ADSS Cymru
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
Leading Social Services in Wales

Piloting of PredicAire in Residential Care (Gwent Region)

Shared learning for digital transformation

ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES (ADSS) CYMRU

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Acknowledgements

During this project, the ADSS Cymru Project Team met with a wide range of stakeholders. It has been a privilege to meet so many committed practitioners, managers, administrators, data and digital leads, who all contributed their views and time to supporting this piece of work. We are keen to acknowledge the contribution of everyone who took part in the engagement sessions and members of the Steering Group. Thank you for participating at a time when there continues to be unprecedented demand on time, energy and personal resilience.

Introduction

The introduction of artificial intelligence (AI) in recent years presents the potential to radically change the world of work in modern society. By leveraging AI, governments and public institutions will be able to enhance efficiency, improve service delivery, and support informed decision making, ultimately leading to improved outcomes for people.

The Association of Directors of Social Services (ADSS Cymru) supported by Practice Solutions, led a project to pilot a digital system with AI functionality that has the potential to enhance the delivery of services within local authority owned residential care homes in Gwent. This was funded by the Welsh Local Government Association (WLGA) and PredicAire was procured to deliver the system.

This work took place between October 2024 and March 2025. PredicAire, an app-based system, was selected as it is specifically designed to support care homes and is unique in being able to utilise AI functions to enhance efficiency and improve outcomes for residents and staff. It also has a multiple language function, with the potential to operate bilingually. It was already in use in care homes in England and the company was prepared to work closely throughout the pilot, to continue to develop the app in line with user requirements.

This report sets out the learning and findings from introducing a new digital system to local authority run care homes. It captures the day-to-day experiences of staff who are currently using paper-based systems, conveys the challenges of adopting a new system within a local authority setting, and presents the opportunities for improvement. The report delivers recommendations, as well as operational hints and tips, to facilitate and expedite future digital implementation across care homes in Wales.

The following is a summary of each chapter:

Chapter 1 sets out the background to the project and puts the Gwent PredicAire Pilot Project in the context of wider digital transformation of social care in Wales, giving an overview of PredicAire and the project specification.

Chapter 2 presents the methodology used and shares details of the project's governance arrangements and the role of the Steering Group.

Chapter 3 sets out the insights gathered from conversations with key stakeholders from the local authorities taking part in the pilot and with members of the Steering Group. It focuses on colleagues' readiness for digital change, their hopes and concerns about transformation, and any reflections which have shaped the recommendations.

Chapter 4 shares learning from another area of Wales where colleagues are further along in their care homes' digital journey, using a tool that does not have AI functionality.

Chapter 5 presents a roadmap for change, developed in response to the learning from this pilot, giving a short step-by-step guide to implementing a digital tool in a care home.

Chapters 6 and 7 draw conclusions from the project findings and present recommendations split into three parts: for Wales wide consideration, for the local authority leads who took part in the pilot, and for others who may wish to introduce a digital tool into care homes in their area.

1. Background and context

Background

Local authorities face numerous challenges, from funding and financial pressures to workforce challenges, including the recruitment and retention of staff, ongoing impacts from the Covid19 pandemic and regional disparities.

The Gwent region has several local authority run care homes and like other areas in Wales, faces the challenge of managing the administrative requirements of safely providing services in homes while maximising the time spent with the individuals in their care. Currently, a significant amount of time is spent on updating paper records, using outdated and unintegrated systems, which results in duplicated work and increases the potential for mistakes.

The digitisation of paper systems is one way of addressing some of the challenges facing social care.

The Digital and Data Strategy for Health and Social Care

By 2040, 28% of the Welsh population will be over 65 years old, compared to 24% in the UK as a whole. People are living with ailments and conditions for longer and they will generate growing demands for care and support services. This has prompted work to explore cost effective ways of improving standards within residential care without incurring greater costs.

The Digital and Data Strategy for Health and Social Care in Wales (2023) aims to improve service delivery, support care providers, and empower those receiving care. A key objective is to move from traditional paper-based processes to digital delivery, enhancing efficiency and accuracy in record-keeping and care management. Aims include:

- Developing digital platforms that meet the specific needs in Wales.
- Ensuring services are user-centred and accessible.
- Investing in modern infrastructure to ensure practitioners have access to the right information at the right time.

The strategy identifies AI as an emerging technology which may provide an opportunity to respond to the challenges for social care in Wales. For example, it can be used as a tool to improve the provision of care services by automating administrative tasks and providing real-time monitoring to support early intervention.

AI is already being used in several sectors. In healthcare, it is supporting more accurate diagnosis, decision-making and the prediction of potential outbreaks. In business, it supports efficiency and auditing, analysing market trends and maximising potential profit.

The adoption of AI in social care settings has been more gradual. Public services are beginning to use AI routinely with some evidence of early promise. However, it will be essential to address challenges and to ensure that any system adopted has the necessary security, data privacy, protection and ethical use functionality, to ensure that the technology benefits everyone fairly and equitably.

With increasing public discourse around AI, there is growing emphasis on promoting responsible AI use, including mitigating potential algorithmic bias, maintaining human oversight, and prioritising professional judgment and resident-centred care alongside AI insights.

There is already learning to draw on from across Wales and resources from across the UK, which provide vital context and foundations for colleagues embarking on digital transformation in social care. Alongside our findings from the Gwent PredicAire Pilot Project, we recommend people refer to these resources, including:

- 'Review of options for supporting digital innovation in social care' (2023), commissioned by Social Care Wales, which provides a wealth of insight and extensive hyperlinked references to the literature surrounding digital transformation in social care across the UK.
- Reflections from Linc Cymru on switching from paper to digital systems in three care homes across Cardiff and Newport (January 2025).
- The LOTI (London Office of Technology and Innovation) Health and Social Care System Technology Map (and associated database): a short research report and database of technology and data solutions, which can provide a touchpoint for social care and digital transformation leaders, by highlighting models and solutions already in use across England.
- Digitising Social Care: whilst this is a site specific to social care in England, it contains a huge amount of valuable information about digital transformation in social care.
- Social care workforce delivery plan 2024 to 2027 | Social Care Wales : with the increasing integration of AI tools, it is essential that the social care workforce is equipped with knowledge, confidence and skills to embrace digital transformation. One of the themes within the 10-year National Health and Social Care Workforce Strategy focuses on developing a "digitally ready workforce".

For those wishing to access extensive primary literature sources, we would recommend the references section of the 'Review of options for supporting digital innovation in social care' (2023), produced by Basis on behalf of Social Care Wales.

Overview of the PredicAire system

The PredicAire system was selected for this pilot because it met the specification requirements for local authority run care homes and it was already being used successfully to assist care home providers in England. Practice Solutions procured the PredicAire system on behalf of ADSS Cymru, in line with the requirements of the grant funding.

PredicAire is a cloud-based care management software system with AI functionality designed to be user-friendly for staff with varying levels of technological literacy. It has been designed by experienced providers of social care for older people, to enhance the efficiency and quality of care and care management in various settings, including residential care, nursing homes, and home care. It has multiple language functionality and the potential to operate bilingually, although this function has not been trialled as part of this pilot project. In the National Care Awards 2024, PredicAire won Tech Innovation of the Year.

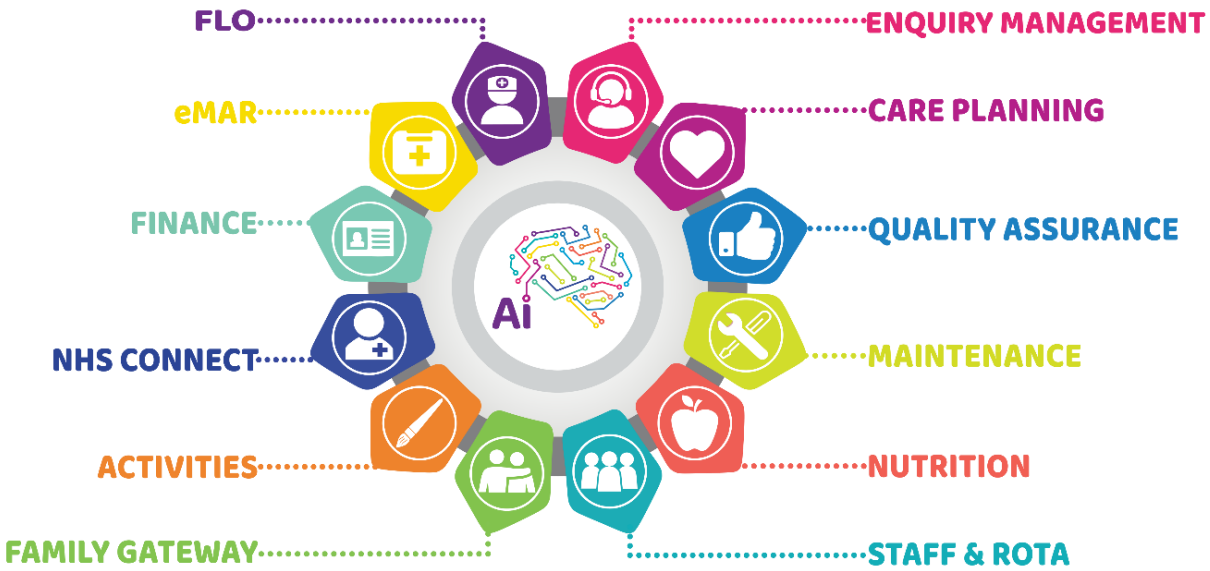
Key features and benefits of the system are shown in Figure 1, and include:

- **AI Technology**: Monitoring vital signs and detecting anomalies early through AI technology enables staff to quickly spot trends and changes in residents' health, leading to better care outcomes.[1]

[1] The AI functionality in PredicAire is constrained in line with good practice, so that the AI tool will never create an intervention with a resident which is not checked first by a human.

- **Real-Time Data and Insights**: PredicAire provides structured, real-time data and insights on residents' health and well-being. This helps to predict and prevent unnecessary outcomes, make better informed decisions and provide proactive care.
- **Integration**: It connects various parts of the care home, ensuring all key records are in one place and accessible via desktop, tablet, and mobile devices. This provides a comprehensive view of all key records in one place, so there is no loss or duplication of data inputs.
- **Staff Management**: Improves staff management data with a comprehensive cloud-based solution. Streamlines processes with digital timesheets, staff rostering, dependency tools, dynamic training matrix, absence management, appraisals and more.
- **Wide-ranging features**: PredicAire includes modules for care planning, quality assurance, family communication, kitchen management, and activities planning. This supports a holistic and person-centred approach to care.
- **After-sales customer support:** Features which encourage responsiveness and effectiveness include:
  - A commitment to onboarding processes which help to ensure that new users can quickly and effectively start using the software.
  - Ongoing support to address issues or questions that arise.
  - Troubleshooting accessibility via different channels, including phone and email; user training sessions to help staff become proficient with the software.

Figure 1: Summary of PredicAire functionality



Project specification

The initial project specification was for the pilot to run from October 2024 – March 2025, providing opportunities to:

- Implement and test PredicAire to move the management of provision from paper-based processes to digital delivery
- Capture the learning and evaluate the impact on cost benefits, organisational culture, workforce recruitment and retention

The project was intended to have reached a 'Go Live' point for the transfer of data to a digital solution at Month three. This would have given a further three months to evaluate the process of implementation and the benefits and challenges of using a digital system. Through engagement with stakeholders, it became apparent that this initial specification was very ambitious, as the timeframe (only six months) was exceptionally short for a digital transformation programme. Some stakeholders pointed out that they had been trying to implement something similar for two years and were still at a very early phase.

The Steering Group agreed to the adaption of the project specification to give all stakeholders the opportunity to fully engage in the pilot and contribute to the development of an approach which would lead to the successful implementation of a digital solution with AI functionality. The focus of this report shifted accordingly to sharing lessons learned, so that other local authorities in Wales could benefit from the pilot's insights.

The revised project outcomes became:

- Support improved delivery of residential care services for older people in selected local authority-run homes in the Gwent region.
- Learn lessons from the preparatory work and implementation of digital technology, in residential care settings.
- Facilitate a move from primarily paper-based processes to digital delivery, in line with the Digital and Data Strategy for Health and Social Care.[2]

Initially, eight care homes from three different local authorities within the Gwent Region were very keen to take part in the pilot. As the project progressed, the complexities and timescales involved in introducing PredicAire became clearer, particularly in terms of its interface with the local authority IT systems. It was important that all staff in the care homes had the opportunity to fully engage in the changes proposed and as a result, the number of participating care homes was reduced to four homes across the three local authorities. During this time, the Project Team started discussions with another local authority who had already introduced a digital tool without AI functionality. Their work had commenced two years previously and they were at the start of the implementation phase. To assist others, they willingly agreed to share their learning, and this information is contained in Chapter 4.

Within the timeframes of the project, two local authorities have a care home each that have progressed to the implementation phase of using PredicAire. However, in the final stages of the project, the third local authority took the decision not to proceed with the pilot, due to a number of procedural issues and difficulties getting to the Go Live stage within the project timescales. The valuable lessons learned from this local authority as they progressed through the planning and preparation phases have been captured in this report and inform the development of the Roadmap in Chapter 5.

[2] https://www.gov.wales/digital-and-data-strategy-health-and-social-care-wales-html

2. Project governance and reporting methodology

Project Governance

The work was overseen by a Project Steering Group which met 4 times over the course of the project. Membership included representatives from ADSS Cymru, the Welsh Local Government Association, PredicAire, Digital Advisory Group (Heads of Digital and ICT from the 22 Councils in Wales), the Social Care Engine Room, residential service managers from care homes in Gwent and Social Care Wales.

The terms of reference for the group are included at Appendix 1, together with the agenda items covered at these meetings.

The purpose of the Steering Group was to provide strategic oversight and guidance for the project and support for the Project Team by offering direction, addressing challenges, and ensuring alignment with the project's goals and timelines.

Members of the Steering Group provided updates to the ADSS Cymru Leadership and Workforce Groups, as well as the Social Care Engine Room and Digital Advisory Group, through briefing papers and highlight reports.

The project was designed to engage as widely as possible with representatives from the care homes' staff, including senior managers, team leaders, practitioners and workforce managers. Data governance, security and IT officers were also invited to engage throughout the project to give support and advice on data protection and security issues that would impact on the pilot and the adoption of a new digital solution to improve service delivery.

A comprehensive project plan was developed along with a risk register to identify and mitigate identified challenges, a stakeholder log and key communications messages.

Approach

Throughout the project, engagement with stakeholders was key to understanding the challenges and lessons learned. Semi-structured interviews and focus groups were conducted with care home workers across the homes implementing PredicAire. These interviews captured their current paper-based ways of working, their hopes and concerns about the introduction of digital technology, and their readiness for change.

Semi-structured interviews were also conducted with care workers and managers who have recently implemented an alternative digital tool in another area of Wales. These interviews captured their reflections on the introduction of digital technology, hints and tips for how they might do things differently if they could do it again, their thoughts on any benefits they have seen so far, and conversely any challenges they have met.

Reflective learning sessions were also undertaken with members of the Gwent PredicAire Pilot Project Steering Group and with members of the Project Team to gather their learning and expertise to inform this report.

In total, 31 people have been directly engaged in semi-structured interviews, meetings or focus groups.

3. Insights from care homes in the pilot

This section of the report shares insights from the qualitative data, gathered between December 2024 – March 2025 alongside the implementation of PredicAire. It draws on semi-structured interviews with 21 people ranging from stakeholders on the project steering group to care home managers and team leads, shown at Table 1.

Table 1: Stakeholders engaged in semi-structured interviews regarding the implementation

Stakeholder group	
Steering Group members (including colleagues working in local authority information governance and IT and Social Services teams, Social Care Wales, and PredicAire)	8
Service Managers and/or Responsible Individuals, Care Home Managers, Deputy Managers and Team Leaders (note that 2 of these individuals also sit on the steering group but are not double counted)	9
Project Team members	4

Paper-based systems and the scale of change

The homes involved in this pilot are almost entirely paper-based, with many different systems and processes for keeping information about the home and its residents. One person told us:

> ‘Everything is on paper – it's like being in a different age, in a care home.’

When asked to explain the current systems, they were too complex for people to share in full, but some interviewees tried to outline them for us:

> ‘So at the moment, you know, 99% of everything to do with a resident is paper. We [as the managers] have the [residents’] care plans, their paperwork via e-mail. We then print it off because a copy of that then goes into the person's file. Risk assessments we do on the computer so they’re saved on the computer so we can update when necessary. But then again that's printed off and that goes into paper copy because obviously the staff need to see them. The staff day-to-day have no access to any computers, so everything they need to look after an individual is via paper. So what a person has done throughout the day, that's recorded in a daily notes sheet and that goes in a person's file. Personal care like bathing, laundry, changing someone's beds, again, that's all done via paper. Diet charts, fluid charts, are on paper. Service plans we've started to type up so we keep a copy on the computer because that's much easier when someone’s needs change. But again, for the monitoring purposes that's printed off and goes in the person's file... staff then monitor that monthly or when changes occur and... they'll come back in and then we can tweak them on the computer... Body maps, accident forms we've got to keep anyway for our health and safety paper wise - we do a report following a fall, which we then send to [our manager], that is done via e-mail... Dietitian reports, doctors, hospital discharge, obviously that's all paper.’

Non-resident information in homes is also extensive and currently paper based. One manager told us:

> ‘Each individual maintenance job we do will have its own file. Like there’s a file created ‘cos every fortnight these mattresses and cushions get pumped up. Then we’ve got the file for all the fire information. Then there’s a file then for checking your emergency lights, checking your water temperatures. And then there’s a file for something else. … So there’s a lot of

> paperwork here….There's so many different places to access so much information, and if it's under one umbrella it would be more simple.'

We heard from the homes involved in this project that their paper-based systems can cause problems in completing basic practical tasks such as locating pieces of paper:

> 'Where's that file gone now? It's slipped down the back [of the filing cabinet] between the other folders! Or someone hasn't put it back in the right place. Or I'm looking in P and it's ended up in R or S or T 'cos somebody doesn't know the alphabet! We do get used to where things are…but when someone's messed with the files and moved them all around then it's not in the place you think it is.'

It can also be time-consuming and physically demanding to retrieve archived documents:

> 'With paper files you have to store them and they have to be archived and we've got two huge garages full of paperwork... We have had lawyers' or solicitors' claims, CHC claims and what have you, and we've had to go up the garages and hunt through paperwork. Whereas [with a digital system] you would literally just go on to the system and you just pull somebody's name off, wouldn't you? Whereas now we're at the garages with boxes looking for things.'

People working in these care homes (other than the management teams) rarely use computers. The scale of transformation (and the change management needed to accomplish it) is huge:

> 'They're not people who work digitally every day – it's not like Connecting Care where people have a moan about a new system, but at least they have a system and they are on the computer.'

Motivations for change

In our baseline interviews with care home team members, people said that digital systems are the norm now so they would expect to move away from paper:

> 'I think a lot of people are working towards [digital] now, even insurance companies and what have you, everything is online now, it's very rare you have anything through the post now.'

They also said that other local health and social care services are already digital, and they can see the benefits:

> 'We've had the District Nurses come in lately and they've all been given iPads to input their information… And the hospitals now, where you used to write your choices for your dinner on a piece of paper, it's all digital now. So, it's the way forward and it's to move with the times.'

> 'I know my friend uses it in the community, see? They use it in the community, and she's got a phone, so when they book her in to see a client she's only got to push a button and she'll have all this information about an individual before she actually goes to see them.'

People we spoke to prior to implementation loved the idea of having all the information about their home and its residents in one place:

> 'If you've got all that information under one umbrella, the amount of files we've got in separate places when you want to access that information, it takes a lot longer to look for than it would take from looking at a screen.'

They could see the benefit of this for tasks such as onboarding new staff:

> ‘We’ve got that snapshot, so if new people come on board, we say ‘here’s all the residents you’ll meet today - this is the quick snapshot of them…. So, you know who you’re going in to see.’’

Managers are keen for their team members to be able to access information immediately, without going to search for a file in another room. They can see that this will improve care, and give more time with residents:

> ‘They have access if they need to question something straight away. ‘Cos sometimes it’s not always appropriate to leave that person to come and check.’

> ‘Sometimes the staff are sat down in the afternoon writing their notes in their books - that’s obviously time consuming and again they’re not spending time with the residents.’

It was evident from our interviews that service managers and their leadership teams are keen to move to digital systems.

The overriding motivation is quality. One interviewee told us:

> ‘It’s all about the quality – that’s why I was impressed with the PredicAire demonstration – some of the data they were able to use to really impact on people’s lives, and feedback appropriately to health professionals, was amazing. For me, the quality would also come by releasing staff time to spend time with residents. You can’t put a price on that and you can't even put much of a measure on it. But they don’t feel rushed and they’re not thinking “I didn’t fill out the accident form at 3am because I was too busy”.’

In one of our interview sessions, managers shared the following list of ways in which they expected the digital transformation to impact positively in their care home:

- **Communication with families**
  ‘We have 10 to 15 calls a day, asking ‘how’s dad?’ or ‘how’s mum?’’
- **Communication with other professionals (information available ‘at touch of button’)**
  ‘We have lots of calls from the Health Board saying ‘Have you sent us the information on this person?’ and we always have to say that we’ve sent it in paper format. With this system, we’ll have an audit trail of what we’ve sent, and it’ll all be easily retrievable and easy to re-send if it’s necessary. We can say ‘I’ll send you a link now and it’ll be immediately available to you’ – that would be amazing for continuity of care. At the moment, it’s reliant on the conversation in the moment between the home and the paramedics, or the 999 call.’
- **Reporting, contracts and commissioning (simplified one-stop reporting for desk-based review of things like falls, safeguarding incidents, or regular internal monitoring/reporting processes)**
  'We did a recent desktop review – lots of the things we picked up on were things that PredicAire seems to be able to do.’
- **Preparation and participation in CIW inspections.**
  'We've been criticised for not recording enough, or not well written, or not enough detail. This comes down to time, and differences between team members. If we can get those things right, it will really help. There are so many things we need to produce for inspection, that if we can press the buttons on PredicAire and it’ll supply it, that would make a huge difference.’

- **Reduction in human error with manual reporting**
- **Putting referrals together for health professionals**
  'We aren't good at staff recording behaviors, so [our residents] aren't then getting support from the mental health team because we haven't recorded the things they need support with.'
- **Real-time recording (accuracy, specificity, timeliness)**
- **Rotas (completeness and efficiency)**
  'Our rota's are always wrong – someone's always forgotten to put something in there or gets paid wrongly. We know the system will only be as good as the data which goes into it, but it's more likely to work properly in the digital system.'
- **Central oversight for managers at the 'touch of a button'**
  'For the manager to see everything that's happening and needs to be done – so we're more in control of where the gaps are and what we need to pick up on, at a glance.'
- **Evidencing outcomes for residents based on the data in the system**
  'We know they're delivering the care, but we aren't recording sufficiently to evidence the outcomes.'
- **Detail/sufficiency of information in a resident's notes**
  'It would flag up that that person hasn't had their amount of fluid during the day…I think that's a good tool…because somebody may miss that, or somebody may not fill in the diet sheet.'
- **Care plans – guiding them to be written in the right way**
  'We've been criticised for them being too generic and not being person-centred. We do the person-centred care, but we need to write it down in that way. [But with PredicAire] you just pop the facts in there, and [the AI function] turns it into a plan.'
- **Internal audit and management (seeing who has done what, and when, because they leave a digital footprint)**
- **Parity with private sector care homes**
  ['They've] been doing this for years – we are way behind... colleagues in the private sector talk about it, and I know it'll be great.'
- **Retrospective review**
  'Being able to go straight into a single system and find out what happened, it will make this so much better, more accurate, quicker.'
- **Reducing duplication of work**
  'Lots of people are doing the same thing from various different systems or processes – so having it all in one place and streamlined will be great.'
- **Confidentiality**
  'Every home you go to, staff could be in the middle of completing paperwork and they have a call bell go and they leave the file and the communication book open. Residents' files can be left open and available to see – not in a locked environment... The system will definitely address this issue.'
- **Communications within the home**
  'At the moment there are only manual communications books and you can't guarantee all

staff are reading the messages. It's hard to get the balance between locking the book away so it's confidential but all staff being able to see it.'

- **Notifications and prompting**
  'I don't have the time to go looking through things! There'll need to be notifications, and some form of 'to do list' created by the notifications, so that everything gets dealt with properly and in a timely way.'

People told us that these are the key improvements they hoped to achieve by implementing PredicAire:

- Saving time (e.g. creating care plans using AI or pulling off standard reports).
- Reducing human error (e.g. notifications to fill gaps in manual reporting).
- Better accuracy (e.g. real time reporting, prompts to record, and an audit trail).
- More detailed reporting (e.g. care plans pulled from full datasets by the AI tool).
- Reducing duplication of effort (e.g. falls recording at the touch of a button, based on the data in the system, rather than in a separate spreadsheet or file).
- Central oversight and tracking (managers able to view 'at a glance').
- Better communications (between team members, with the NHS, and with families).
- Higher quality interface with residents and their families (e.g. not needing to leave a resident to write a record or having details to hand in a family phone call).
- Smoother/more efficient running of the home (e.g. maintenance records and kitchen communications, or rotas on the same system as everything else).

Using AI functionality for improved efficiency

One of the functions of PredicAire that users seem most excited to use is the function which uses AI to pull together a draft care plan using the data in the system for each resident. This function is unique to PredicAire. During the demonstrations, the PredicAire team and the Project Team emphasised the importance of the care plan being "checked and amended" by an appropriate manager and signed off, before being finalised.

Following the demonstration sessions, team members told us they thought this would save them a lot of time and would help those team members who find it difficult to write extensive pieces of text.

Managers and team leaders were keen to see this function in action once they start using PredicAire in their homes.

Anticipating change: worries and concerns

Although people were overwhelmingly positive about introducing PredicAire, they also had some anxieties.

The initial task of uploading residents' data onto the system was a big piece of work which people found daunting, and many people told us they were worried about achieving it alongside their day-to-day work.

Managers also had concerns about their team members' digital skills, and how confident they might be about using the app and the devices:

> ‘Not everybody can type quick; it might take that little bit longer…and obviously staff have to get used to it.’

Someone else told us:

> ‘There's going to be a huge, huge amount of training in it...Some people will pick it up like that... I've got staff who are also from the private sector who have always used [digital tools] so they're going to say, ‘well, we've always done this’, [but] I've got staff who are going to struggle with the device...So I think that the biggest thing for me would be the worry of the transition [and] staff being able to use the devices.’

In the demonstration sessions run by PredicAire and the ADSS Cymru Project Team, many attendees asked very practical questions. A selection of these is included as Frequently Asked Questions (FAQs) at Appendix 2.

For example, people worried about the reliability of both the hardware and the software, and their Wi-Fi connectivity:

> ‘Whether it’s reliable as well? What happens if one of the [devices] breaks down? Where do we go from there? What if there’s issues?... Are things going to be missed because you haven’t had time to input all the information?’

One of the main practical concerns was around the hardware on which their teams would access the app. Because teams are engaged with practical hands-on work every day, the devices need to be small enough to be portable and fit in a pocket, but with a large enough screen size to be accessible for people.

> ‘A lot of [our team] are saying that they would prefer it on a tablet rather than a phone...On a phone it can be quite small, and the keyboard of the phone is taking up part of the screen. If you’re typing daily notes up, that’s going to be difficult.’

The quality of the device was also a concern for people:

> ‘We also want to make sure we’re getting a really good quality device. It needs to be able to run the app – it's going to be used constantly, day and night. It’s going to run into performance issues if it’s not good enough.’

Although they were in the minority, some team leaders and managers had reservations about using a digital tool which prompts inputs against a checklist:

> ‘Many years ago, we got away from the idea of listing ‘tasks’ but it feels quite check-boxing again now with this system. It’s like we’ve gone back to it. A lot of our supporting people throughout the day just ‘flows’ - people just do it. You might do 5 or 6 tasks within a few minutes, but you know the person and it’s more personalised. Will staff be saying ‘let me get my tablet and check off all those tasks?’

Some managers were worried that their team members would be distracted by the app, and it would draw them away from spending time with residents:

> ‘If there are little quirks and we aren’t here to help, I don’t want people to be worried by it. And I don’t want people spending more time working out the app than spending time with people.’

Another concern was about the hardware itself, not only how long it would last before getting broken but also the issue of staff accidentally taking them off site:

> ‘We have a call system here where staff carry a pager, but they get lost and broken! So how long before this happens with the phones for PredicAire? That’s another thing – people take pagers home with them because they’re just in their pockets. That's another reason we want the tablet – we won’t be able to fit it in our pockets and take it out of the building.’

Some managers didn’t like the fact the system uses terminology they wouldn’t usually use in their home:

> ‘I didn’t like some of the terminology – ‘pad changes’ and ‘onboarding’ – it’s not terminology that we use. Someone going to the toilet is called ‘elimination’. What you’ll find then is that staff, through no fault of their own, because they're reading it all day every day, that terminology will become the norm.’

Addressing concerns through engagement

Most people we spoke to were open to change but had some worries because, initially, they did not know what to expect. They could not envisage what a system might look like, or how it might work in their home. People reported that when they’d seen the demonstration from PredicAire, they felt reassured:

> ‘Once it’s up and running I think it’ll be quite good. I do see the benefits of it. It’s going to be a good tool to have. But we were quite sceptical until we saw it yesterday. A lot of that scepticism did go – there were more positives than I thought there were going to be. All the staff in the demo’s, most of them are quite positive.’

Throughout December 2024–February 2025, the Gwent PredicAire Project Team facilitated 9 demonstrations of the PredicAire system, at which a team member from PredicAire navigated participants through the system and people were then welcome to ask questions. The dates and attendance numbers of the demo sessions are set out at Table 2.

Table 2: Dates and attendance numbers – Gwent PredicAire Pilot Project demonstration sessions

Date	No. of Attendees	Roles
03/12/2024	3	Care home teams
06/12/2024	11	Care home teams
10/12/2024	13	Data governance, IT and security teams, and care home teams
10/01/2025	3	Care home teams
15/01/2025	1	Care home teams
17/01/2025	3	Care home teams
24/01/2025	8	Data governance, IT and security teams
13/02/2025	15	Care home teams
20/02/2025	16	Care home teams

4. Learning from other residential care homes

The Project Team identified an opportunity to connect with a cluster of three other residential care home teams in Wales, who recently implemented a different digital tool. Both systems are commercially available products with similar functionality in many, but not all, respects. The system being used by the other cluster does not have AI functionality. However, the change management process of 'paper to digital' had sufficient read-across to make this a useful additional part of our reporting.

Positive feedback from moving to a digital tool

All three homes who had adopted a digital product within the past year reported that they would not change their decision. They have found lots of different benefits from using their digital tool, including:

Increased specificity of recording:

> 'The detail is so much more now – it will break down personal care into 'offered/given/consented/why etc...' where previously we would have assumed lots of that, and never had it written down. And if it's not written down, it didn't happen! It personalises it to a really detailed degree.'

Presentation of a more accurate and holistic picture of a resident's interactions with the team:

> 'It allows multiple users to input interactions for that resident throughout the day, whereas before one person used to pick up the file and write about that person's morning (only from their own perspective). The person would have had lots of interactions with the staff. Say five people have supported that person throughout the day, we [now] have five people's input for that person and they'll be more personalised because they've actually done that stuff with that person.'

The interface is easy to use:

> 'It's very easy to use from a carer's point of view... They jump on the phone, tap in what they want, there's drop-down boxes and some free-text at the bottom.'

Recording is immediate and data can be accessed remotely and easily:

> 'It's real-time and it can be accessed anywhere. Heaven forbid, I don't have to go into that home and pull the file and trawl through it – I can jump onto the system and see.'

Reporting is easier:

> 'It's really good to run reports. Rather than searching all through the daily notes. ...You can pull things easily off there.... Everything is stored in one place – it's easy to pull. ...I think it'll be easy to audit.'

Multiple users can access records simultaneously:

> 'The staff can see things straight away – sometimes another professional might have the file and you can't get to it, but this way you can look straight away at that resident's information.'

Access and reference to information is easier for care workers:

> 'It's easier for the staff to see too – they can flick through what other staff have done.'

The system reminds care workers to perform key tasks:

> 'You can alert staff too – we haven't done this yet but I think it'll be really good - so you can set alerts on things like someone has an appointment or needs medication.... At the moment they set their phone alarms to remind them but they could set the system up to remind them to do it. We have a couple of residents on hourly timed medication so that will be great!'

The importance of engagement, training and support

Whilst it is important to recognise the scale of change involved in shifting from paper-based to digital systems, many people told us their teams had adapted more quickly and easily than they had anticipated. One care home manager told us:

> 'I was very nervous about rolling this out in my care home. I had one staff member crying, saying she was going to resign. She doesn't have a smart phone....that's how they were feeling and I don't like anyone feeling like that.... Actually, she's one of the best people on there now. You wouldn't believe the turnaround – she's even doing little emojis and telling the staff how to do it... she couldn't believe how simple it was to use.'

People's confidence was often boosted when they could 'get their hands' on the technology, to demystify it and help them see for themselves how it might work in practice:

> 'As soon as we gave staff handsets, they started using them really quickly, getting used to it, liking them...'

Whilst formal training is vital, we heard from these earlier adopters that informal learning among colleagues was just as important for them, particularly in giving people the confidence to use the system once it was up and running:

> 'I set up little training sessions for my team to help them with the basics once I understood it myself, so that I could support them through it in a kind of train-the-trainer way. Basic things like logging in, going into a resident and recording that someone had a shower. I literally made it so simple, to not frighten people, otherwise you get overwhelmed and you won't do it. With some staff I did it one to one, rather than in a group, particularly for people who were really nervous about using it.'

People naturally turned to colleagues for support. Managers told us that certain people in the home became the 'go to' person:

> 'You need one person who knows it inside out or is willing to give it a go! Delegate to your team – give tasks to each of your management team to add certain types of things onto the system for all the residents. It means that people can get expert at something and then support others – it breaks it down for people...Give someone a niche and make them a master of that.'

It was clear that the group of three homes had all benefited from close working relationships with each other, sharing their learning as they went through the implementation process.

One care worker suggested that people in other areas of Wales who were starting their digital journey would be welcome to visit her care home, to see how a digital tool works in action.

> 'If I could have gone into a home and walked around with someone for an hour, somewhere where it's already up and running, it would have made a big difference to me – it would have made sense to me.'

Colleagues in these care homes told us that people keep learning once the system is in place.

> ‘It’s one of those things you’ve got to be involved with daily in order to get up to speed with it.’

They suggested keeping a ‘fake profile’ in a test area of the system, where team members can try out things they are not sure of, knowing it will not affect residents’ data:

> ‘We were quite slow doing it just because we were scared to make mistakes...but it’s an easy system to get your head around. You can put a resident on there who’s not real and have a play around with it. If you do something wrong it’s not the end of the world.’

Managers told us that they think it is important to help care workers see the ‘bigger picture’ - what the system can do and why it matters to record things in the right place or use the tool in the right way. Like PredicAire, their digital tool has two ‘faces’, one of which is based on an app accessed via a handheld device, and then a management interface which is most often accessed on a computer, through which reports can be drawn off and the system can be manipulated or overseen.

In homes where the training for care workers focused only on the app interface, some managers said it had been difficult for their team leaders to understand and pick up on the management interface subsequently.

Strategically engaging with the app as a tool

One overriding aspect of feedback from colleagues who have recently ‘gone digital’ was around how to manage the sheer volume of information they are now prompted to record. Care home managers recognise the benefit of the more detailed recording they can access, particularly for use in reporting and compliance:

> ‘Now we’re capturing so much more, it’s so much more detailed information.’

> ‘It’s making you do what you should have in place - if you tick ‘yes’ to ‘they’re prone to falling’ then it prompts you to create a falls risk assessment. So that’s great. If I was a new manager coming in, it would be perfect – it would prompt me to do exactly what I need to do.’

However, all the care home managers warned that the extensive functionality of a system can be overwhelming. They said their teams suddenly found they were prompted for much more information:

> ‘Some of them feel like there’s a lot of information going in there compared to what we had before.’

Managers and team leaders realised after a few weeks that they needed to step back and make a plan for how to use the system. This included rationalising in the first instance how much they used it (and which areas of its functionality they started to use):

> ‘We got a bit carried away that all the information had to be in one place – it doesn’t!... I took a massive step back and asked ‘right, what do we need?’

Having worked with the system for a few months, managers had the confidence to start questioning whether aspects of its functionality truly met their needs. They have found ways to customise the interface (determining what their care workers see on the app) so that elements that are not relevant are not visible.

Staff from all three sites also talked about the language of the app sometimes not resonating with the language they might usually use:

> ‘Some of the headings where we’re looking for things such as ‘elimination’ [aren’t words we use]... [we need to] make it easier for the staff to find what they’re looking for.’

One of their ‘take-away tips’ for other sites implementing a digital tool is to create a word or phrase map, which links day-to-day terminology used in the home with words used on the app. They have found that having one of these ‘maps’ on the wall in the staff office has helped people adapt to new ways of saying things, and finding the right place in the app to record their work:

> 'And I had to do a crib sheet because the titles on the [tool’s] Care Plan were different from the titles on our ‘What Matters to Me’.’

Whilst our learning and insights have focused on the software package, we also heard about hardware from our colleagues who have recently implemented a digital tool. They reflected on the size of the screens on the mobile phones which had been procured for them to use the app. Whilst they acknowledge the ease of portability, they said it is not practical to read longer documents on a phone-sized screen (such as care plans or risk assessments) so they were keeping those documents in paper files in the filing cabinet in the office, and intend to continue that practice. They suggested that new adopter sites should consider tablet-sized hardware.

Overall, managers and leaders from earlier adopter sites recommend that people who are implementing digital tools should take it slow and steady:

> ‘Look at it as a tool – it's only as good as what you put in and how you use it. Go slow and steady! The quality still has to come from your staff and what they put into it.’

Managers in care homes already using digital tools shared these hints and tips:

- **Book in as many demonstrations and ‘hands on’ sessions as possible**. When people have the opportunity to navigate around the system for themselves, it alleviates fears and misconceptions.
- Be aware that **‘on the job’ training is often more beneficial than formal learning** at the start of implementation. People benefit from practical learning sessions with their managers and other colleagues, in the first weeks and months of implementing a new tool.
- Leave a ‘practice profile’ on the system for a resident who does not actually exist; **reassure team members that they can keep learning and testing** out how the system works, without affecting any of the real data.
- Terminology matters to people ‘on the ground’, and the words or phrases allocated to certain things within a digital product can be off-putting. Find ways to **map your established words and phrases to the ‘new’ words and phrases used in the digital tool** you are embedding. The map will only be necessary during transition, until people get used to the new way of doing things.
- **Consider as soon as possible what hardware will work best. Think carefully about the practicalities**: while mobile phones are portable, they are not optimal for reading some of the lengthy documents which need to be consulted.

5. A Roadmap for Change

Implementing a digital tool: step by step

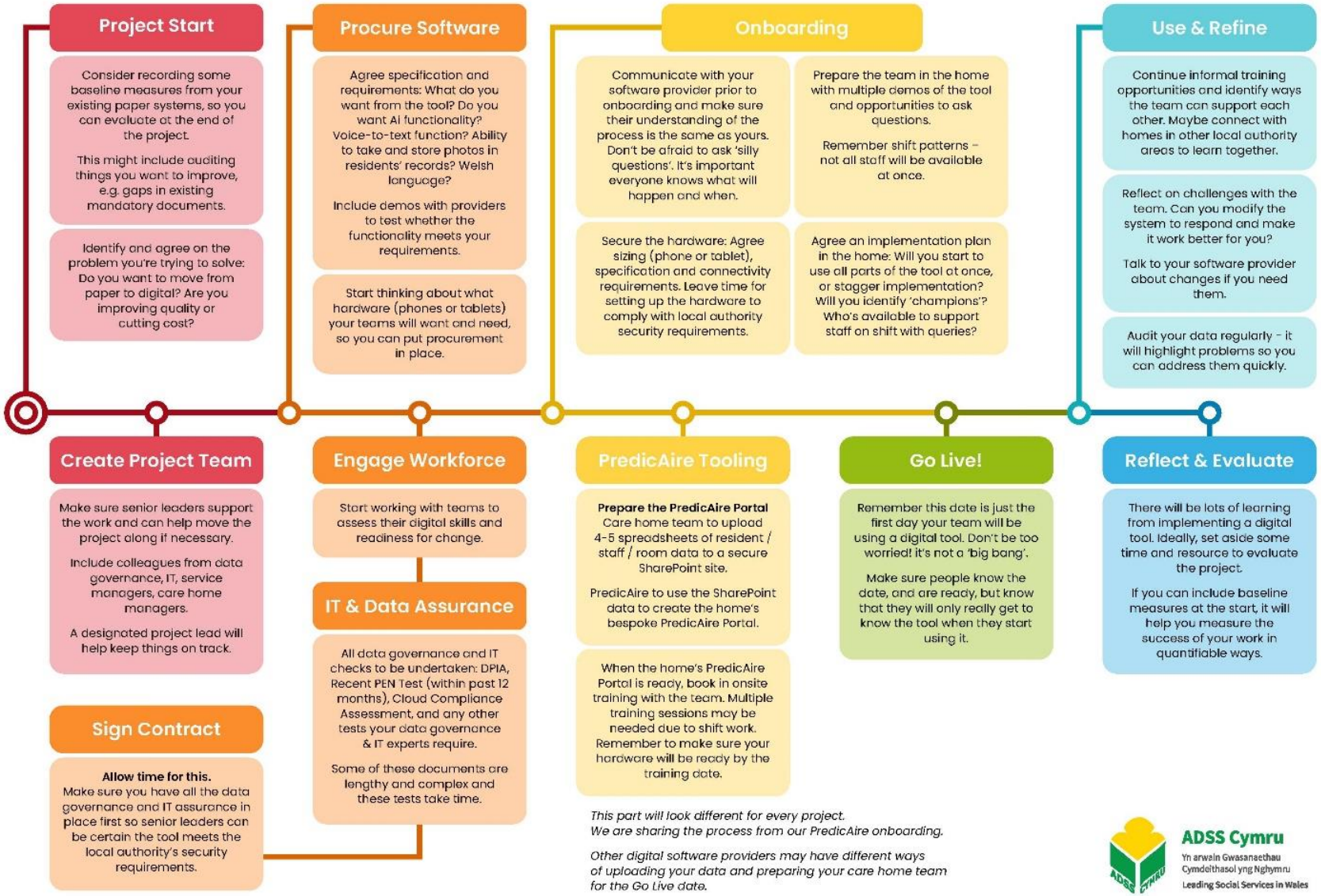
In this section of the report, the key elements for implementing a digital solution are considered and summarised in a high-level roadmap. This is set out in Figure 2. This roadmap is based on the lessons learned from implementing PredicAire and should be a useful model for any care home wishing to introduce a digital tool. This pilot project was time-limited, and the pilot ended at the point of 'Go Live'. Learning from the engagement with colleagues in another area of Wales who implemented a different digital tool has been gathered and added into the roadmap for the period after 'Go Live'. They commenced their transformation two years ago and are now eight months into the transition and using a digital tool. The hints and tips from their experiences have been invaluable.

The roadmap has been further developed using the extensive engagement with all other stakeholders in this pilot project, including care home staff and managers, the Project Team, the Steering Group and the digital tool providers. Rather than depicting the actual steps followed in the Gwent PredicAire Pilot Project, the roadmap draws on the wider learning and experience of all stakeholders to produce good practice guidance.

The roadmap has been split into key sections including:

- Project Start, including creation of a project team
- Procurement of software and contract signing
- Workforce engagement
- IT and Data Assurance
- Onboarding
- PredicAire Tooling
- Go Live
- Use and Refine
- Reflect and Evaluate

Figure 2: High level roadmap for implementing digital tools in local authority care homes



Project Start

The first stage is to identify and agree on the problem that needs to be solved by transitioning from paper to digital. What is the key driver for this change? Is it to improve quality, or the experience for residents, or to reduce costs? At this stage it is helpful to record baseline measures from the existing paper systems; this will enable a proper evaluation post-implementation, once the new system has been up and running long enough to assess the impact.

It is important to assemble the right team. Consider the key skills needed to make sure the project is delivered on time and within budget; this means anticipating key challenges as early as possible, and engaging people with the expertise to unblock issues as you go along. Establish a project team including colleagues from residential care, data governance, IT, finance, workforce and training. Make sure to have support from leaders and senior managers and secure the resources to fund both the system and the project that will deliver implementation.

Procurement of software and contract signing

Agree the specification and requirements needed from the digital tool. Be an ‘intelligent client’ so that you are not relying on the provider to tell you what you want. Consider the functionality you need from the tool, for example: AI; voice to text; ability to take photographs to store in residents’ records; Welsh language translation.

Arrange demonstrations with prospective providers to test whether the functionality meets your requirements.

Give initial thought to the hardware required by staff in the care homes and how this will be funded. It is important to get this bit right, and ideally to involve care home managers in the conversation; there are pros and cons to each type of hardware.

Work closely with the local authority procurement, data governance and IT teams to ensure all data protection and security tests are satisfactory so that the provider can comply with their specific requirements.

Once the successful provider is selected, agree the contract for delivering the work. Recognise that this will need to satisfy the needs of both parties.

Workforce engagement

There will be a mix of digital capability and confidence across the residential care team. Therefore, it will be important to carry out a workforce readiness assessment as this will help to formulate the appropriate training plan and support during implementation. Social Care Wales have developed a free tool to help understand an individual’s digital potential: How to use our digital potential tool | Social Care Wales

Start raising awareness among the care home teams and encourage them to share their views and feelings about a move to digital. Manage staff concerns by reassuring them that full training will be provided.

IT and Data Assurance

At the earliest possible stage, work closely with the IT, data governance and security teams, so that there are no unexpected requirements that the provider must satisfy. Completion of a Data Protection Impact Assessment is key, as is the need to ensure there are no points of interaction with the local authority systems that may compromise security of data.

Data governance and IT security are complex and can be overwhelming for a front-line social care practitioner to understand. The experience from this pilot project is that staff from data governance and IT teams are more than willing to help, especially if they are a part of the project team at an early stage and fully appreciate the benefits of the changes proposed for the people accessing residential care and support.

There should be a clear understanding of how data will be extracted from the app if a care home decides not to continue with using digitalised records. For this project, this understanding was set out in the local authority's Data Protection Impact Assessment, and this is included in Appendix 2, FAQ's.

This report indicates throughout that it is crucial to secure data governance and IT expertise at the outset of a project. Whilst implementing PredicAire, we worked with local authority teams to put in place a range of documentation to ensure their data and security requirements were met. Appendix 4 presents an outline of the types of information that may be requested.

Onboarding

Each digital tool and the company developing and supporting it will have a bespoke process of onboarding, but the stages leading up to a 'Go Live' point will be broadly the same.

In the 'onboarding' section of this roadmap, we have shared some of the key steps the Gwent Pilot Project homes went through during onboarding to PredicAire. A good provider will welcome all questions; it is important staff feel comfortable with the provider, and able to ask questions so they are reassured. Demonstrations of the software are key to ensuring staff feel comfortable with the product. Our findings show that, once they see what it can do, they will be keen to progress. Remember to accommodate all staff in the demos, including those on night and weekend shifts.

It is at this stage that the hardware for the digital tool needs to be agreed. Make sure the hardware ordered has the right specification, is compatible with the software, and that the local authority will allow the device to be configured to accept the app. Some local authorities will not allow access to Google and, if the app necessitates it, this could present a delay while a work-around to accept the app is developed by the inhouse IT team. Sufficient devices need to be procured to cater for the maximum number of staff on each shift. It is suggested that two additional devices are procured to allow for breakages or loss.

Champions or 'power users' for the digital tool will emerge in each care home. Encourage these early adopters – they will be your 'go to' people on the ground, to help others who are less confident.

PredicAire Tooling

PredicAire puts in place a process for care home staff to upload all relevant data, allowing a bespoke PredicAire Portal to be created for their home. They provide hands-on support for uploading this information. The process by other software providers is likely to be slightly different, but each will need a process which gets your care home 'up and running' with sufficient information about your residents to make the tool usable when you 'go live'.

This is the last stage before 'go live' and, once the portal is ready, multiple training sessions will be needed. The configured hardware devices must be available ready for the 'go live' date so that staff are able to try them out in real time. Appendix 3 contains the outline training plan used for the Gwent PredicAire Pilot Project.

‘Go Live’

It is important to remember that this date is just the first day that the team will be using a digital tool, so you can upload as little or as much information as you want while you are getting used to it. The staff will only really get to know the tool when they start using it.

Use and Refine

Continue the informal training throughout the first weeks of transition and identify ways the team can support each other. If there are other care homes in your local authority or region that have gone live with the tool, link in with them to share experiences. Talk with the software provider who should be willing to make any changes you want to the system.

While teams are getting used to the new system, audit your data regularly to highlight problems so that these can be addressed quickly,

Reflect and Evaluate

There will be lots of learning from implementing a digital tool. Set aside time and resource to properly evaluate the project, linking back to the baseline data established at the start to help measure the success of implementation.

6. Conclusions

The Gwent PredicAire Pilot Project provided an opportunity for three local authorities to test the move from paper-based to digital systems in their care homes in a short and focused way. It also allowed engagement with PredicAire's unique AI functionality in Wales for the first time.

Although due to project timescales, only two local authorities continued to implementation, there were many lessons to be learned from the approach adopted:

- The timeframes for implementation were short; 6 months is not sufficient time to actively engage with all stakeholders needed to deliver a digital change project.
- Assigning a specific role to oversee and manage the project helped to define and amend the project plan as new and better information became available, so that the learning from the project could be captured and reported.
- Working regionally meant expertise could be pooled and colleagues could learn quickly from one another, especially in terms of IT, data protection and security.
- Recognition that each local authority had different internal processes to follow and needed to satisfy their own governance requirements meant that not all local authorities could proceed at the same time
- The importance of working closely with data governance and security officers from an early stage and of ensuring they were kept updated throughout was recognised. These officers proved invaluable in assisting the social care operational teams with some of the technical queries, which at times felt challenging to resolve.
- Procuring a third-party supplier such as PredicAire, who have developed a tried and tested award-winning system, proved to be beneficial. Having an easily accessible, friendly, knowledgeable team on hand who were prepared to go the extra mile to make sure that the system could be adapted to meet the specific requirements of each local authority was a bonus. This meant that the project could progress to the Go Live stage in a shorter time than would usually have happened.

By reflecting on insights from care home managers, team leaders, workforce / training managers, the project team and the Steering Group, we have been able to suggest a high-level roadmap for others who are embarking on introducing digital tools into their local authority-run care homes. Engaging with colleagues who have already introduced digital in their homes allowed us to make suggestions for the period after 'Go Live.'

Every digital transformation journey is different. However, our learning from the process of implementing PredicAire suggests that it can take a full 12 months from 'Project Start' to being fully up and running. During that time, colleagues should expect to be working at pace, and an accountable individual will need to have responsibility for moving the project forward proactively throughout. Many of the steps in the roadmap need attention to detail, and someone to share documentation between multiple teams and/or the software provider.

Colleagues who are already eight months into using their tool have told us they still consider themselves to be at the start of their digital transformation journey.

Once colleagues in residential care homes were able to see the potential of a digital tool to assist with improving services, reducing the administration burden and enabling them to spend more time with the residents, then they were very keen to embrace the change from paper-based systems.

The roadmap set out in Chapter 5 was developed following conversations with various stakeholders involved in the project and it builds on the learning during the pilot. A summary of each stage is contained in a summary flowchart format for ease of use. This contains prompts to consider on each step of the journey. It has been prepared to guide others who may wish to use a digital tool to assist with delivery of residential care services.

We are very grateful to all those who participated in this project, gave their time, worked hard to keep things on track, and shared their insight and learning.

Without the dedicated support and commitment of all teams it would have proved very difficult to have achieved a ‘Go Live’ position in the timeframes available for this project. However, the ‘Go Live’ point is just the start of the next phase of implementation and there will continue to be lessons learned. The implementation phase will present a whole new set of lessons learned and it is important that the full range of benefits/ challenges for residents and staff are captured during this phase.

7. Recommendations

This report has focused on sharing insights which could support leaders and managers at a local level to implement digital change in their care homes. The learning has led to recommendations for Wales-wide consideration, recommendations for those local authorities who took part in the pilot and additional helpful suggestions for other members of the ADSS Cymru Leadership Team who may be considering making the change to a digital system within residential care in their area.

The following recommendations draw on all the content presented in this paper.

Recommendations for Wales-wide consideration

These recommendations are for the Welsh Local Government Association, Welsh Government, Social Care Wales, ADSS Cymru, and other Wales-wide bodies to consider.

1. **Complete a retrospective study of the Gwent PredicAire Pilot** Project (6-12 months after April 2025) to allow for more learning about how care home teams respond to the change and challenges of introducing a digital tool with an AI functionality.
2. **Agree Wales-wide coordination and investment** to create enough leverage for commercial products to respond specifically to the social care market in Wales. There is further scope to explore the multiple language functionality of the system to incorporate the Welsh language.
3. **Identify long-term investment in digital transformation** to create the time and resource that are needed for good change management.
4. **Other areas of Wales may wish to consider regional collaboration** for managing the introduction of digital systems in their care homes, to share expertise and create more opportunities for cross-sector learning.
5. Build on the findings in this report and establish a **dedicated community of practice for people introducing digital technology in social care settings.** Learning from others is an efficient and effective way to make progress quickly and has the potential to reap considerable rewards.

Recommendations for Gwent local authority leads who have implemented PredicAire

These recommendations are aimed at those local authorities that have gone live through this pilot project, recognising that the project support functions will cease at the end of March.

6. **Assign an operational lead to coordinate the implementation of the pilot** following ‘go live’. This person would provide the link for the use and refine stage identified in the roadmap (Figure 2).
7. **Evaluate the impact and benefits of the implementation** and make recommendations for stopping or continuing with the digital tool.
8. If the decision is taken to continue with the longer-term use of a digital tool, **commence the procurement process to secure a digital solution 3 months** after the ‘go live’ date.

Recommendations for leaders introducing a digital tool into care homes

Directors of Social Care and Heads of Adult Services in local authorities should consider the following when starting out on a digital transformation journey involving their residential care homes. The roadmap in Figure 2 sets out steps to consider and the following list gives additional suggestions.

9. **Acknowledge the differences between local authority protocols and the ways of working in digital start-up organisations**: docking a commercial product into the established governance requirements and working practices of local authority infrastructure can be challenging and requires time on both sides to understand these differences.
10. **Recognise realistic timeframes.** Digital change takes considerable time to accomplish and become fully embedded.
11. Be clear about the extent of the task at the outset. **Understanding the scale of the existing paper systems can highlight how much change will be necessary,** so that the right resources can be put in place to support the change management process. Mapping of current processes in detail to document potential benefit realisation can take significant resource.
12. Understanding workforce readiness is vital. **Map out the workforce digital capability and competence of the residential team** so that adequate and bespoke training and support can be planned and developed.
13. **Cross-cutting commitment from the most senior levels of the local authority** is essential; it is recommended that buy-in is achieved from across the leadership team at the project's outset.
14. **Involve IT, data governance and security teams at the earliest possible opportunity**. They will work with you to make sure all the right processes and documents are in place to underpin a new system safely, and this can prevent delay in implementation.
15. **Digital transformation needs good project management.** Identify resource at the start of a project and commit to putting project leadership and support in place.

Appendix 1: Project Steering Group Terms of Reference and agenda items

Steering Group Terms of Reference

1. Purpose

The purpose of the Steering Group is to provide strategic oversight and guidance for the Piloting of PredicAire in residential care homes in Caerphilly, Blaenau Gwent and Monmouthshire. This project will involve trialling the implementation and testing the digital system [PredicAire] to move the management of the provision from paper-based processes to digital delivery. Bespoke training will be provided for all staff who will be using the system.

The Steering Group will support the Project Team by offering direction, addressing challenges, and ensuring alignment with the project's goals and timelines.

2. Objectives

The key objectives of the Steering Group are to:

1. Oversee the implementation and evaluation of the pilot within the specific Residential Care homes and ensure that they are aligned with project goals.
2. Provide strategic guidance and resolve high-level issues or challenges that arise during the project.
3. Ensure that the project remains on schedule and within scope, meeting key milestones effectively.
4. Monitor progress and outcomes to ensure the objectives are met, and that the project contributes to improving service delivery within residential care homes.

3. Membership

The Steering Group will consist of the following representatives:

- **Jo Williams, Chair of the Steering Group – ADSS Cymru:** Will provide strategic leadership, facilitate discussions, ensure effective decision-making and oversee the group's activities.
- **Sarah Lackenby, Digital Advisory Group [DAG] / Social Care Engine Room:** Senior digital representative and will provide strategic input on necessary digital infrastructure improvements.
- **Service Manager Representatives from Caerphilly, Blaenau Gwent and Monmouthshire:** Will provide operational expertise within Residential Care leadership and will provide oversight of the implementation and evaluation of the pilot.
- **Head of Adult Services [specific LA]:** Will provide independent and critical challenge in relation to the group's activities.
- **Stephanie Griffiths / Aimee Twinberrow, Social Care Wales:** Will provide expertise in social care workforce development, training, and digital transformation.
- **Chris Carter, Program Delivery Manager, WLGA Representative:** Will provide local government insight and expertise in relation to large scale digital projects across Wales.

- **Project Lead and Key Project Team Members:** Representatives from the Co-Pilot Project Team to report on progress, challenges, and key findings.
    - Nicki Harrison, Project Manager [ADSS Cymru]
    - Vinay Patel, Technical Lead [PredicAire]
    - Glenda George, Workforce Lead [ADSS Cymru]

4. Steering Members Responsibilities:

- Attend and actively participate in all Steering Group meetings.
- Provide insights, expertise, and recommendations relevant to digital and workforce readiness within local authorities.
- Assist in the development and dissemination of communication materials to ensure key stakeholders remain informed and engaged.
- Act as ambassadors for the pilot project within their respective Local Authorities, promoting buy-in and support during the pilot.
- Identify potential risks to the project's success and support the development of effective mitigation strategies.
- Review and provide feedback on key documents, reports, and deliverables.

5. Meetings and Communication

- **Frequency of Meetings:** The Steering Group will meet in **November**, **January** and **March** with additional meetings scheduled as needed to support key project milestones and address any significant issues.
- **Meeting Format:** Meetings will be held virtually via Microsoft Teams.
- **Communication Channels:** The Project Team will use a dedicated communication platform (e.g., Microsoft Teams) to share documents, updates, and coordinate communications with Steering Group members.
- **Documentation:** Summary notes and action points will be recorded for each meeting [by using co-pilot], capturing key decisions, recommendations, and areas for follow-up.

6. Reporting

- **Highlight Reports:** The Project Team will provide highlight reports to the Steering Group, summarising activities, risks and issues and milestones achieved. The Project Team will also attend ADSS Leadership Team meetings throughout the duration of the project to ensure they are kept up to date.
- **Final Report:** Upon completion of the assessment phase, a final report will be prepared by the Project Team and reviewed by the Steering Group. This report will include findings on digital and workforce readiness, as well as strategic recommendations for Co-Pilot implementation.

7. Duration

The Steering Group will be in operation for the duration of the Co-Pilot Project, anticipated to run until **March 2025**. At that time, the need for ongoing support and the potential continuation of the Steering Group will be reviewed based on project progress and outcomes.

8. Confidentiality and Data Protection

All Steering Group members and Project Team representatives will adhere to confidentiality and data protection policies to ensure that any sensitive information gathered during the project is handled responsibly and securely. Members must respect the privacy of local authority staff and maintain confidentiality regarding assessment findings until formal reports are shared.

Steering Group Date	Agenda Points
26th November 2024	1. Introductions 2. Outline of Project 3. Steering Group Terms of Reference 4. Update on Key project tasks and timelines 5. Project Risks 6. Any Other Business
21st January 2025	1. Introductions 2. Actions from last meeting (26th November 2024) 3. December Project Highlight Report 4. Update on key project tasks and timelines 5. Evaluation Strategy Framework 6. Project Risks 7. Any Other Business
17th February 2025	1. Actions from last meeting (21st January 2025) 2. January Project Highlight Report 3. Update on key project tasks and progress to date 4. Reporting Framework 5. Any Other Business
24th March 2025	1. Actions from last meeting (17th February 2025) 2. February Project Highlight Report 3. Update on key project tasks and progress to date 4. Key findings and recommendations 5. Any Other Business

Appendix 2: Frequently Asked Questions

Throughout the process, stakeholders were encouraged to ask questions especially during the initial demonstration sessions, run by PredicAire. Many of these questions have been captured in an FAQ published on a project page in the ADSS Cymru website. [link] They are included in this report to give a flavour of the types of questions team members had at the start of their digital journey.

System & Support

Is there any way to override the system to start recording basic information before care plans are completed in case of an emergency admission?

Yes, you can start recording data from the minute the person walks in, even before the care plans are built.

Can parts of the system be hidden in the background so that staff only see what they need to use?

Yes, the system has role-based access, so individuals will only see what is relevant to their role.

Do we still need to complete manual forms for health and safety incidents if we record them in the system.

The system will nudge you to complete an incident log, but if you decide to complete it on another system, you can let the system know that it has been completed elsewhere.

Can the system evidence that staff have read and agreed to risk assessments?

Yes, the system has a read button against each care plan and the related risk assessment, and managers can see who has read them.

Can the system capture notifications that need to be completed on external websites, like CIW notifications?

You can print or download the notification as a PDF and upload it back into the system.

Can the system support the completion of review forms required every 12 weeks?

This feature is not currently available, but it can be considered and built into the system over time. However, all data can be retrieved seamlessly to assist in the completion of a review form.

Can the system record and summarise daily interactions and activities to evidence person-centred care?

Yes, staff can log observations and interactions, which can be summarised in the 24-hour timeline.

Does the system alert for care plan reviews and log changes?

Yes, the system logs changes and can alert for reviews. It also provides a history of changes.

Is their page where DOLS referrals can be recorded on?

DOLS referrals can be recorded in a care plan with dates of the DOLS application and outcomes.

Will the system work offline and how it would sync with other devices?

The system allows the care team to log in initially when connected to Wi-Fi. If they move to areas without Wi-Fi, they can continue their observations, which will sync automatically once they reconnect to Wi-Fi.

Can you access the care plans if the Wi-Fi goes down?

No, but there are workarounds that can be discussed individually

Could the system connect to a printer for printing of people's files?

Yes (from mobile Apps and the web platform), especially if the printers are Wi-Fi connected.

Will the app and desktop site replace the current service plans and resident files?

Yes, the app would replace paper records, but printing options would still be available.

What happens to the data if a Local Authority decides not to proceed after the 6 months trial?

As with any client request for data extraction, the process is the same and would be followed for any Care Home not wishing to continue after the pilot:

1. A support request ticket is raised to the PredicAire support team, specifying the care home name, and the date for the required extraction (10 days will be required as a minimum for the request)
2. The data is extracted from the client's database into a text CSV file format. The number of files extracted and produced will be one file for each table present in the database. There will be a row-count reconciliation undertaken for each file extracted to ensure completeness.
3. These files will be stored on the PredicAire SharePoint server, and access to one user will be granted for a period of 1 month. After which time, the data will be deleted.
4. No proprietary data will be extracted. The extraction will be limited to the data which was loaded into the system (either by initial bulk upload, or by entry into the system by the care home staff).
5. We make the assumption that all GDPR (and Data Protection Act 2018) requirements will be followed by the controller of this data.
6. After the contract between the care provider and OASIS AI Limited is terminated, then the entire database will be deleted in accordance with Microsoft data deletion and destruction standards.

For the upload of personal data to PredicAire, it will be uploaded in Excel format to the OASIS AI Limited SharePoint in the format provided by OASIS AI Limited. It will be encrypted using standard Excel password protected encryption. This password will be shared separately to OASIS AI Limited over email. Following successful upload to the client instance of PredicAire, it will be deleted.

Onboarding and Training

Concerns were expressed about the amount of work required to start using the system and the impact on staff who are not tech-savvy.

This concern is acknowledged and is often raised by teams when a digital system is being introduced to a Care Home. Full training will be provided for all staff and once trained they

are able to use the PredicAire's intuitive system. Once the system is fully utilised users find it much quicker than executing on paper systems.

The process of onboarding the system to your care home will include pre-loaded data which the PredicAire team will assist with.

Technology and Devices

Would staff need to download the app to their mobile devices and if the project would provide the necessary technology?

Yes, there will need to be sufficient devices in each Care Home to update the systems. PredicAire can provide further advice on this in each Care Home.

What happens if we employ Agency staff? Will they require separate Login details?

It is recommended that each individual member of staff, including agency is set up with individual usernames for traceability. Some clients use generic usernames like "agency 1" with noted assignments.

Appendix 3: Pilot Project Training Plan

Training Plan

To ensure a smooth transition and effective use of the PredicAire system, a comprehensive training programme will be conducted both online and in person, tailored to meet the needs of all staff members.

Onboarding

- After the contract has been signed, the Care Home team will provide details of staff and resident details to PredicAire. We will provide staff and residents more details regarding the implementation timeline.
- Within two weeks of receiving this information, PredicAire will set up a personalised portal with all user details uploaded and ready to use.
- The training schedule will be agreed and planned with the Care Home Manager.

Training Schedule

1. **Pre-go-live Management Training:**
    - ❖ Three 1-hour online sessions for management staff.

2. **Onsite Frontline Team Training:**
    - ❖ One day spent with the entire team onsite.
    - ❖ The day will be split into 30–45-minute sessions with 5-8 staff members per session.

3. **Post-go-live Training:**
    - ❖ Online drop-in sessions organised for the team to join.
    - ❖ Typically, two 1-hour (or four 30-minute) sessions the week after going live.

4. **Ad-hoc Online Training:**
    - ❖ Additional group sessions can be organised as needed.

5. **Support:**
    - ❖ A WhatsApp group with "champions" will be set up for direct communication with the support team.

Appendix 4: Meeting local authority data and security requirements

During the project a range of documentation or evidence was requested to ensure that local authority data and security requirements were met. The list below contains an outline of the information requested. It is important to note that it is not an exhaustive list of what each local authority's data and security teams might require; each local authority will have its own stipulations.

1. Completed Data Protection Impact Assessment (DPIA) – Completed by the LA
2. Data Processing Agreement (DPA) – Not all LAs would need the supplier to sign up to this.
3. Cloud Compliance Assessment – Not all LAs would need the supplier to sign up to this.
4. Up to date Penetration testing, or "pen testing," certificate, with no critical or higher issues raised. (This is an independent assessment of a simulated cyberattack used to identify vulnerabilities in a computer system or network, helping organisations improve their security posture by finding and fixing weaknesses before real attackers exploit them).
5. Grade A tested URL sites to ensure safety
6. Assurance that there are no Internation transfer of live data for development of the app or for bug fixing. This should be carried out through a UK based or a government recognised country's server
7. Assurance that the mobile devices that hold the app will not access Google accounts.