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Ready or Not: What Does AI readiness in Social Care Look Like?

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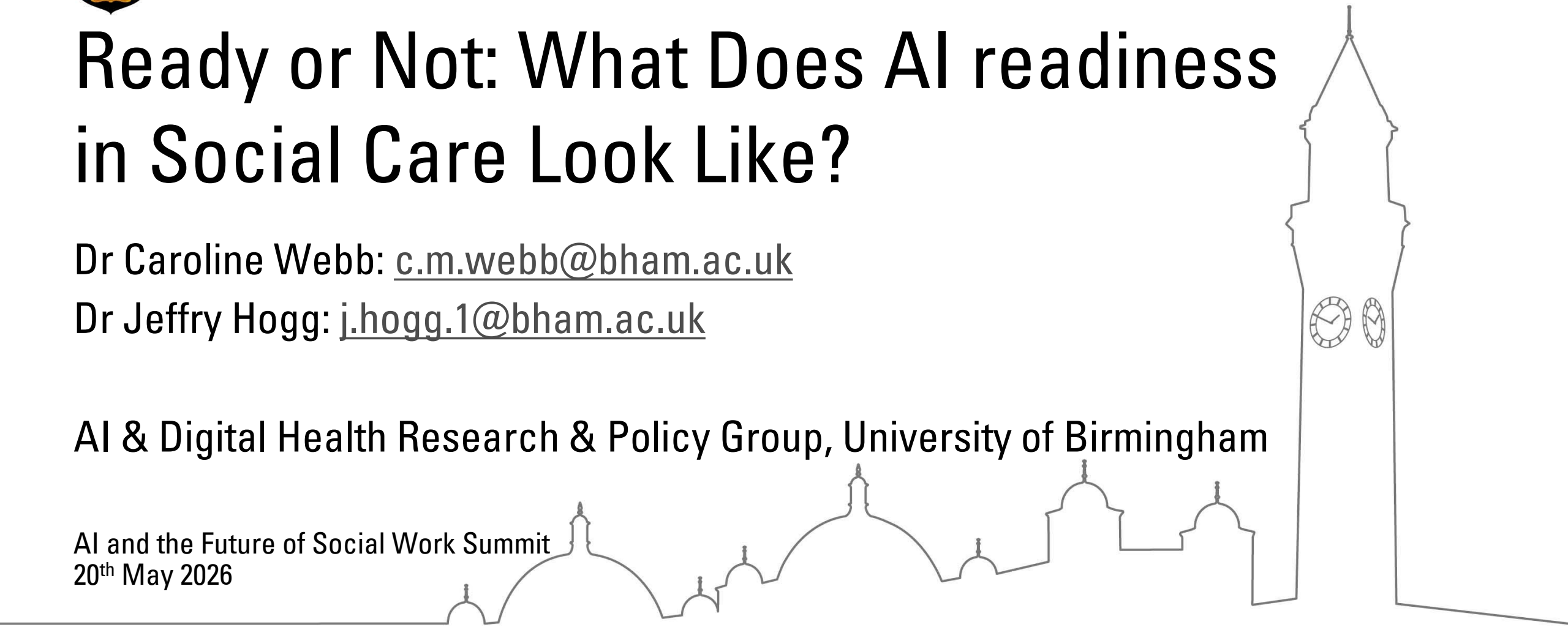


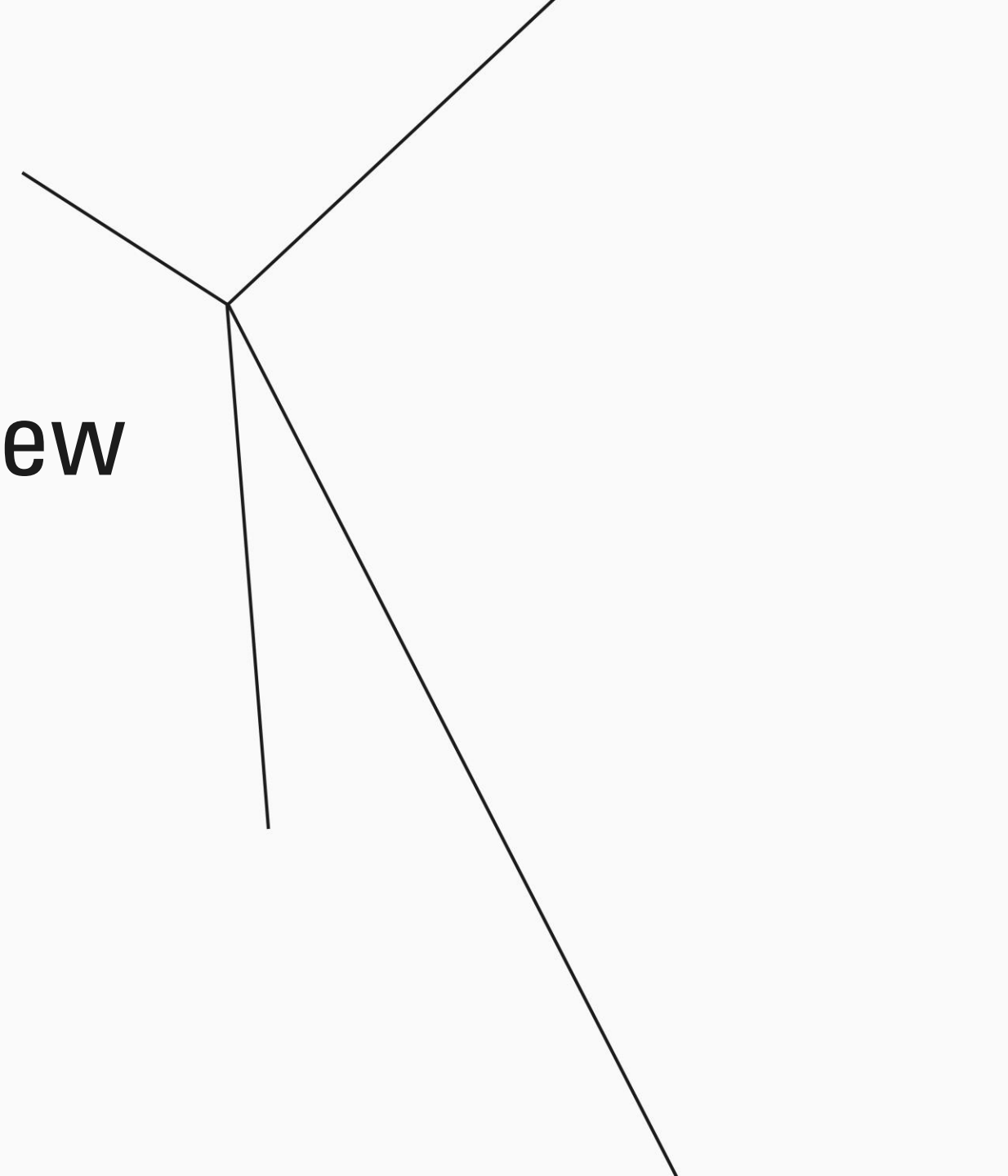
AI and the Future of Social Work Summit
20th May 2026

SESSION OUTLINE

- Part 1: What is AI Readiness? An Overview of the AI Readiness Checklist Project

- Part 2: Applying the AI Readiness Checklist to a Practice Example

Part 1 – What is AI Readiness? An Overview of the AI Readiness Checklist Project



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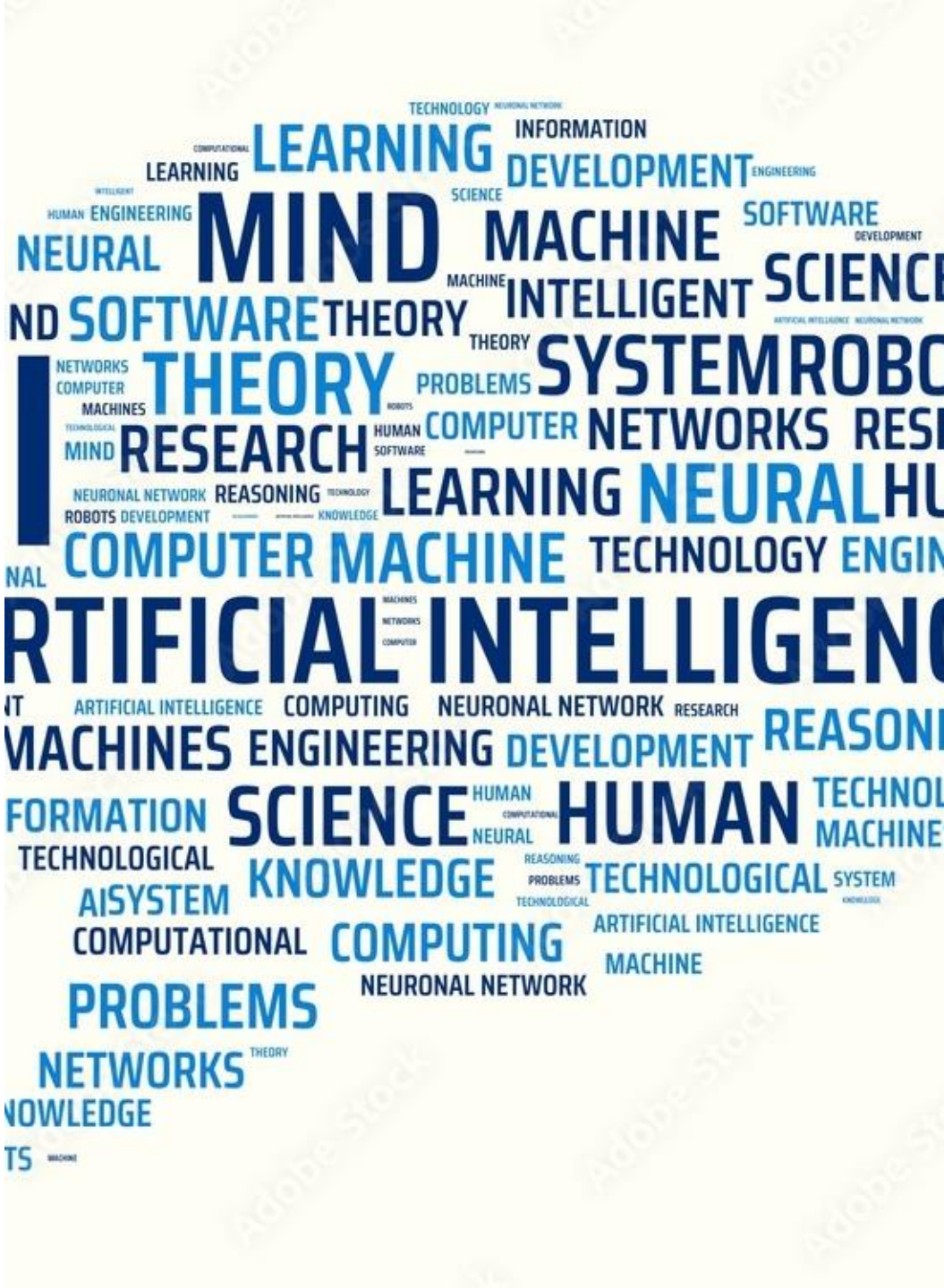
WHAT IS AI READINESS?

AI readiness is ultimately about a specific provider organisation being ‘ready’ to safely adopt a specific AI technology.

It encompasses **two important** concepts. The ability of an organisation to:

i) make better decisions to adopt <u>or reject</u> AI, and

ii) to enact any decisions to adopt AI safely



AIRC PROJECT OVERVIEW

What is the problem?

Many UK health and care provider organisations do not identify as ready to make decisions on AI adoption, but don't know how to become so

Why is it a problem?

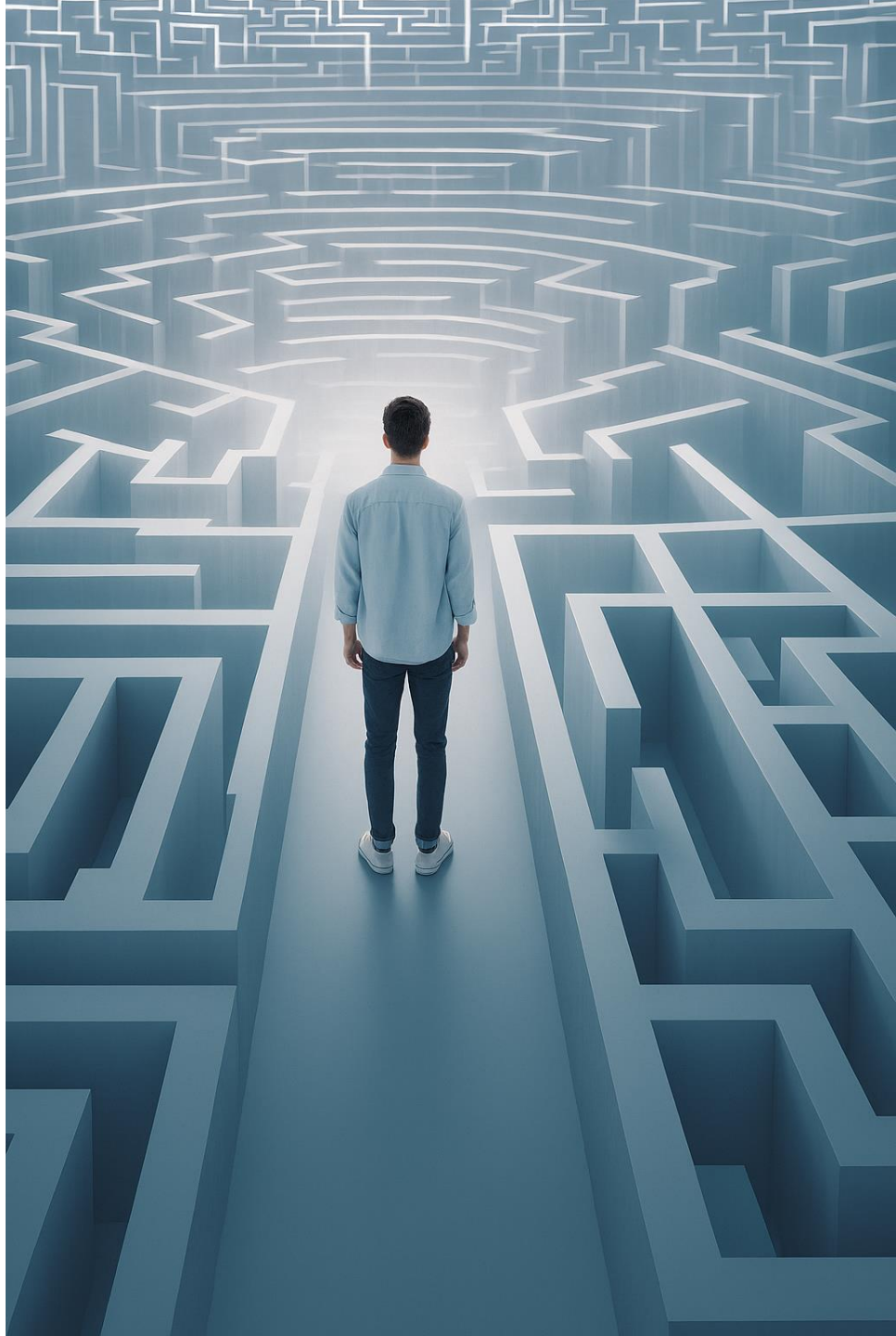
Service and service user harm can be caused by either overenthusiastic AI adoption OR excess reticence to innovate with AI

How might we solve it?

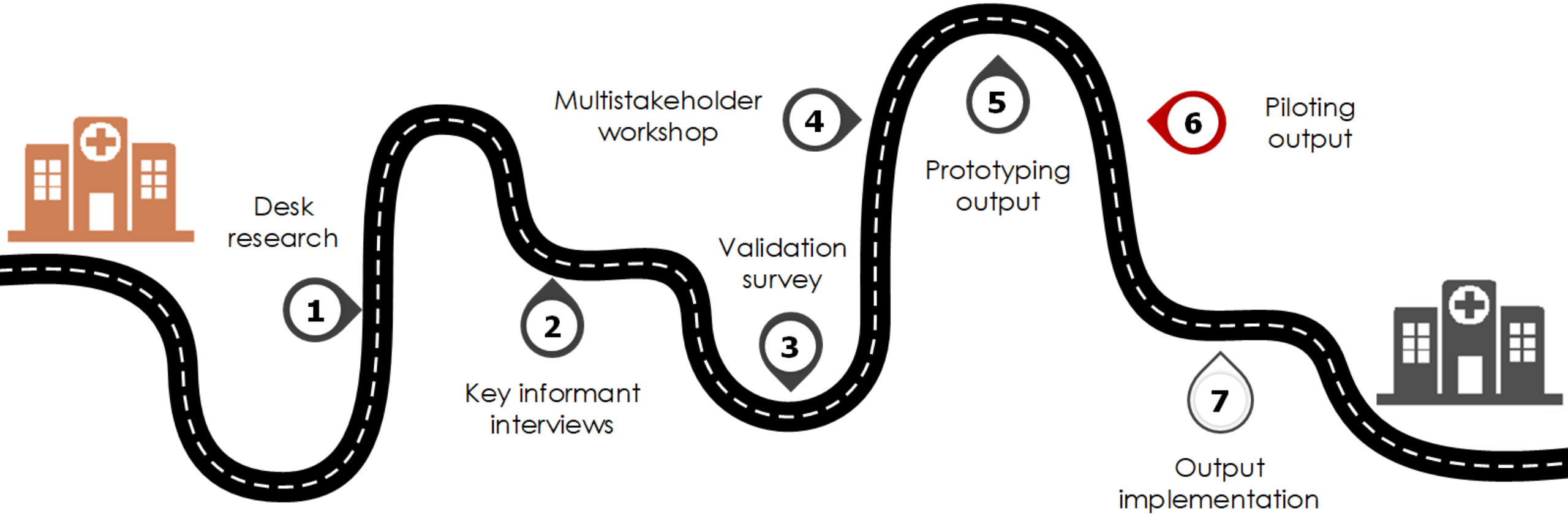
A checklist – a structured way for service leads to know the benefits and risks on offer before committing resources to a specific AI innovation

NHS England

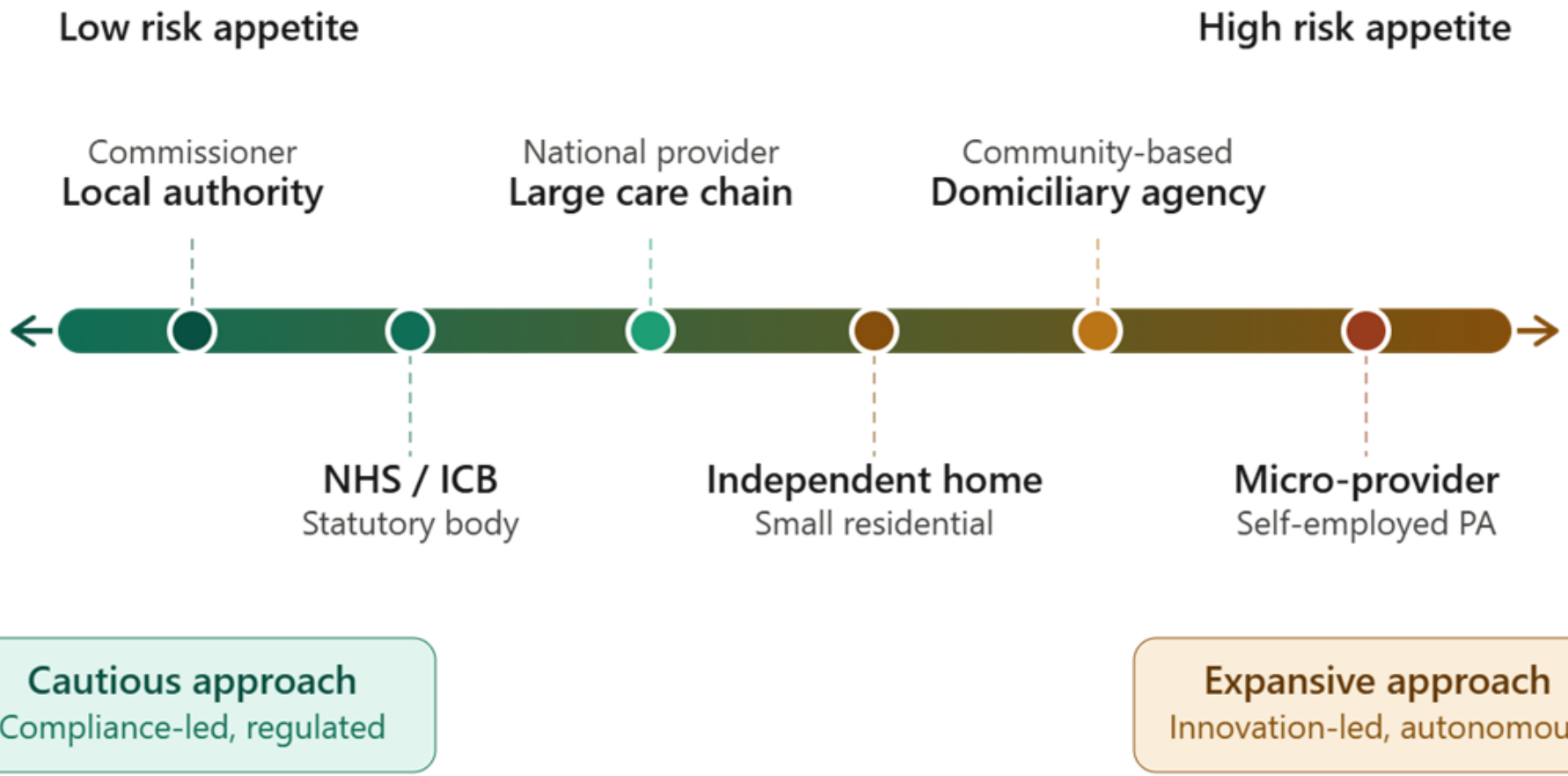
The Health Foundation



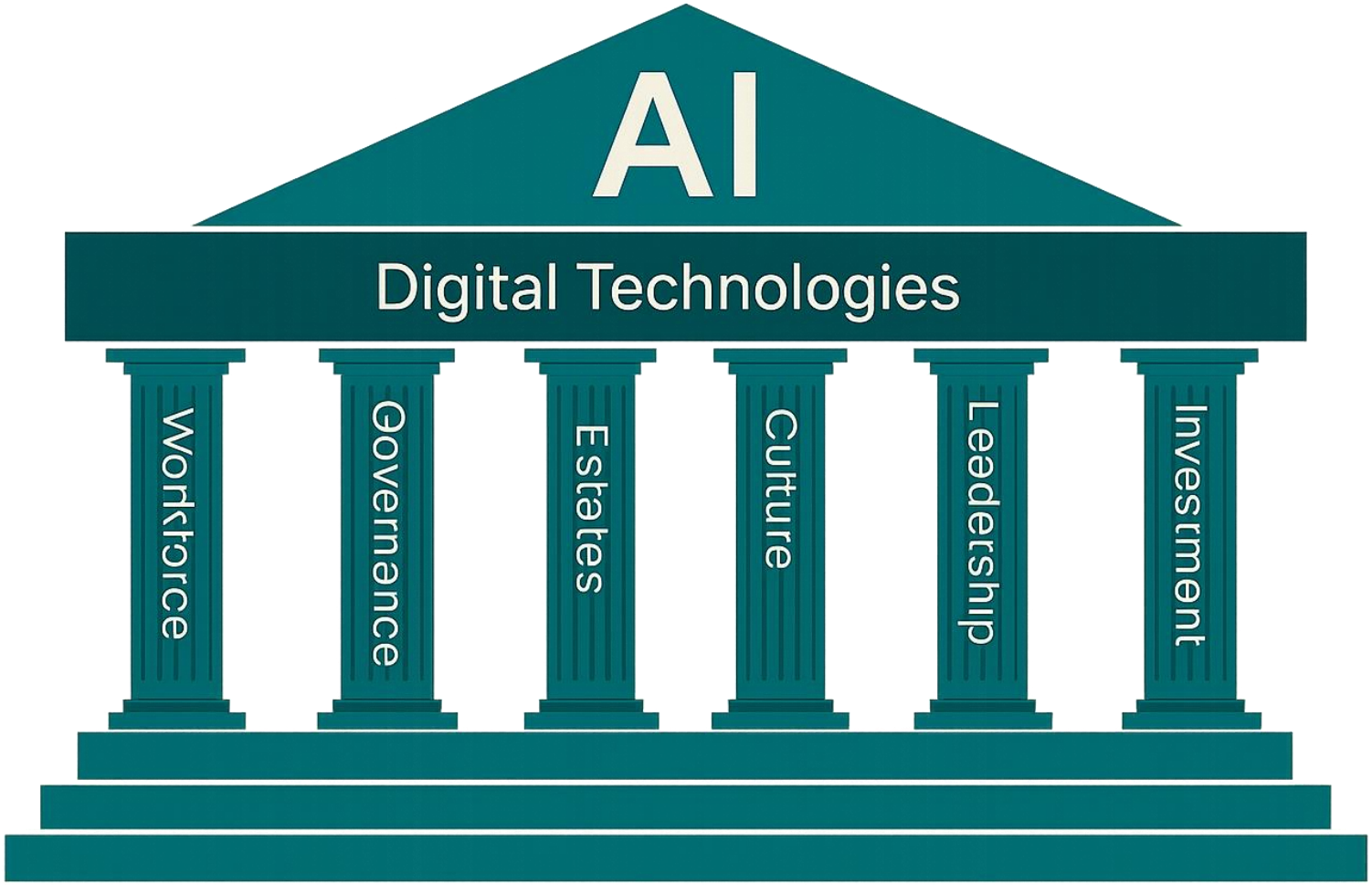
PROJECT ROADMAP



PREMISE #1 – RISK APPETITE AND CONTEXT VARIES BETWEEN ORGANISATIONS



PREMISE #2 - THE DEMANDS OF AI ARE NOT UNIQUE



PREMISE #3 – AI TECHNOLOGIES PLACE DIFFERING DEMANDS ON ORGANISATIONS

AI is being integrated into practice in different ways…

Business Support Functions…

AI as a personal office assistant. This could include tasks like managing our diaries or booking systems, meeting or telephone call transcription, providing support to compile chronologies etc. **Low to Medium Stakes**

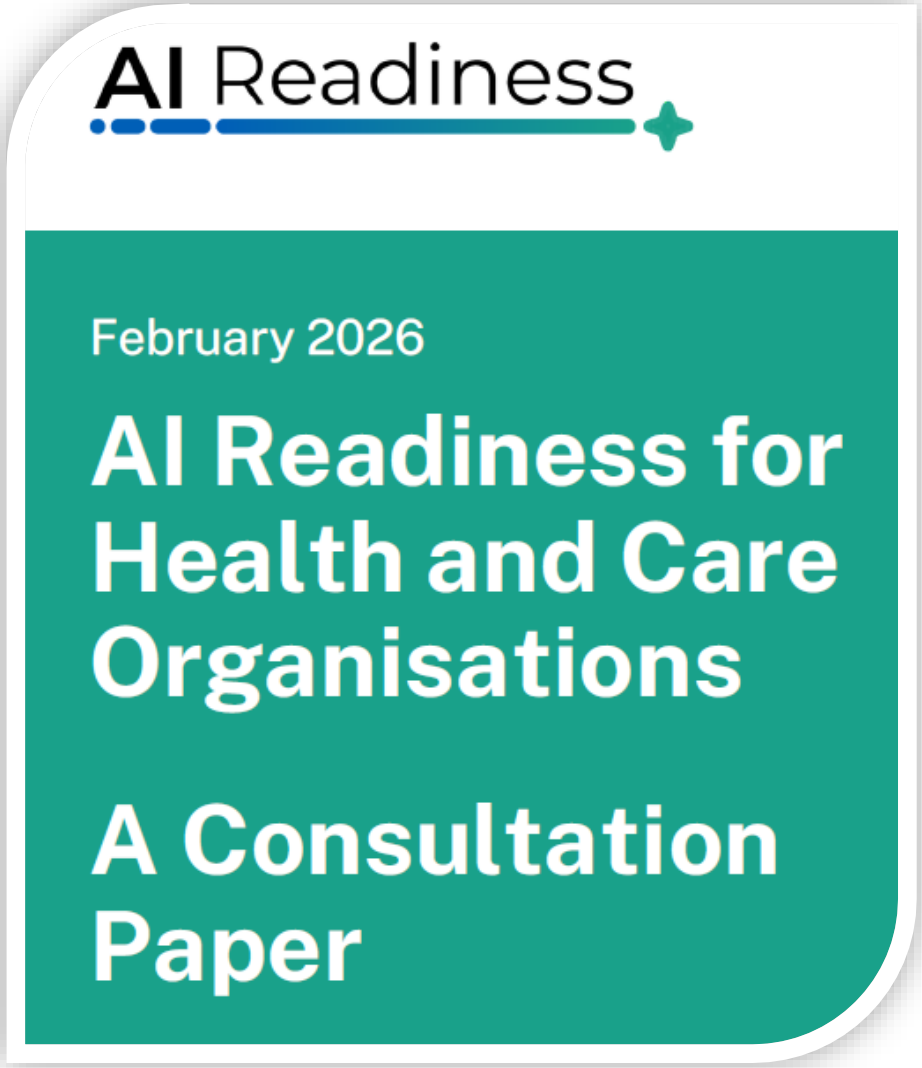
Client Facing…

AI in client facing (support) roles. This could include tasks such as using AI tools for translation, providing chatbots for initial client interface, transcription of home visits, providing reminders to service users etc. **Medium to High stakes.**

Improving & Enhancing Service Provision…

AI to enhance service provision (direct or indirect). This could include using AI tools for prediction and decision making (early intervention) or providing targeted interventions for specific conditions (direct support). **High to Very high stakes.**

AI READINESS – ASSURANCE FRAMEWORK & CHECKLIST



RISKS

Helping leaders understand how AI causes harm…

RISK CATEGORY 1: WORKFORCE

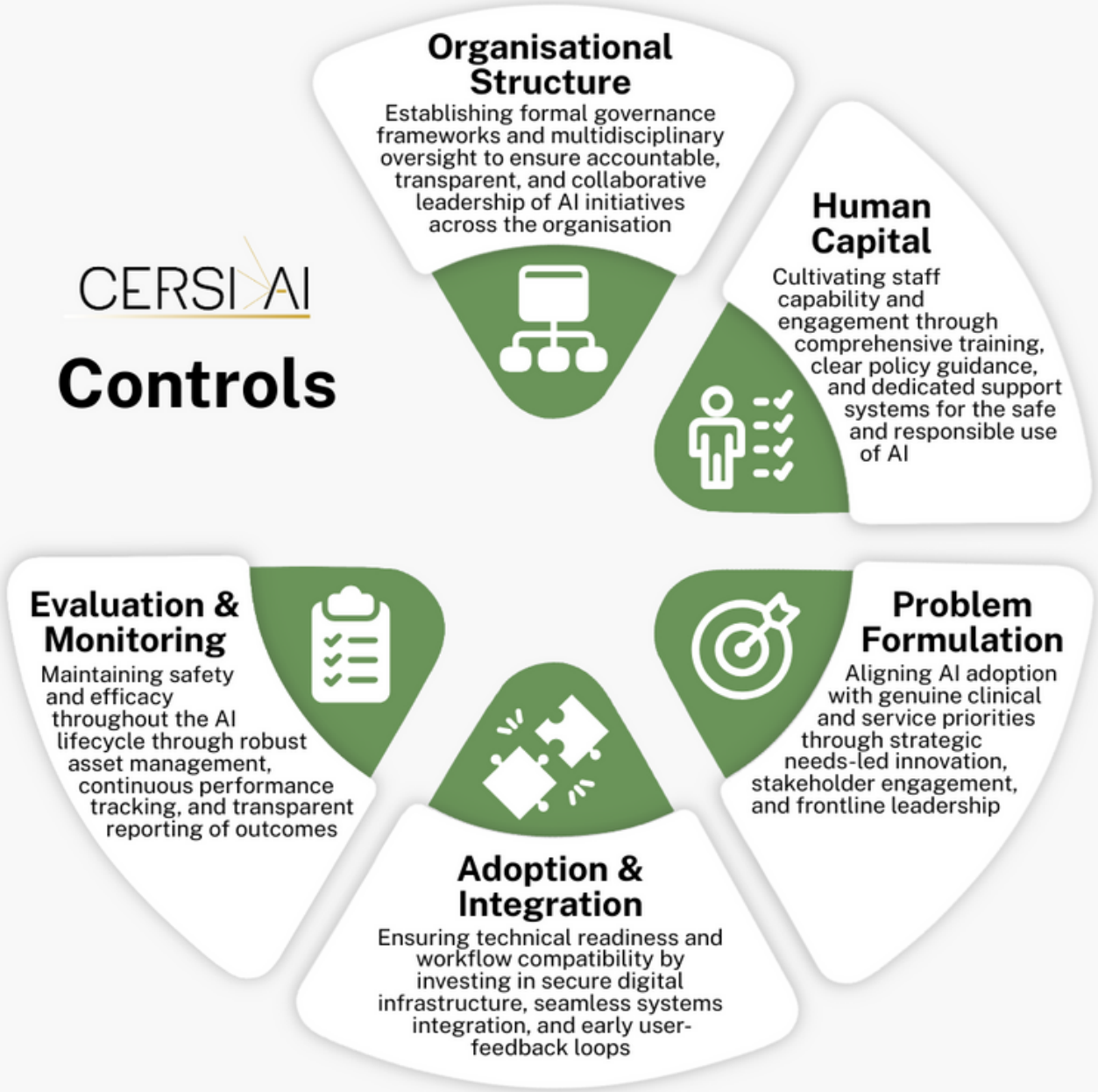
2.1 Risk category 1: workforce

AI technologies require distinct skills and capacity from an organisation's workforce which are required to realise and sustain intended benefits for services and users. Four potential causes of workforce-related harm are identified within the tool:

1.1: Insufficient competency and collaboration among staff	**Example**: A member of staff with responsibility for evaluating AI health technologies for procurement is unaware of the medical device classification associated with its intended use.
1.2 Low staff acceptability for AI technology	**Example**: A dentist does not believe that an AI clinical decision support tool improves the speed or accuracy of their decision and avoids its use in their practice.
1.3 Technology-dependent behaviour	**Example**: A Public Health Officer develops a high level of trust for the output of an AI decision support tool over time and stops cognitively engaging with the task, effectively removing human oversight.
1.4 Lack of scaleable sustainable workforce	**Example**: A radiologist's time was funded by an external research grant following the initial implementation of a diagnostic chest x-ray AI technology. Following the end of the grant, no clinician's job plan contains time to identify and review false negative cases.

CONTROLS

Then showing leaders how to control relevant risks of harm…



CONTROL CATEGORY 2: HUMAN CAPITAL

3.2 Control category 2: human capital

The workforce of a provider organisation is essential for initiating and sustaining responsible AI use across health and care services. Four human capital controls are identified within the checklist:

2.1: Employee engagement & AI policy	**Example:** A clinician believes that an AI health technology would improve a clinical pathway they work in and had been made aware of an AI policy through their mandatory training. The policy document describes the process for making such proposals allowing them to get an early and authoritative decision not to resource the technology due to interoperability limitations with local infrastructure.
2.2 Staff training & development	**Example:** A social worker feels confident responding to a service user's question about how data is processed by an AI scribing tool due to a training programme the worker completed when the technology was adopted in their team.
2.3 Workforce capacity to sustain responsible use	**Example:** The AI oversight group assigns an analyst to quantify the potential scale of opportunity in an existent healthcare pathway, for which an AI health technology has been proposed.
2.4 Acknowledgement of key staff	**Example:** The critical contribution of the information governance officer to the implementation of an AI technology was acknowledged by the clinical lead through an invitation to co-author an academic paper about the evaluation and submitting a GREAT-ix form internally

CHECKLIST: WEBTOOL PROTOTYPE

1. Landing page

Sets out the scope and purpose of the tool and asks for user and project information

2. Dashboard

Displays current completeness of the tool and links to glossaries and case studies

www.aireadiness.uk

3. Review causes of harm

Users are asked to review the relevance of causes of patient and system harm in AI implementation

4. Map risk controls

Identify existent controls and of harm and areas of need

5. Readiness review

Review a summary of compliance with mandatory controls, overview of residual risk and priorities for action

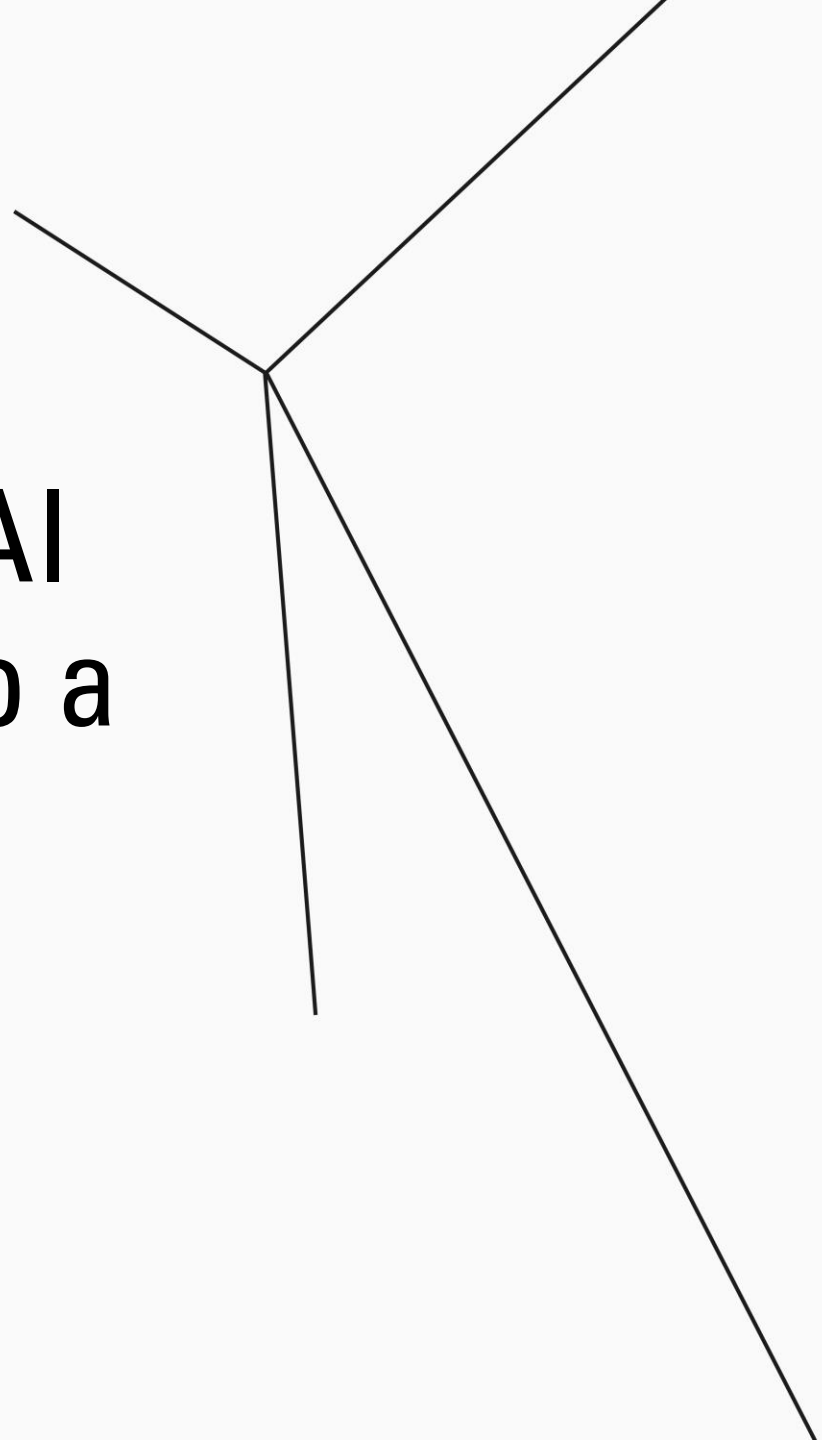
FROM READINESS TO SERVICE USER BENEFIT

The assurance framework and the checklist serve to:

- expose any ‘reality gap’ between AI expectation and implementation
- foster a common approach within and between organisations

May initially slow the rate of AI adoption, it will improve safety and ultimately accelerate benefit from AI technologies ensuring that innovation remains aligned with public values.

Part 2 – Applying the AI Readiness Checklist to a Practice Example



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Case Study Two

Ambient Scribing Tool in a Local Authority - Social Care Setting

AI technology being assessed:

A small rural Local Authority is keen to deploy 'Smart Notes', an AI application designed to help social workers and other frontline social care staff reduce administrative burdens. The tool allows workers to record their meetings and visits with service users and then use this data to complete subsequent assessments and reports. To support the Local Authority in deciding whether this is the most suitable tool for them, they establish a multi-disciplinary Innovation and Technology Working Group, who use the AI Readiness Checklist to structure their decision making.

The AI Readiness Assurance Framework

2.1.5 Risk category 5: service outcomes

The extent to which AI technologies support safe, effective and equitable care are influenced by several practice-related considerations. Four potential causes of service outcome harms are identified within the assurance framework:

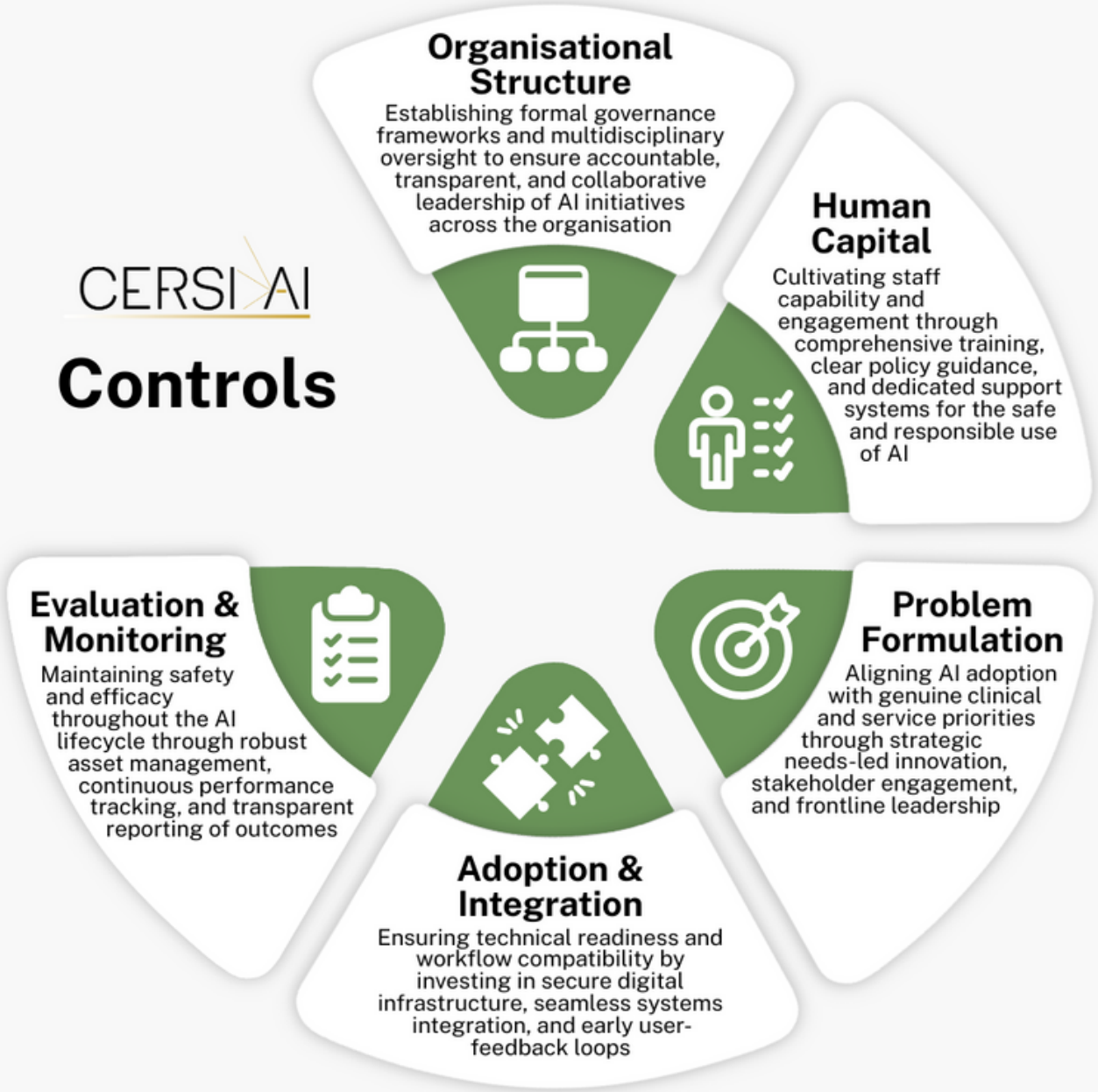
3. **Underperformance for population subgroup(s)** - Data sets used to train and evaluate AI technologies are not always representative of the populations they are used for, and characteristics of these data sets are often not publicly available for appraisal. This may lead to systematic underperformance on specific subgroups in real-world use, lowering the quality of care they receive relative to other subgroups.

UNDER PERFORMANCE FOR POPULATION SUBGROUPS (5.3)

- Smart Notes has been **trained primarily** on data drawn from **urban local authorities**
- The adopting Local Authority serves a large umber of families where **English is not the first language**
- During a single-team pilot, the tool consistently produces **lower quality transcriptions** when service users communicate with **strong regional accents, use non-standard English, or where an interpreter is present**
- **Key details** (including safeguarding disclosures) are either **missed, misattributed or rendered inaccurately** in the resulting notes
- Social workers, under time pressure, **do not adequately review and correct** the AI-generated outputs before submitting them as formal records
- Over time, assessments and reports for these subgroups contain **systematically less accurate information** than those for other service users
- **Risk indicators** are overlooked and the **quality of decision-making** about child safety is compromised for the most vulnerable families

CONTROLS

Using the AI Readiness Checklist, consider which controls you could apply to mediate this risk



EXAMPLE CONTROLS

- **Task and Finish Group** – A social worker with direct experience of working with families where English is not the first language is asked to join this group, ensuring that their frontline knowledge of this risk shapes the evaluation approach.
- **External Ecosystem Connection** The Local Authority contacts similar LAs through a regional social care AI community of practice, and through this they discover that a neighbouring authority identified similar transcription failures before full deployment.
- **Effective Developer-Provider Collaboration** The Local Authority formally requests from the Smart Notes vendor a description of the demographic and linguistic characteristics of the training dataset.
- **Ethics and Public engagement** Before wider deployment, the Local Authority consults with a group of service users about their concerns regarding AI-generated case records. Key issues raised included consent, accuracy and trust concerns that are fed back into governance decisions about whether and how to proceed.
- **Standardised Processes** A clear protocol is established requiring all social workers to review, correct and sign off AI-generated transcriptions before they are saved as formal records. This includes specific guidance on interactions involving interpreters or service users with communication needs. The team manager ensures that this is consistently applied across the team.
- **Mechanisms for Early User Feedback** During the pilot phase, social workers are asked to flag any transcription they consider inaccurate or incomplete. A simple logging system captures these by case type, flagging a pattern of failures concentrated in visits involving interpreters, which leads to a 'pause and review' before wider rollout.
- **Non-Interventional Evaluation of Performance** Before going live, the Local Authority runs Smart Notes retrospectively against a sample of anonymised existing case records, deliberately including cases of non-English speaking families. Transcription accuracy is measured revealing significantly lower performance for these groups
- **Outcome:** The LA decides to delay wider deployment pending vendor improvements.

AI Readiness

The AI Readiness Consultation Paper & AI Readiness Checklist are now live!

AI Readiness is designed to support UK health and care organisations to adopt AI safely and confidently. Funded by NHS England and The Health Foundation, we set out a structured, risk-based approach to understanding what "***AI readiness***" really means in practice.

→ Click this link to the AI Readiness documents

Please follow the QR code, or click the link, to our survey to help us better understand the utility of these ideas and tools for the context you work in.

Thank you for your interest in AI Readiness.

→ Click here to be taken to the survey

Funded by: NHS England, The Health Foundation

In partnership with: CERSI-AI Smarter Regulation for Better Innovation in AI & Digital Health, University of Birmingham

FINAL THOUGHTS & QUESTIONS

Please share thoughts and questions…