JOINT INSPECTION OF **ADULT SUPPORT** AND **PROTECTION**

Guidance for remote access to files - Publication Date06/07/2021

Guidance for remote access to files

- As widely consulted and agreed, the Joint Inspection of Adult Support and Protection require that adult protection partnerships will make records available remotely – that is, electronically, and without the requirement for inspectors to be 'on-site' in the partnership area.
- This is subject to a data protection impact assessment (DPIA) prepared by the joint inspection team which is available on request. We encourage adult protection partnerships to consider and progress conversation locally with IT and information governance colleagues relating to the DPIA, at the earliest opportunity.
- Partnerships can make records remotely available to the joint inspection team securely and efficiently by:

    1) Placing sampled records in the partnership's secure data sharing platform and giving the joint inspection team time-limited secure access to the repository.
    2) Uploading the personal records sampled to the Care Inspectorate's SharePoint repository.

It is preferred that where a partnership has its own secure data sharing platform, that this would be the default repository for social work and health records. There is an overarching national agreement that police records will only be shared with the joint inspection team using Egress.

Partnerships will complete a pre-inspection return (PIR). Our inspection team will then create and return stratified samples based on the different adult client groups, types of harm etc. The partnership will gather the requisite records for adult support and protection for the partnership to prepare:

- 50 adults at risk of harm whose adult protection journey has proceeded to (at least) the investigation stage and beyond. Partnerships will be given a unique case identifier **S01 – S50.**
- The joint inspection team will require 15 reserve adults at risk of harm and their social work, police, and health records. **Partnerships will be given a unique case identifier R01-R15**
- 40 adults at risk of harm who have been subject to initial inquiry and the partnership decided to take no further adult protection related action. **Partnerships will be given a unique case identifier D01-D40.**

The guidance below depicts the Care Inspectorate's folder structure that should be followed for file sharing, should partnerships not have their own data sharing platform. This structure has proven highly successful in aiding the inspection process. This is a set structure in the Care Inspectorate's system and cannot be amended.

As stated, it is preferred that where a partnership has their own SharePoint, or equivalent, that this would be the default repository for social work and health records. As such, it is recommended that partnerships using their own data sharing platform also follow this layout:

The joint inspection team will be looking for three main folders:

1. Sample – (This will be the 50 adults at risk of harm)

We will require the folders to be created and named S01 – S50. Within these folders, please create 2 subfolders – 1. Social Work & 2. Health. Here you will put all documents/files relating to the identified individual.

2. Reserve – (This will be the 15 reserve cases)

We will require the folders to be created and named R01 – R15. Within these folders, please create 2 subfolders – 1. Social Work & 2. Health. Here you will put all documents/files relating to the identified individual.

3. Duty to inquire (DTI) – (This will be the 40 adults at risk of harm who have been subject to an initial inquiry and the partnership decided to take no further adult protection related action)

We will require the folders to be created and named D01-D40. We will only read the partnership's recordings of the initial inquiry episode for this sample. We do not require any reserve cases.

Please see the below as an example of the 3 main folders

Please see below example of folder 1 – Sample. Within each S01-S50 folder please create 1. Social Work & 2. Health

📄	Name ∨
📁	S01
📁	S02
📁	S03
📁	S04
📁	S05
📁	S06
📁	S07
📁	S08
📁	S09
📁	S10
📁	S11
📁	S12
📁	S13

📄	Name ∨
📁	1. Social Work
📁	2. Health

Name ∨
R01
R02
R03
R04
R05
R06
R07
R08
R09
R10
R11
R12
R13

The same will be completed for folder 2 – Reserves. Within each R01 -R15 folder please create 1. Social Work & 2. Health

Name ∨
1. Social Work
2. Health

Please see below example for folder number 3 – Duty to inquire/ initial inquiry episode –

D01 – D40

Name ∨
D01
D02
D03
D04
D05
D06
D07

Clearly marked subfolders delineating the adult protection process are helpful. This provides the joint inspection team with the best opportunity to understand the effectiveness of adult protection practice. i.e.

<u>Social Work:</u>
Case notes
Chronology
Risk assessment
Investigation
Miscellaneous
Case conference and review case conference
Protection plan/risk management plans
Referral
AWI including designated powers for proxies

<u>Health:</u>
Assessment and reports
Health professional's recordings
Correspondence including adults with incapacity related material and discharge letters
Miscellaneous
Health Referral

Additional considerations

From the joint inspection teams' experiences of remote access to records, the following areas for consideration have been identified:

- The provision of a list of local naming protocols for aspects of the adult protection process is key (such as what the partnership define as a case conference, planning meeting, initial referral discussion…).
- Health and social work records are more easily accessed when they are uploaded to the same data sharing repository.
- Care should be taken to ensure that episodes submitted in the PIR meet the relevant criteria.
- Uploads to SharePoint should mirror precisely what the joint inspection team would see if we had live access to two years of the council officer record relevant for adult protection. This should enable the joint inspection team to understand the process.
- The volume of information shared should be considered, with only relevant documentation and case notes uploaded. This not only supports the case file reading process, but also ensures GDPR compliance.
- When submitting health records, as well as letters, assessments and reports, partnerships should submit relevant progress notes / recordings from health professionals who are working with adults at risk of harm – for example, community psychiatric nurses, addiction service workers.
- Having the ability to filter documents, particularly when many documents are submitted for a single case record, is very helpful. This allows for documents to be filtered in line with key processes and provides easy access to additional documentation.
- Including the date of the defining adult protection episode on the document pathway aids identifying the timeline of the most relevant documents.
- A chronology of adult protection related health interventions is helpful.
- We wish to check on management's oversight and governance of adult support and protection practice. Where relevant, records submitted should clearly show timely:
  - Written entries from managers in progress notes that they have read them.
  - Written notes of decisions made at supervision sessions.
  - Written evidence the record was audited and any recommendation for this.
- Where partnerships' adult protection documents require sign off by a manager – for example initial inquiry reports, investigation reports – records submitted should clearly show the sign off by a manager and the date of this.

FREQUENTLY ASKED QUESTIONS:

FAQ. Do the joint inspection team have M365 logins?

Yes, all members of the joint inspection team have M365 logins.

FAQ. Is it possible to provide partnerships a list of the email addresses for inspectors would be involved in the inspection in advance, ideally the email addresses associated with their M365 accounts?

Yes, once notified of your partnership's inspection, the inspection lead will make this information available, to enable you to establish the required access.

FAQ. Is it likely that the joint inspection team will need direct access to live systems, such as Carefirst, or from your experience can all material be made available via SharePoint?

We have tested the concept of remote record reading and have established that we do not require access to live systems. Partnerships should determine the information that is relevant to the adult protection journey and make this available via SharePoint, or similar system.

FAQ. We require to develop a DPIA - does the joint inspection team have something prepared i.e., something that outlines the scope of the data to be collated; how it will used, processed, kept secure etc.?

It is preferred that where a partnership has their own SharePoint, or equivalent, that this would be the default repository for social work and health records. This ensures that the partnership retain control of data governance matters.

The joint inspection team have developed a DPIA which can be made available on request.

FAQ. Will the joint inspection team be connecting via a corporate or domestic network; or domestic via VPN to the corporate network and then to the partnership?

Information is available on request.

FAQ. What is the Microsoft M365 tenancy name from which the staff will be connecting?

Information is available on request.

FAQ. Are the devices being used by the joint inspection team organisationally managed devices?

Yes, Staff devices are all provided and managed by the respective organisations (Care Inspectorate, Health Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland).

FAQ. If the devices are organisationally managed, are they covered by PSN and/or CE+ compliance?

Information is available on request.

FAQ. What AV and other end-point protection the devices have and how is it managed?

Information is available on request.

FAQ. Where is the data centre for the Care Inspectorate's SharePoint?

Information is available on request.

FAQ. Can we upload records to the Care Inspectorate SharePoint as a zip file?

Files must be unzipped, in the structure provided, by the submission deadline. This enables our system to run requisite antivirus checks. The partnership should expand the zip folder to ensure that only relevant records are shared with the joint inspection team. Partnerships may wish to consider tools such as power automate for this process.

FAQ. How feasible is it for our operational teams to extract/collate/assemble the required material into SharePoint?

The suite of documentation available on the Care Inspectorate website should provide partnerships with a reasonable guide as to what information we are seeking to be made available. This cannot be prescriptive as each adult protection journey will reflect individual circumstances. An extra one week has been built into the inspection footprint in recognition of the work required of partnerships to make records available via SharePoint.

Partnership feedback from recent inspections detailed the following processes employed to upload health records:

1. Preparation

The team met early in the inspection process and created a short life working group and weekly team check-in. With the support of social work colleagues, a file reading process and document check list was developed which was tested successfully on one case.

A base for file reading was sourced and the necessary IT equipment was provided by medical records colleagues. Health colleagues with knowledge and expertise in adult protection were asked for availability for participation in the file reading and a rota was developed for the two-week period. All file readers were given user access to all electronic systems to enable us to cover all aspects of health care including acute, mental health, learning disability, community nursing, and addiction services.

Execution

Once the case list was shared from Social Work it was double checked for health input and the team requested any relevant health care records from medical records. Three or four members of staff were available daily across the course of the two-week period and used a specific case ID to create electronic folders into which they uploaded relevant evidence. The file reading was completed in approximately eight days. The Risk Management Team were involved in searching DATIX for all cases. Medical records colleagues were on hand to support the file reading team service during the second week which was hugely helpful.

Only documentation and evidence relevant to the adult protection journey was to be included and this was clarified at our weekly check-ins. Each case was checked for accuracy as well as consistency and high standard before submission.

Quality and accuracy check

A final quality check and cross check of case files was conducted along with social work leads before the full submission was uploaded.

Conclusion

The success of the process was very much a team effort and down to clinical leadership, good coordination and organisation using the skill and expertise of colleagues with expertise in adult protection from both social work and health backgrounds.

2.   This background guide has been produced on the request of the Care Inspectorate to detail some aspects of the file preparation and sharing with Inspectors undertaken in this partnership.

Our information system is set up based on workflow, so our ASP workflow is based on our ASP process, and we have separate "steps" for each part of the process -

Referral – Duty to Inquire – Investigation – Case Conference – Review Case Conference

All documentation relating to the ASP process is either created in system forms within steps or uploaded and stored within the relevant step.

PIR
When generating the PIR file, we identified for each case all the relevant pieces of work for each case (using business objects reports), which included all ID numbers for each step in the workflow and any linked Assessment/AWI/Chronology steps to identify what information should be downloaded from our information system for each of the cases selected for inspection.

On receipt of the Inspection file list from the Care Inspectorate, we matched this against our PIR file to identify the cases by our unique SW ID number, whilst incorporating the Care Inspectorate reference (D(DTI), S (Sample) or R (Reserve) number) this was then used as the Master list for our file download process.

Subsequent lists were generated and passed to Health and Police with additional information that they required to identify records in their systems.

File Structure
The file structure for our inspection was set up to mirror workflow whilst following Care Inspectorate folder structure guidance i.e., our top level folders were set up as follows:

Name

DTI
RESERVES
SAMPLE
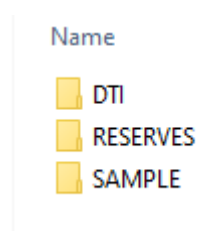
The DTI folder had 40 subfolders for each DTI case being inspected, with a D reference, in each of the 40 DTI subfolders there were 3 subfolders – 1. Referral; 2. DTI; 3. Case Notes

The Sample folder had 50 subfolders for each case being inspected.
In each of the Sample 50 subfolders there were two further subfolders –
1. Social Work
2. Health

Within the Social Work subfolder there were nine subfolders -
1. Referral
2. DTI
3. Investigation
4. Case Conference
5. Review Case Conference
6. Chronology
7. Case Notes
8. AWI
9. Assessments

The Reserve folder mirrored the Sample folder, for the 15 R cases.

For each of the file types – DTI; Sample; Reserve – we established a naming convention for all documents. For example:

DTI –

Referral Documents (The referral that resulted in the Duty to Inquire step)		Examples
Save in the 1. Referral subfolder		
Referral Overview	1.Referral Overview	
System generated form These are the forms available in the Referral step that are relevant to ASP	1.1 Adult Referral 1.1 Referral - Record of Contact and Discussion	
Documents that have been uploaded to the step	1.2 brief description of the document (for example the 1.3 Adult IRD)	A-IRD Police concern form NHS concern form SAS concern form FRS concern form
DTI Documents		
Save in 2.DTI subfolder		
DTI Overview	2. ASP DTI Overview	
System generated forms	2.1 ASP Duty to Inquire 2.1 DTI - Record of Contact and Discussion 2.1 DTI ASP Protection Plan	

For the Sample files

Investigation Documents		
Save in 3. Investigation subfolder		**Examples**
Investigation overview	3. ASP Investigation Overview	
System generated form These are the forms available in the Investigation step –	3.1 ASP Investigation Report 3.1 Investigation - Record of Contact and Discussion 3.1 ASP Investigation Protection Plan	
Letters (System generated letters)	3.2 ASP Investigation Access to Records DWP Letter 3.2 ASP Investigation Access to Records Health	
Documents that have been uploaded to the step	3.3 brief description of the document	Emails Letters Assessments Bank Statements Other Financial documents Minutes
Any other document that does not fit the other categories	3.4 brief description of the document	

Downloading/sourcing files

Having this file structure and naming convention ensured that at each point in the downloading process, the staff undertaking the downloading exercise knew where to save each document and had clear guidance on the naming convention, this also then provided the Inspectors with a guide as to what documents they might expect to see in each folder.

We had four staff undertaking the file downloads (over a period of three days) from our information system and one person overseeing the process. Each were allocated 26 cases to download, these were extracted from the Master list file, so each had a D; S or R number allocated to them along with our unique SW ID number and all relevant step workflow id numbers.

The files were downloaded and saved to a central social work drive that was only accessible by the people downloading the files and the Performance and Assurance Lead in Social Work.

Each of the four people had separate folders in the secure drive, template folders were created in these folders for each file, and file type that was to be downloaded.

Where information could not be downloaded, screen snips were taken of the information and saved in a MS Word document and saved to the file as Overview documents. Once all documents were downloaded from our information system and saved into the relevant folders in the secure drive for the 105-case file sample, case notes were extracted using business objects and added to files – this enabled us to extract all relevant case notes for the period of the ASP process and beyond, in a date ordered format.

Once the download exercise was completed, the files were double checked by the Performance and Assurance Lead to ensure naming conventions were followed and documents were saved in the correct folders. Further to this any sub folder that was not required was removed, for example if a case being inspected only proceeded as far as Investigation – the file structure may have looked like

1. Referral
2. DTI
3. Investigation
6. Chronology
7. Case Notes
9. Assessments

Data security
When reviewing options for receiving files from health and sharing files with the inspectors, we consulted our Technology Solutions department and they confirmed that our MS Teams was secure and met all the relevant security standards. We also undertook a full Data Protection Impact Assessment to give assurance to chief officers due to the sensitivity of data being shared.

A MS Teams site was set up for health to save their files to (Health ASP Inspection Files), site access was limited to two individuals from health and the SW Performance and Assurance Lead. A file structure was set up in this site to replicate the Sample and Reserve file structure with one sub folder for health files. Health colleagues then saved their information to the relevant folder in this MS Teams site.

A further MS Teams site was set up to hold the Inspection files – access to this site was limited to the Performance and Assurance Lead. Each MS Teams site has an associated SharePoint site, the case files were uploaded from our secure drive to the SharePoint site associated with the Inspection Files MS Teams site, which is a much quicker process than uploading files directly to MS Teams.

The health files were then transferred from the Health ASP Inspection Files MS Teams site to the relevant folders in the Inspection Files MS Team Site.

The Health ASP Inspection Files Teams site was then deleted, in accordance with agreement with Health.

Prior to the Inspection start date, four of the inspectors were set up with guest access to the Inspection Files MS Teams site to ensure that they could access the files. Once this was proved, in time for the Inspection start date all relevant inspectors were set up with guest (read only) access to the site.

Once the inspection was complete, guest access was removed, and all files were permanently deleted.