removed from the data, and we will take care to ensure that any information used in the presentation of findings is non-identifiable.

What happens when the study is finished?

At the end of the study, the data you have provided will be stored after the removal of all personally identifiable data. The anonymised data may be made available to other researchers for further analysis once the results of the research have been published. This would only be after an official request, consideration of suitability for sharing, and subject to a data sharing agreement between Edinburgh Napier University and the researcher requesting the data. The data will be stored for at least 10 years.

What will happen to the results of the study?

The results of the study will be published as a report and on an online data dashboard to support the development of new digital approaches and solutions for Scottish care homes. The findings may also be published in computing and healthcare journals and presented at conferences.

The Team

This regional work has been funded by Data Driven Innovation programme and is led by Lucy Johnston, Senior Research Fellow at Edinburgh Napier University.

- Dr Susan D Shenkin, Reader, University of Edinburgh; Honorary Consultant, NHS Lothian
- Bruce Guthrie, Professor of General Practice, Usher Institute; Director of the Advanced Care Research Centre (ACRC), University of Edinburgh
- Alistair Lawson, Associate Professor, School of Computing, Edinburgh Napier University

The Team is supported by Drs Paul Lapok and Lynda Anderson and Heidi Koikkalainen, Edinburgh Napier University.

If you would like to find out more, please contact l.johnston@napier.ac.uk.

If you would like to talk to someone who is not involved in the study about this work, please contact our Independent Advisor: Dr David Henderson david.henderson@ed.ac.uk.

Appendix 3 – Consent Form

Consent Form

Name of project: Landscape Assessment of Data and Digital Readiness of Scottish Care Homes (LADDeR)

Project lead: Lucy Johnston, Senior Research Fellow, School of Health and Social Care, Edinburgh Napier University (l.johnston@napier.ac.uk)

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and tick the boxes if you agree with what it says.

I confirm that I have read and understand the information sheet (v3, 2 August 2021) and the privacy notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I have been told that my responses will be anonymised, unless I waive my right to anonymity. My name will therefore not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.	
I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	
I understand that my words may be quoted in publications, reports, and other research outputs and that a pseudonym will be used for my name.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. In addition, should I not wish to answer any particular question or questions, I am free to decline. However, after data has been anonymised or after publication of results it will not be possible for my data to be removed as it would be untraceable at this point.	
I freely consent to take part in the above study.	

Signature……

Date……..

Appendix 4 – Privacy Notice

Privacy Notice **V1 25 August 2021**

Name of Research Project: **Care Home Landscape Assessment: Digital and Data Readiness**

Description of Project: This is a scoping study, designed to understand better the framework of ethical approval and data governance for care home research in Scotland, and in particular for the use of individual level data for Innovation Challenges, research and service evaluations.

Data Controller	Edinburgh Napier University
Purposes for collection/processing	This research project is essential a mapping exercise. We will undertake and report on the results of a National Baseline Assessment of the Digital Maturity of Adult Care Homes in Scotland designed to: • Assess the digital maturity of adult care homes in Scotland • Develop a baseline of adult care home digital capabilities • Explore digital readiness and facilitators/barriers to the development of digital capabilities
Legal basis	Art 6(1)(e), performance of a task in the public interest/exercise of official duty vested in the Controller by Statutory Instrument No. 557 (S76) of 1993 as amended, e.g. for education and research purposes.
Whose information is being collected	Public officers/employees contact details for survey recruitment only
What type/classes/fields of information are collected	Name, work contact details, organisation employed by and role
Who is the information being collected from	Publically available directories of care homes

Is personal data shared with internal and external to the University	No external sharing. Within University by named research project team members who will have secure access to the dedicated project folder.
How long is the information kept for	Any consent forms/emails will be retained for 6 years after the end of the project. We will implement Edinburgh Napier Data Management Policy which states requires research data to be retained after project completion if they substantiate research findings, are of potential long-term value or support a patent for at least 10 years. The policy also requires that funders and/or sponsors requirements are met. Long term storage is provided through the University data repository.
Will the data be used for any automated decision making	No
Is information transferred to a third country? Outside the UK and not included in the adequate countries list.	No

You can access all the University's privacy notices using the following link: https://staff.napier.ac.uk/services/governance-compliance/governance/DataProtection/Pages/statement.aspx

You have a number of rights available to you with regards to what personal data of yours is held by the University and how it is processed – to find out more about your rights, how to make a request and who to contact if you have any further queries about Data Protection please see the information online using the following URL: https://staff.napier.ac.uk/services/governance-compliance/governance/DataProtection/Pages/default.aspx