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Highfield Level 5 Award in Understanding Digital Leadership in Adult Social Care **Qualification Specification**

Qualification Number: 610/5276/0

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Highfield Level 5 Award in Understanding Digital Leadership in Adult Social Care

Introduction

This Qualification Specification is designed to outline all you need to know to offer this qualification at your centre. If you have any further questions, please contact your Customer Service Manager.

Qualification regulation and support

The Highfield Level 5 Award in Understanding Digital Leadership in Adult Social Care is awarded by Highfield Qualifications. The qualification meets the General Conditions of Recognition set by the Office of Qualifications and Examinations Regulation (Ofqual) for fit for purpose qualifications.

Key facts

Qualification number:	610/5276/0
Learning aim reference:	61052760
Credit value:	12
Assessment method:	Portfolio of evidence
Guided learning hours (GLH):	100
Total qualification time (TQT):	120

Qualification overview and objective

As a result of completing the Digital Leadership Award, adult social care leaders and managers will have greater confidence and capability to lead the use of technology in the delivery of care, and to improve the quality of life and outcomes for people who draw on care and support. The award will also enable leaders to drive digitisation within their organisation, lead and support their wider workforce to develop skills and confidence with technology and lead a positive culture of learning and the continuous improvement of care services.

Entry requirements

To register for this qualification, learners are required to meet the following entry requirements:

- be 18 years of age or above
- have significant experience within the care and support sector and/or currently working at level 3 within Adult Care

The learner must understand the current adult social sector. Ideally, they will be in a role which provides opportunity to demonstrate leadership, be able to introduce the use of technology in the delivery of care and improve the outcomes for people who draw on care and support.

Learners may include:

- adult social care registered managers
- adult social care managers which are not registered

- senior social care practitioners in the adult social care workplace (not exhaustive - senior, team leader, deputy, assistant manager)
- operational and regional managers in the adult social care workplace
- other key roles within the adult social workplace such as regulated professionals
- external and other roles who provide support to the adult social care sector, such as local authority commissioners, digital roles with Integrated Care Systems (ICSs) and housing and voluntary services.

Geographical coverage

This qualification is suitable for delivery in England only.

Guidance on delivery

The total qualification time (TQT) for this qualification is 120 and of this 100 are recommended as guided learning hours.

TQT is an estimate of the total number of hours it would take an average learner to achieve and demonstrate the necessary level of attainment to be awarded with a qualification, both under direct supervision (forming guided learning hours) and without supervision (all other time). The TQT and GLH values are advisory and assigned to a qualification as guidance.

It is recognised that approved centres may deliver this qualification via a remote delivery model.

The qualification can be delivered to learners on an individual basis or via a traditional cohort-style approach. A blended approach is encouraged, which provides opportunities for the learner to engage, collaborate and share practices with other learners.

Appropriate use of technology should be encouraged in the assessment process and care needs to be taken to ensure:

- recording, storage and accessibility issues comply with legal requirements in relation to confidentiality and data protection
- centre practices when using different methods of technology are supported by robust centre policies, standardised practices and meet requirements set by the awarding organisation (AO) and Ofqual as the regulatory body

Confidentiality is to be protected and maintained for everyone involved in the assessment process and evidence produced by the learner. The privacy and dignity of individuals who access care and support services should always be maintained.

Guidance on assessment

Learner attainment is to be achieved through a pass or fail measurement.

Learners will be required to provide evidence of knowledge and understanding for each assessment criteria outlined within the 3 units.

The qualification is to be assessed through an internally (centre) set and assessed portfolio of evidence: marked and internally quality assured by the centre delivering the qualification, then

externally quality assured by Highfield. The centre is the organisation approved by Highfield to deliver the qualification.

Evidence gathered for assessment must comply with policy and legal requirements in relation to confidentiality and data protection. Information collected must be traceable for internal and external verification purposes. Additionally, assessors must ensure they are satisfied the evidence presented is traceable, auditable and authenticated. All assessment recordings must comply with policy and legal requirements in relation to confidentiality and data protection, this should also be guided by robust centre policies, standardised practices and meet requirements set by Highfield and Ofqual.

Centres must take all reasonable steps to avoid any part of the assessment of a learner (including any internal quality assurance and invigilation) being undertaken by any person who has a personal interest in the result of the assessment.

This qualification is knowledge only. The qualification structure provides good opportunity for learners to ascertain their digital knowledge and then build on this by evidencing knowledge and confidence which is needed to lead positive change and implement technology in the adult social care workplace. The knowledge demonstrated by the learner should ideally show relevance within the real work environment.

Each assessment criteria should be met once, and more than 1 form of assessment is required across the qualification. A range formative and summative methods can be used as appropriate:

- questions/answers
- professional discussion
- statements/reflective accounts
- self-assessment activities, including planning for a project
- case study preparation
- work-based project
- research project
- case study outcomes
- presentation/showcase
- assignment
- essay

Formative assessment methods should be used to identify strengths and gaps in learning, knowledge and confidence, leading to summative assessment.

Achievement of a work-based project is encouraged as a summative assessment method which is central and linear to the qualification outcomes and compliments other assessment methods used to evidence requirements. An example of this could be how the learner incorporates learning to achieve plans to introduce technology in the adult social care workplace.

Approach to assessment should be holistic where suitable and appropriate towards achievement.

Centres should plan and devise their own accessible assessment tasks and ensure that learners can flexibly apply their knowledge to relevant scenarios and situations.

Assessment tasks used should encourage focus on higher order knowledge and understanding central to the qualification objective aim:

- learners will gain greater confidence and capability, leading to the use of technology in the delivery of care, and to improve the quality of life and outcomes for people who draw on care and support

Guidance on quality assurance

Highfield Qualifications requires centres to have in place a robust mechanism for internal quality assurance of training delivery and invigilated assessment arrangements.

Recognition of prior learning (RPL)

Robust approaches to recognised prior learning (RPL) may be considered **towards** overall achievement of the qualification, and this should meet the requirements of Highfield.

Learners may be in situations where they have achieved current relevant learning and confidence relating to digital awareness and are currently implementing digital and technology developments in the adult social care workplace.

Centres may apply to use recognition of prior learning or prior achievement to reduce the amount of time spent in preparing the learner for assessment.

For further information on how centres can apply to use RPL as described above, please refer to the Recognition of Prior Learning (RPL) policy in the members' area of the Highfield Qualifications' website. This policy should be read in conjunction with this specification and all other relevant Highfield Qualifications' documentation.

Assessor requirements

Highfield, in line with the Skills for Care and Development Assessment Principles, require nominated assessors to:

- be occupationally knowledgeable and occupationally competent in the area they are assessing
- hold or be working towards* a recognised assessing qualification. Examples include:
- Level 3 Award in Assessing Competence in the Work Environment
- Level 3 Certificate in Assessing Vocational Achievement
- A1 Assess Learner performance Using a Range of Methods
- D32 Assess Learner Performance and D33 Assess Learner Using Different Sources of Evidence
- maintain evidence of continuing learning and professional development within the sector

*For more information on those assessment decisions made by an unqualified assessor, please refer to countersigning strategy requirements within this specification.

For more information, please refer to the Skills for Care and Development Assessment Principles, which is on the Highfield website. ([Awarding organisations \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk))

As a minimum and initial foundation, it is expected that those involved will have knowledge and practical understanding of the content and resources from the Digital Skills Framework for Adult Social Care.

Internal quality assurance (IQA) requirements

This qualification is assessed and internally quality assured. IQA requirements are outlined in the Skills for Care and Development Assessment Principles and must be referred to.

This includes that approved internal quality assurers (IQA) must:

- hold or be working towards** an IQA qualification, such as:
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- D34 or V1 Verifier Awards
- be occupationally knowledgeable and understand the policy and practice context of the qualification

**For more information on those assessment decisions made by an unqualified IQA, please refer to countersigning strategy requirements below and the Skills for Care and Development Assessment Principles (found on the Highfield website).

For more information, please refer to the Skills for Care and Development Assessment Strategy and the Skills for Health Assessment Principles, which is on the Highfield website.

Countersigning strategy

While it is a minimum requirement for centres to have the appropriately qualified workforce in place, it is understood that centres may have new personnel who are working towards those requirements. During this period, centres are required to have a robust countersigning strategy in place that supports and validates unqualified assessment/quality assurance decisions, until the point where they meet the requirements as detailed above.

Reasonable adjustments and special considerations

Highfield Qualifications has measures in place for learners who require additional support. Please refer to Highfield Qualifications' Reasonable Adjustments Policy for further information/guidance.

ID requirements

It is the responsibility of the centre to have systems in place to ensure that the person taking an assessment is indeed the person they are claiming to be. All centres are therefore required to ensure that each learner's identification is checked before they undertake the assessment. Highfield Qualifications recommends the following as proof of a learner's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police

- another photographic ID card, for example, an employee ID card, student ID card or travel card

If a learner is unable to produce any of the forms of photographic identification listed above, a centre may accept another form of identification containing a signature, for example, a credit card. Identification by a third-party representative, such as a line manager, human resources manager or invigilator, will also be accepted.

For more information on learner ID requirements, please refer to Highfield Qualifications' Core Manual.

Useful websites

- Department of Health & Social Care:
<https://www.gov.uk/government/organisations/department-of-health-and-social-care>
 - Skills for Care: [Home - Skills for Care](#)
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Appendix 1: Qualification structure

To complete the Highfield **Level 5 Award in Understanding Digital Leadership in Adult Social Care**, learners must complete the following:

all units contained within the mandatory group

Mandatory group

Learners must achieve **all units** in this group.

Unit reference	Unit title	Level	GLH	Credit
H/651/4716	The use of technology and data in adult social care	5	40	5
J/651/4717	Implementing technology in adult social care	5	20	2
K/651/4718	Leading change, learning and improvement in adult social care	5	40	5

Appendix 2: Qualification content

Mandatory group

Unit 1: The use of technology and data in adult social care

Unit number: H/651/4716

Credit: 5

GLH: 40

Level: 5

Unit introduction

This unit provides learners with an understanding of how technology and data are used in adult social care. It covers the benefits, risks and legal and ethical considerations of this subject.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
1. Understand the national context around the use of technology and data in the delivery of care	1.1 Outline the current legislation and policy relating to the use of technology and data in adult social care 1.2 Analyse how key drivers, enablers and priorities affect the use of technology and data within adult social care organisations
2. Understand how technology and the use of data benefits people and the quality of care they receive	2.1 Identify what technology is important and beneficial to the delivery of care 2.2 Outline the value and importance of the types of data that are stored, processed and shared within your organisation 2.3 Assess how using technology and data can innovate , transform and personalise the delivery of care, and support people’s wider health, wellbeing and independence
3. Understand the role of data protection, safeguarding and ethical practice when using technology in the delivery of care	3.1 Explain the rules and processes that exist around people’s rights to privacy, and their rights to consent , in the use and sharing of personal and sensitive data involved in the delivery of their care 3.2 Explain how the use of technology can support the autonomy, empowerment and choices of people accessing care 3.3 Analyse potential risks presented by the use of technology and sharing of data in the delivery of care

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
	3.4 Propose ways to identify, manage and address these risks
4. Understand the legal requirements and governance of data within your organisation	4.1 Explain the value and importance of processes in place to meet legal responsibilities and data governance requirements 4.2 Describe the actions and procedures required in the event of a data breach, and the different roles involved

Amplification and additional guidance
<p>1.1 and 1.2</p> <p>Learners should show an understanding of the national and strategic picture behind the use of technology and data within adult social care. This can include the wider strategic initiatives for the digitisation of care, the integration of health and social care and wider sharing of digital information through the development of integrated care systems and improving cybersecurity across the health and care sectors.</p> <p>1.1 policy/legislative examples could include:</p> <ul style="list-style-type: none"> • People at the Heart of Care (2021) • A Plan for Digital Health and Social Care (2022) • Data Saves Lives (2022) • Health and Care Act (2022) • Transforming for a Digital Future (2022) • Digital Skills Framework (2023) • CQC Guidance (Information, Records & Technology) (2023) • Cybersecurity Strategy for Health and Social Care to 2030 (2023) • General Data Protection Regulations • Health and social care act 2008 (regulated activities) Regulations 2014 • Accessible information standard <p>1.2 Key drivers, enablers and priorities could include:</p> <ul style="list-style-type: none"> • improvements in the quality of care and care outcomes • digitisation in adult social care • local authorities and their wider digitisation strategy • integrated care systems and improved data sharing and interoperability • developing a highly skilled workforce that can implement new technologies and address emerging challenges (for example, AI)

- cybersecurity

See the section titled 'Unit guidance' (p. 21) for a wider list of documentation and background reading for learners that can supplement this guidance.

2.1

Learners can reference technology that can benefit people's quality of life, the quality of their care and the provision of their care.

Examples of technology that can benefit people's quality of life can include:

- Wearable and acoustic technologies
- Devices that can remind or notify people of events and information
- Smart home technologies
- Communication technologies
- Magnification technology
- Text speech
- Voice activated equipment/products/items
- GPS tracking
- Equipment to aid mobility
- Assistive technologies (to support people with accessibility requirements in accessing information and services)
- Access to the internet and web browser software
- Smartphone applications
- Eating and drinking tools

Examples of technology that can benefit people's quality of care can include:

- technologies worn by staff
- telecare
- diagnostic tools
- digital care records
- electronic care plans
- Intergrated shared care records
- Technologies worn by individuals (Lifeline bracelets/pendants)

Examples of technology that can benefit people's provision of care can include:

- Electronic rota and care management systems
- Databases
- Online training access
- Intranet
- Business software
- AI and robotics
- Recruitment database
- Security access measures (figure print to log in or face recognition)

2.2

Learners could differentiate between types of data including personal data and sensitive personal data and the value of holding this data.

Examples of data can include:

- demographic and personal details
- contact details
- medical history
- medications
- allergies
- capacity
- power of attorney
- care plans and assessments
- Data of concerns and complaints
- Ethnicity
- Sexual orientation

The learner can also raise how data can provide useful insights and intelligence for improving care delivery.

2.3

Innovate refers to: making changes to something, introducing new methods, ideas or products.

Learners should be able to assess how different technology and the use of data benefits people and the delivery of their care, within a care setting or in their own home.

This could include improved responsiveness and effectiveness in the delivery of care due to improved and faster access to electronic information. It could also include improved care outcomes due to better access to technologies that can provide greater empowerment, autonomy and opportunities to people accessing care.

3.1

Rules and processes may include policies procedures, legislations, guidance and frameworks. The learners should be able to explain and reference systems, protocols, processes surrounding accessing, sharing, storing or gathering data regarding individuals including:

Individuals' right to privacy, and their rights to consent or opt-out around the sharing of personal or sensitive data held about them. It can include reference to a privacy notice, and how people are informed of their rights over the use and sharing of their data.

There could also be clarification of the role of a Caldicott Guardian within their organisation. A Caldicott Guardian is a senior role within an adult social care organisation and responsible for the safeguarding and confidentiality of the personal information of people accessing care, and that the data is used ethically, legally and appropriately.

3.2

Learners could provide insights and illustrations into how technology can support people to make independent decisions and choices. It could include examples in how technology can help an individual

to personalise their care, and to give them opportunities to engage with their communities, build their careers and pursue interests and social activities.

3.3

Learners are required to analyse technology used, this may include looking at the technology, how it works, the risk generally associated, the potential breaches that may occur and the risk to individuals.

Learners can explore areas where technology can have a detrimental and harmful impact on individuals either working or accessing care within a care setting or in a person's own home. Examples could include exposure to online content or interactions which could cause psychological harm, such as cyberbullying or inappropriate material. There could also be the risks of exploitation, fraud and identity theft.

Technology may also be detrimental for people with particular conditions who may benefit more from differently accessible solutions. People may exercise their choice and control over their preference and use of technology and may not wish to be forced to use particular systems or devices. There are also risks with the use of language software and the AI generation of content from data where it may not be appropriate, reliable or quality checked if used to improve the quality or provision of a person's care.

3.4

These issues could be managed either through finding alternative technology solutions or non-technological solutions. Learners may wish to provide case examples or illustrations. There can be reference to risk management processes to identify, manage and mitigate/resolve risks.

4.1

Learners should include the value of meeting Regulation 17 Good Governance, General data protection regulations. Could also include the importance of other CQC regulations and key lines of enquiry, and reporting requirements in how social care data is managed by the organisation. There should be an understanding about what legal responsibilities there are under the General Data Protection Regulation (GDPR) in how data is processed, shared, archived and deleted. There could also be reference to the Data Security & Protection Toolkit (DSPT).

4.2

There is an expectation that learners will already know the definition of a data breach within their organisation but can describe their responsibilities to report the incident and notify the Data Security & Protection Lead in their organisation. Learners must understand that All breaches must be reported however, some will be seen as near misses. Learners should know the difference between internal and external reporting for breaches.

If the breach is serious and risks people's individual rights and freedoms, it should be reported to the Information Commissioners Office (ICO). There should be a plan of action for addressing the breach and mitigating/preventing any future risk.

There should be an understanding of how a breach impacts different stakeholders, including people accessing care and support, their families, staff etc.

Unit 2: Implementing technology in adult social care

Unit number: J/651/4717

Credit: 2

GLH: 20

Level: 5

Unit introduction

This unit provides learners with an understanding of how technology is implemented in adult social care. It covers how to plan, assess and select technology for care settings, as well as considering the impact of stakeholder engagement and external relations.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
1. Know how to plan, assess and select new technology for use within a care setting	1.1 Identify the key benchmarks, outcomes and success factors that need to be measured when introducing new technology within a care setting 1.2 Distinguish the factors you need to consider when planning to embed digital technology within a care setting 1.3 Identify the key stakeholders and decision-makers involved in the planning and selection of technology 1.4 Describe how you would consult and engage with your stakeholders to inform implementation 1.5 Explain the processes for how you would assess and select technology to meet your organisation’s informational and service requirements
2. Understand how external relationships influence the delivery and ongoing use of technology	2.1 Assess how good relationships with external organisations could support innovation, planning, introduction and ongoing use of technology within a care setting

Amplification
<p>1.1 Successful outcomes with the use of technology could be measured quantifiably such as through increased volume of data and user traffic, but also qualitatively through discussions, surveys and testimonials with individuals, staff and people accessing care over how technology has improved their experiences and quality of life.</p>

Examples of success factors can include:

- a demonstrable increase in the volume and use of digital information involved in the delivery of a person's care
- people accessing care being able to contact family and friends more frequently or take up new social or work opportunities because of increased use of the internet and communications technologies
- improved access and uptake in the use of technology by people who may have accessibility requirements in their ability to use technology (for example, devices and software)
- Achievement of outcomes such as maintaining skills, improving skills, maintaining independence
- Accessing a range of services that meets individuals needs
- Improved inspection rating or inspection rating
- Number of breaches, complaints and comments

1.2

These organisational **factors** could include infrastructural constraints, for example:

- electrical lines
- phone lines
- internet connectivity
- existing technology and its compatibility
- existing commercial arrangements (such as what licenses or service agreements are in place for existing technology)
- data requirements for service delivery
- internal and external data reporting, and sharing with other organisations
- data protection requirements

Reference to 'care setting' may include the home of an individual accessing care. Please see the definition of 'care setting' in Appendix 3 for more detail.

1.3

Stakeholders can include people accessing services (the individual), staff, technology suppliers, local authorities and commissioners, health practitioners (including general practitioners (GPs), ICS teams), regulatory bodies, carers and family members of people accessing care.

1.4

This answer can illustrate how a digital leader would capture the stakeholder needs to establish the specifications of technology to be selected and/or inform implementation. This could include stakeholder mapping, strengths/weaknesses/opportunities/threats (SWOT), cost/benefit analysis, options appraisals, understanding accessibility requirements and other needs-gathering exercises (for example, surveys, polls, risk assessments and consultation/focus groups).

1.5

Learners should make reference to tendering and procurement processes for the review and selection of technology products and services. It can include analysis and appraisal of options against requirements and technical specifications, and how decisions are informed, fair and transparent.

There needs to be consideration of how solutions are sustainable, and potential exit strategies if there are dependencies on particular areas or types of technology. There should be emphasis on proper understanding of terms and conditions within a contract, including additional charges and arrangements concerning the access of data, and exit clauses (such as to avoid vendor 'lock-in').

2.1

This can include detail on how to manage different stakeholders, and the development of networks or communities of practice to support innovation and planning around new technology, and to influence or negotiate an organisation's technology strategy. It could reference integrated care systems.

There needs to be emphasis that relationships with suppliers involve mutual understanding of business and services being provided, and the current level of digital maturity within the care setting.

For a definition of 'digital maturity', please see Appendix 3.

Unit 3: Leading change, learning and improvement in adult social care

Unit number: K/651/4718

Credit: 5

GLH: 40

Level: 5

Unit introduction

This unit provides learners with an understanding of how staff can lead change, learning and improvement with regards to the use of technology and digital skills in adult social care. It covers ways of overcoming challenges, staff wellbeing and stakeholder engagement in relation to these topics.

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
1. Understand the challenges to using new and existing technology within a care setting and how to overcome them	1.1 Identify what challenges exist for staff and people accessing services in learning and using new technology 1.2 Assess how the organisation can overcome these challenges and the role of a leader in providing assurance, direction and support
2. Understand how to lead a positive digital learning environment and provide opportunities for staff to build their digital skills, confidence and wellbeing	2.1 Analyse how digital skills requirements and gaps are addressed within staff processes (for example, induction and appraisals) and embedded within staff learning and development 2.2 Explain what resources can ensure staff are supported to reflect upon and self-assess their digital skills (for example, policies and procedures, external guidance) 2.3 Assess the value of peer-to-peer support , the sharing of good practice, and the role of a digital champion in embedding the use of technology, and co-producing solutions and new innovations 2.4 Explain how the organisation facilitates continuous digital learning and development for the workforce and people accessing services, building on opportunities for developing people’s digital confidence
3. Understand how to work with and learn from stakeholders about the ways in which technology can support staff learning	3.1 Explain how you could work with stakeholders to learn, develop and promote digital learning opportunities your staff and colleagues

Learning Outcomes	Assessment Criteria
<i>The learner will</i>	<i>The learner can</i>
4. Understand how to drive continuous improvement in the use of technology in the delivery of care	4.1 Explain how your organisation could monitor and evaluate outcomes and feedback from the use of technology, and how this can enable continuous innovation and improvement

Amplification
<p>1.1 Challenges to the uptake of technology within a care setting or within a person’s home could include:</p> <ul style="list-style-type: none"> • cost (affordability of the purchase and maintenance of the technology) • time (the limited capacity of staff to be able to learn and develop skills with technology against ongoing responsibilities and work pressures) • infrastructural (can the technology be implemented within the setting if there are structural limitations, for example, electrical lines, phone lines etcetera.) • linguistic (people may have challenges with technology due to language barriers) • confidence in using technology • existing knowledge, skills and capabilities • accessibility (people may have learning or sensory impairments that make it difficult for them to access or benefit from the use of technology) • technological (existing technology may not be compatible with new technology, and an organisation may be limited and constrained to a particular group of compatible technologies or ‘product stack’) <p>1.2 This could include an action plan and risk assessment, with an explanation on how the learner is drawing on information to overcome identified challenges.</p> <p>2.1 This could include reference to the digital skills framework, the use of a training needs analysis, use of a learning management system and detail about the organisational processes involved in the appraisal, induction and ongoing training of staff in line with learning requirements.</p> <p>2.2 Learners should reference their own organisation’s resources including policies procedures and agreed ways of working and outline potential ways that this personal reflection can be achieved through appraisals, supervisions, workshops or other staff events.</p> <p>2.3 Learners should be able to explain and assess how they learn from colleagues during induction, training session and as they complete their daily activities, referencing digital champion involvement or their line manager, as well as peer-to-peer support regarding best practice and what to do if requires support with using technology or systems.</p>

For a definition of 'digital champions', please see Appendix 3.

2.4

The learner may wish to reference policies, procedures, tools and resources, enabling the continuous learning and development of staff.

For a definition of 'digital confidence', please see Appendix 3.

3.1

Learners need to include detail of stakeholder management practice and reference to developing, attending and contributing to external networks or communities of practice to support wider learning opportunities for staff.

This can inform staff learning around using or relating to technology in the delivery of care. Examples of stakeholders can include (this list is not exhaustive):

- internal staff
- people accessing care and support
- family members and carers of people accessing care and support
- other care organisations
- integrated care systems
- local authorities

4.1

This answer can include reference to an iterative cycle of development, where technology is implemented, reviewed and then further developed in line with feedback and changing outcomes and requirements.

Learners can explain how different stakeholders are feeding back into the technology that is being used.

There should be detail in how data being collected is being used to improve performance, and an appraisal of the current benefits of technology for person-centred care (against performance metrics and indicators) to determine if further changes and improvements are needed.

Unit guidance

Please see below for references to documentation and online content for wider reading and information, for the amplification and additional guidance notes within this specification.

Unit 1

For assessment criteria **1.1** and **1.2**:

The references below contain additional background reading and documentation (including strategic documents and statutory guidance) that can support with wider contextual knowledge for learning outcome 1.

NHS, 'NHS Long-Term Plan', January 2019
(<https://www.longtermplan.nhs.uk>)

NHS England Transformation Directorate, 'Buyer's Guide to AI', September 2020
(<https://www.nhsx.nhs.uk/ai-lab/explore-all-resources/adopt-ai/a-buyers-guide-to-ai-in-health-and-care>)

NHS England Transformation Directorate, 'What Good Looks Like Framework', October 2021 (last updated)
(<https://www.nhsx.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication>)

Department of Health and Social Care, 'Putting data, digital and tech at the heart of transforming the NHS', November 2021
(<https://www.gov.uk/government/publications/putting-data-digital-and-tech-at-the-heart-of-transforming-the-nhs>)

Department of Health and Social Care, 'The Goldacre Review - Better, Broader, Safer: Using Health Data for Research and Analysis', April 2022
(<https://www.gov.uk/government/publications/better-broader-safer-using-health-data-for-research-and-analysis>)

Care Quality Commission, 'new assessment framework', May 2022
(<https://www.cqc.org.uk/assessment>)

Department of Health and Social Care, 'The Data Strategy - Data saves lives: reshaping health and social care with data', June 2022
(<https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data>)

Office for National Statistics (ONS) - Analysis Function Central Team, 'The Reproducible Analytical Pipelines (RAP) Strategy', June 2022
(<https://analysisfunction.civilservice.gov.uk/policy-store/reproducible-analytical-pipelines-strategy/>)

Department for Digital, Culture, Media & Sport, 'Data: a new direction - government response to consultation', June 2022
(<https://www.gov.uk/government/consultations/data-a-new-direction/outcome/data-a-new-direction-government-response-to-consultation>)

Central Digital & Data Office, 'Transforming for a digital future: 2022 to 2025 roadmap for digital and data', June 2022
(<https://www.gov.uk/government/publications/roadmap-for-digital-and-data-2022-to-2025/transforming-for-a-digital-future-2022-to-2025-roadmap-for-digital-and-data>)

Department for Digital, Culture, Media & Sport, 'The UK Digital Strategy', June 2022
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All website links were verified at the time of publication, but may be subject to change over time.

Appendix 3: Terms and definitions

Please see below for definitions and details on some of the common terms used within this document.

Term	Definition/description
Digital	In the context of adult social care learning and development, the term 'digital' is defined as the adoption and use of technology to support the secure and effective delivery of services across the care sector and training providers. In broader terms, digital can include technology and computer systems and encompasses a variety of subjects including use of the internet, technology enabled care, social media, digital care applications, consumer or mainstream technology, cybersecurity, learning online, machine learning and artificial intelligence.
Care setting	A care setting is a location where care is being provided. Care settings can include nursing or residential homes, supported accommodation, day centres or peoples' own homes.
Care technology	Care technologies (such as tools, devices or software) can be used by an individual, their carer or care provider to support quality of life and the provision of high quality, safe and personalised care. They include specialist solutions to support delivery of care, technologies for providers to facilitate care and consumer devices, smart home technologies or telecare that can help an individual live more independently. Care technologies are primarily digital and do not include medical devices, single-use products or home adaptations like grab rails.
Digital leadership	Digital leadership is where people take the lead in their organisation to drive the adoption and use of technology, alongside the development of their workforce's digital skills to better deliver care services, as well as wider business and management activities. Within social care, this is sometimes those who have a designated role as a leader. In other cases, this can be someone who leads in this area without a formal role as a leader.
Digital leaders	Digital leaders in adult social care are creative, innovative people with strong networking and collaboration skills, who can persuade, mobilise and lead social care staff and others to share their vision and lead the journey to realising the wider use and benefits of digital technology. They require a range of skills and capabilities to allow them to effectively lead their organisation, guiding its workforce through the adoption of new technology and new ways of working, enabling the organisation to embed technology to remain effective, efficient, resilient and competitive within the adult social care sector.

Digital champions	Digital champions are individuals within an organisation who promote, engage and support individuals with the use of technology. They champion new ways of working with technology, sharing enthusiasm, knowledge and good practice. They support people accessing services in the learning and use of technology and support the upskilling of staff with peer-to-peer support.
Digital maturity	<p>‘Digital maturity’ is a measure of how capable and sophisticated an organisation is in their adoption and use of technology. It can include different dimensions, including the culture of the organisation to support innovation, digital leadership, workforce skills to support digital working and the capability to use digital technology.</p> <p>A digitally mature adult social care provider may be paper-free and use technology to manage their day-to-day services and delivery of care. They may have a detailed website with access to a wide range of information and media. They may have strict processes in place over how they protect the data held on their computers. The provider’s services may also benefit from systems which can help them learn how to best tailor services to meet the needs of people receiving care and support.</p>
Digital confidence	Digital confidence can be defined as the confidence people feel in being able to use technology within their organisation, or supporting others (such as people accessing care or colleagues) in its use. If people have greater knowledge, experience and assurances in using technology, they can have a greater level of digital confidence, and this in turn may lead to improved capabilities and outcomes involving the use of technology within the organisation (such as in the delivery of care).
Data protection	<p>Data protection is defined as the legal control over access to and use of data stored in computers. In practice it represents a range of business processes and activities carried out by organisations to control and protect this stored data.</p> <p>Within the domain of adult social care, this is particularly important given the sensitive, confidential and critical nature of information that is held on people receiving care and support.</p>
Cybersecurity	Cybersecurity is defined as protection against criminal or unauthorised use of electronic data held by an organisation and encompasses the security measures and processes that are involved in doing this.