Policy for Use and Approval for Use of Artificial Intelligence (AI) technologies

Category:	Policy
Summary:	This is a policy which governs the use and approval for use of artificial intelligence (AI) technologies.
Equality Impact Assessed:	April 2025
Valid From:	2nd May 2025
Date of Next Review:	Three months from approval date
Approval Date/ Via:	1st May 2025, Trust Management Executive
Distribution:	Trustwide
Related Documents:	Information Governance Policy Information Protection Policy
Author(s):	Director of Digital Innovation Director of Clinical Informatics
Further Information:	https://ouhnhsuk.sharepoint.com/sites/TheHillOUH
This Document replaces:	New

Lead Director: Chief Digital Information Officer

Issue Date: 2 May 2025

This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.
This document contains many hyperlinks to other related documents.
All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Use this table to record the revisions made to the approved policy and record document history.

Date of revision	Version number	Author	Reason for review or update
26/03/2025	1	Director of Digital Innovation	Initial Document Created
6/04/2025	1.1	Director of Digital Innovation	Document edited based on initial staff consultation feedback.
16/04/2025	1.2	Director of Clinical Informatics and Director of Digital Innovation	Final review of document and incorporation of Equality Impact Assessment.

Consultation Schedule

Use this table to evidence your involvement of staff and key stakeholders, where appropriate, in the development and review of documents.

Who? Individuals or Committees	Rationale and/or Method of Involvement
General staff	Survey on use of AI sent through general communication channels.
Staff who expressed interest in shaping the policy	Staff listening sessions and email review
Director, R&D Clinical Informatics; Director of Data and Analytics; Head of Information Governance; Deputy Caldicott Guardian; Deputy CMO/Director of Clinical Improvement; Deputy Head of Nursing Informatics; Head of IT; Head of Clinical Applications; Clinical Scientist; Clinical AI Fellows; Digital Innovation Manager; Senior Technology Project Manager	Working group of people with relevant expertise who contributed directly to early drafts.
Thames Valley SDE Ethics and Engagement group (lay committee)	Review of policy and discussion on points for development during meeting on 30th April 2025

Endorsement

Use this table to list relevant Divisional and/Directorate leads who have endorsed the policy/procedural document.

Endorsee Job Title

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Who should read this document?

1. This policy should be read by all staff who interact with any digital technologies at the Trust.

Key Standards/Messages

2. Standard: All AI software deployed in the organisation must follow the process for approval as set out in this policy

3. Message: This policy should be circulated to all staff for awareness of the governance of AI for compliance.

Background/Scope

4. This policy addresses the commissioning, deployment, use and evaluation of artificial intelligence (AI) technologies in any clinical or administrative setting within Oxford University Hospitals (OUH). It does not cover use in research settings or development of new AI models by employees.

5. This policy applies to all employees of the Trust, including temporary or contracted staff.

Aim (mandatory heading)

6. The aim of this policy is to:

   6.1. Inform staff about artificial intelligence (AI) technologies and provide guidance to staff on appropriate and inappropriate use of such technologies;

   6.2. Define the process for the use and commissioning of AI technologies in the Trust and ensure a robust approach compliant with legal, ethical and regulatory frameworks;

   6.3. Provide a framework to allow the Trust to pilot and evaluate AI technologies.

Introduction to Artificial Intelligence (AI) technologies

7. Artificial Intelligence (AI) refers to the development of computer systems that can perform tasks typically requiring human intelligence. These systems learn from data, adapt, and make decisions based on patterns and rules. Types of AI include:

   7.1. Narrow AI: AI systems that are designed and trained for a specific task, such as voice assistants like Siri and Alexa

   7.2. General AI: AI systems that possess the ability to perform any intellectual task that a human can do

   7.3. Super AI: AI systems that surpass human intelligence and can perform tasks better than humans

8. All AI systems currently available fall into the ‘narrow’ category, in that they are designed and trained for a relatively narrow task or group of related tasks, and do not have the intellectual breadth of a human brain. However, the technology continues to develop.

9. Common application of AI in healthcare include:

   9.1. Medical Imaging: AI algorithms can analyse medical images to assist in diagnosing conditions such as cancer, by quickly screening large volumes of images.

9.2. Predictive Analytics: AI can potentially predict patient outcomes and potential health risks by analysing large datasets.

9.3. Natural Language Processing: AI can interpret and summarize clinical documentation, making it easier for healthcare professionals to access relevant information.

9.4. Robotic Process Automation (RPA): Although not necessarily AI, RPA can automate administrative and clinical workflows to improve efficiency and many of the same opportunities and challenges are present as for AI technologies.

9.5. Generative AI using Large Language Models (LLMs): Large language models can generate text and potential answers to questions, based on being trained on a large dataset.

10. Many staff will also be familiar with the likes of CoPilot, ChatGPT and other generative AI tools, such as the Meta AI chatbot in Facebook or the 'AI summaries' provided by Google at the top of search results.

11. AI has the potential to revolutionize healthcare by improving diagnostic accuracy, personalizing treatment plans, and optimizing operational efficiency. However, it is crucial to address ethical considerations, such as bias, transparency and data protection, to ensure that AI technologies are used responsibly and effectively.

Use of AI technologies

12. Tools that have been approved via the Trust's AI technology approval route and appear on the Trust's Information Asset Register may be used according to the guidance in this section and the UK public sector Responsible AI Principles. In particular:

12.1. Under no circumstances should patient data, commercially sensitive data or personal data be inputted into AI tools without the appropriate approvals in place. Data should always be managed according to the Trust's Information Governance and Information Protection policies.

12.2. A human must always review the output of an AI technology. There is a requirement to ensure that the person taking responsibility for reviewing the output understands the inputs, risks and potential biases of the technology and has been appropriately trained to interpret output.

13. **Transparency**

13.1. If an AI tool is used in the preparation of any document or other output, this should be declared to any users of the output.

13.2. If an AI tool is used to capture patient data, the patient must be informed and given the opportunity to request that no AI is used, or that their data is not shared with third parties.

13.3. In the case of written material, e.g. meeting notes it is sufficient to note the use of AI in the generation of the material (including the name and version number of the tool used). It is good practice to indicate the level of involvement: Minor – inspiration, ideas or sources, or minor proofreading; Moderate – generation of some elements of text, significant wordcount reduction or summarisation; Major – completely generated by AI with human review.

13.4. In the case of images or where work is to be submitted for an academic purpose (study or research), more extensive referencing (attribution as per copyright attribution or referencing appropriate to the publication e.g. Harvard style referencing including prompts) is expected.

13.5. All AI tools that are approved for use will be listed on the Trust's Information Asset Register http://iar.oxnet.nhs.uk/ and the list of tools will be available to any member of the public that requests this information.

14. Misinformation and interpretation

14.1. Users should only use large language models (e.g. Copilot) to find, organise or summarise content with which they are familiar, such that they are able to identify any incorrect results. Users should not assume that LLMs provide accurate information.

14.2. Where information from an LLM is being relied upon, users should go back to the original source material to verify content. This is because these tools can 'hallucinate' and produce incorrect data whilst presenting the data as though it is correct.

14.3. Users should not misrepresent their own expertise or knowledge by failing to reference that an AI tool has been used to assist in the preparation of materials. (see section 14.3 for details)

14.4. All users of an AI tool should ensure they are trained to understand the intended use of the tool, how reliable it is, what the points of failure or likely errors might be, and how to use the results or output.

14.5. Results from AI tools must not be used without human review. The level of review should be appropriate to the task being done. For example, decision-support tools should not be used to make a decision, but to support a decision being made by a clinician; a letter written by an AI tool should be proof-read by a person capable of validating the content who is taking responsibility for the accuracy of that content.

15. Prevention of bias and discrimination

15.1. Users should be aware of the risk of bias and discrimination in AI tooling due to the data they have been trained on. Assessment of the dataset will take place at the point of approval, however models evolve and users should be alert to any potential biases in the model's outputs.

15.2. Other discrimination may be exacerbated by the use of AI; for example some population groups may feel excluded by the use of AI or unable to access the technology. Users seeking to use an AI tool must acknowledge and address this risk in the processes they use, e.g. by offering alternatives.

15.3. No patient should be disadvantaged or discriminated against because of their refusal to use an AI technology.

15.4. No patient should be disadvantaged or discriminated against because of our use of AI technology.

16. Cybersecurity, data and intellectual property

16.1. All users of AI technology should follow normal information governance and cybersecurity protocols, as per the Trust's Information Governance and Information Protection policies. Particular note should be taken of the following:

16.1.1. Technology which takes and stores any personal data (such as names, email addresses or statements) is not acceptable for use unless appropriately approved

by Trust governance. Approvals processes will assess compliance with GDPR legislation.

16.1.2. Under no circumstances should patient data, personal staff data or commercially sensitive data be inputted into an AI tool, including LLMs such as Chat GPT that are freely available on the internet, unless that tool has been assessed through Trust governance and the data is adequately protected.

16.2. Users should not imply they created or own any form of media generated by Artificial Intelligence.

16.3. Users should not attempt to replicate the style of any artist, writer or other creative individual without their permission, as they are protected by copyright law.

17. **Responsibility and liability**

17.1. If a third party's piece of AI software is used in accordance with the third party's recommendations and Trust policy, having been appropriately signed off for use, the liability is with the third party.

17.2. If a third party's piece of AI software is used in a way that is NOT in accordance with the third party's recommendations and Trust policy, the liability is with the user.

18. **Training**

18.1. Staff must ensure they are appropriately trained on general aspects of AI and on the specific tool in question before using AI tools.

18.2. For general AI training, we recommend the eLfH course "An Introduction to Artificial Intelligence for Healthcare Professionals" for all staff. Staff may use other training from reputable UK universities or other training providers endorsed by the NHS against this requirement; to be considered sufficient, the training should cover the following curriculum: https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/dart-ed/horizon-scanning/ai-and-digital-healthcare-technologies.

18.3. Specific training on any individual tool should be provided by the supplier at the point of adoption of the tool, and thereafter as required. Adequate training provision is a pre-requisite for a tool being approved through Trust governance processes.

18.4. Any pilot, service evaluation or implementation of AI tools should include in the project plan a plan for providing general and tool-specific training for all users in accordance with the level of knowledge required.

19. **Post-market surveillance**

19.1. AI tools that are approved through Trust governance must be subject to post-market surveillance and repeat approval at an interval defined at the point of first approval.

19.2. Any incidents or near-misses involving AI technology should be reported in Ulysees as per the Trust's Incident Reporting Investigation and Learning Procedure.pdf

Seeking approval for AI technologies through Trust governance

20. All AI technologies that are to be used in clinical or non-clinical settings in the Trust must be approved through Trust governance and be registered on the Information Asset Register.

21. Employees can check if a technology is already approved by visiting http://iar.oxnet.nhs.uk/ to review the Information Asset Register. If the technology is to be used for a pilot or service evaluation, governance will be handled through the existing Innovation Pipeline process. This process, including how to initiate a pilot, is set out here: https://ouhnhsuk.sharepoint.com/sites/TheHillOUH/SitePages/Innovation-Pipeline.aspx. Information required during this phase include a Data Protection Impact Assessment (DPIA), Digital Technology Assessment Criteria (DTAC) compliance (including DCB0129 and DCB0160) and approval of budget holder, digital and business planning and submission of the pilot plan including training provision, metrics, duration and resourcing.

22. If a technology is to be implemented as a tool in operational use, governance will proceed through a modified version of the Innovation Pipeline process, as set out here: https://ouhnhsuk.sharepoint.com/sites/TheHillOUH/SitePages/AI-Approvals.aspx. This will include

    22.1. Step 1: establishment of the need and business case, and identification of suitable suppliers and procurement route.

    22.2. Step 2: approval through standard governance routes, with additional AI technology review. Information required during this phase include a DPIA, DTAC compliance (including DCB0129 and DCB0160) and approval of budget holder, digital and business planning and submission of the implementation plan including training provision.

    22.3. Step 3: the tool is adopted, with post-market surveillance done at agreed intervals.

23. Some tools will require additional approvals. Notably

    23.1. If classified as a medical device the technology will require clinical engineering review.

    23.2. If for clinical use, the technology will require Technology Advisory Committee (TAG) review

24. These approvals are in line with other technologies in use in the Trust, with additional care taken over post-market surveillance, data management and AI-specific risks.

25. To strengthen the current capacity and ensure relevant expertise, additional members will be co-opted onto the Innovation Panel to assist in the review of AI technologies.

26. All technologies are required to comply with relevant legislation, and as this is a fast-moving field these requirements are subject to change and should be reviewed regularly. Updates will be made to the approvals process as appropriate. Key legislation that forms the basis of evaluation is listed in the Appendix.

Review

27. Given the fast-moving nature of this field, this policy will be reviewed and developed with key stakeholders including patients and staff over the next 6 months.

28. Over that period, the policy will be formally reviewed after 3 and 6 months. The Board has delegated authority to the Trust Management Executive for the approval of changes at the 3 month review.

29. At the second review (6 months) the policy will return to the Board and an ongoing review schedule will be determined, with a minimum requirement as set out in the *Policy for the Development and Implementation of Procedural Documents.*

References

30. Mayne, A., 2024. Approval and Use of Artificial Intelligence Policy, Somerset NHS Foundation Trust, v1.0, Nov 2024.
31. Morys-Carter, M. et al., 2024. AI briefing for TAG and other committees, v1.2, July 2024
32. Leslie, D. (2019). Understanding artificial intelligence ethics and safety: A guide for the responsible design and implementation of AI systems in the public sector. The Alan Turing Institute. https://doi.org/10.5281/zenodo.3240529
33. Data Protection Act 2018
34. Copyright Act 2022
35. Equality Act 2010
36. AI Ethics & Governance in Practice (Alan Turing Institute) https://www.turing.ac.uk/research/research-projects/ai-ethics-and-governance-practice
37. Humber and North Yorkshire ICB AI Governance Policy, October 2023
38. One London Framework for the safe, efficient and effective implementation, use and maintenance of AI in health and care in London, AI Centre for Value Based Healthcare.

Appendix 1: Responsibilities

The Chief Executive has overall responsibility for the safe and compliant use of artificial intelligence (AI).

1.1. The Chief Digital Information Officer has delegated responsibility for the implementation of this policy and the management of artificial intelligence approval and use in the Trust.

1.2. The Chair of the Innovation Panel has responsibility to ensure that all technologies and use cases presented for approval are appropriately evaluated.

1.3. The Chair of TAG has responsibility to ensure that all technologies presented for evaluation for clinical use are safe and effective.

1.4. All Managers are responsible for complying with this policy and ensuring that their teams comply with this policy, including submitting for approval any AI technologies teams wish to use, and ensuring appropriate training and risk assessment.

1.5. Individual Staff are responsible for complying with this policy in the use of AI technology, including ensuring they are themselves appropriately trained and informed about technology that they use.

1.6. The Trust Management Executive will review and approve updates and additions to this policy during the initial review period.

Appendix 2: Definitions

2. Terms and abbreviations that may be used in this document or other documents related to artificial intelligence.

Term	Definition
Algorithm	A set of rules or instructions designed to perform a specific task or solve a particular problem.
Artificial Intelligence (AI)	The simulation of human intelligence processes by machines, especially computer systems.
Bias	Systematic errors or inaccuracies in algorithms that result in unfair or discriminatory outcomes.
Computer Science	The study of computation, algorithms, data structures, and information processes in computer systems.
Computer Vision	A field of AI that enables computers to interpret and understand visual information from the real world.
Data Mining	The process of discovering patterns and relationships in large datasets.
Data Science	An interdisciplinary field that uses scientific methods, processes, algorithms, and systems to extract knowledge and insights from data.
Decision Science	A multidisciplinary field that focuses on understanding and improving decision-making processes.
Deep Learning	A subset of machine learning where artificial neural networks are used to learn from substantial amounts of data.
Deepfake	A technique that uses deep learning algorithms to create realistic fake audio, video, or images.
Ethical AI	The practice of designing and deploying AI systems in a way that prioritizes fairness, transparency, accountability, and societal benefit.

General AI (AGI)	A hypothetical form of AI that exhibits human-like intelligence and cognitive abilities across a wide range of tasks and domains.
Generative AI	A branch of AI focused on creating new data samples or content that resemble real examples.
Large Language Models (LLMs)	A branch of AI focused on enabling computers to understand, interpret, and generate human language.
Machine Learning (ML)	A subset of AI that enables systems to automatically learn and improve from experience without being explicitly programmed.
Medical Device	A medical device is any instrument (other than a medicine) that is used to diagnose, monitor, treat or manage a medical condition.
Natural Language Processing (NLP)	Advanced AI models trained on vast amounts of text data to understand and generate human-like language.
Neural Networks	Computer systems modelled after the human brain's structure and function.
Operational Research (OR)	A discipline that uses advanced analytical methods to optimize decision-making in complex scenarios.
Overfitting	A phenomenon in machine learning where a model learns the training data too well, capturing noise or random fluctuations.
Reinforcement Learning	A type of machine learning where an agent learns to make decisions by interacting with an environment.
Robotics	The interdisciplinary field of engineering and computer science involves the design, construction, operation, and use of robots.
Supervised Learning	A type of machine learning where the model is trained on labelled data,

	meaning the input data is paired with the correct output.
Unexplainable AI	Describes where the inner workings of a machine model are unknown or poorly explained.
Unsupervised Learning	A type of machine learning where the model is trained on unlabeled data and tries to learn patterns and structures from the input data.

Appendix 3: Education and Training

3. There is no mandatory training associated with this policy, however users of AI should adhere to the training best practice defined in section 19. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan, or as part of the implementation plan for a technology.

Appendix 4: Monitoring Compliance

Use the following statement and mandatory table to list specifically what will be monitored to ensure that the policy is effective, including the minimum standards for compliance or non-compliance.

4. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
This section should outline what is being monitored.	*This section should include a summary of the method that you will use*	*Who is responsible for completing the monitoring (they might be a co-ordinator for a Trust wide data collection process)and how regularly.*	*This should state the minimum standard for compliance. This will be used to develop the audit tool.*	*Which is the group responsible for receiving the report and making sure that the actions are completed?*
Registration of AI tools and ongoing surveillance	DOC to review the Information Asset Register and monitor that post-market surveillance data is available at agreed intervals as per approval.	Asset managers are responsible for updating the register.	97% compliance	Digital Oversight Committee (with surveillance data reviewed by DOC subgroup Innovation Panel)
Training of users	Self-reporting.	Users to self-report training undertaken. Project owners / purchasers to report training provided at point of initial implementation.	85% compliance	Digital Oversight Committee

Appendix 5: Equality Impact Assessment

Equality Impact Assessment Template

1. Information about the policy, service or function

What is being assessed	New Policy
Job title of staff member completing assessment	Director of Digital Innovation
Name of policy / service / function:	Policy for Use and Approval for Use of Artificial Intelligence (AI) technologies
Details about the policy / service / function	This policy addresses the commissioning, deployment, use and evaluation of artificial intelligence (AI) technologies in any clinical or administrative setting within Oxford University Hospitals (OUH). It is an umbrella policy designed to set out key principles, and does not deal with individual technology deployments, although said deployments would be expected to comply with the policy.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	Month YY
Date assessment completed	08/04/25
Signature of staff member completing assessment	15.1 [redacted]
Signature of staff member approving assessment	15.2 [redacted]

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Patients
- Staff
- Family / Carers
- Service providers of AI technologies

Does the policy, service or function involve direct engagement with the target audience?

Yes - *continue with full equality impact assessment*

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex	x	x			Negative – AI technologies may have difficulty identifying the gender of users without specific information, and as such may misgender or misinterpret information about an individual. Positive - The policy clearly sets out that technologies are to be checked for bias and discrimination and approvers are aware of this issue. There is also greater general awareness of the potential biases of AI technologies compared with other technologies, therefore more care will be taken to mitigate against discrimination. It is possible that some AI technologies may be more gender blind than humans.
Gender Re-assignment – including non-binary people	x	x			Negative – AI technologies may have difficulty identifying the gender of users without specific information, and as such may misgender or misinterpret information about an individual. Positive - The policy clearly sets out that technologies are to be checked for bias and discrimination and approvers are aware of this issue. There is also greater general awareness of the potential biases of

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					AI technologies compared with other technologies, therefore more care will be taken to mitigate against discrimination. It is possible that some AI technologies may be more gender blind than humans.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other					Negative – Depending on the dataset used to train an AI, it may have biases, and some examples of for example skin-tone recognition software not working as well on BAME individuals has previously been recorded. BAME individuals are also less trusting of AI technologies and therefore may choose to opt out of beneficial uses. Positive - The policy clearly sets out that technologies are to be checked for bias and discrimination and approvers are aware of this issue. There is also greater general awareness of the potential biases of AI technologies compared with other technologies, therefore more care will be taken to mitigate against discrimination. It is possible that some AI technologies may be less prone to racism than humans with their own biases, depending on the way they are set up.
Disability - disabled people and carers	x	x			Negative – Some disabled people, for example those with speech or hearing impediments, may find it more difficult to use certain AI technologies. Positive - The policy clearly sets out that technologies are to be checked for bias and discrimination and approvers are aware of this issue. It is likely that AI will be used to enhance assistive technologies, and may provide greater access to disabled groups.
Age	x	x			Negative – older people may be less trusting of AI technologies, and more inclined to opt out of use of AI

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					which could be beneficial. However this does not always skew with age. Positive - The policy clearly sets out that technologies are to be checked for bias and discrimination and approvers are aware of this issue. For some older people the technologies offered may enhance accessibility, for example by enabling phone-based rather than online communication.
Sexual Orientation			x		There is no evidence to suggest that individuals will be disproportionately impacted on the basis of this characteristic.
Religion or Belief			x		There is no evidence to suggest that individuals will be disproportionately impacted on the basis of this characteristic.
Pregnancy and Maternity			x		There is no evidence to suggest that individuals will be disproportionately impacted on the basis of this characteristic.
Marriage or Civil Partnership			x		There is no evidence to suggest that individuals will be disproportionately impacted on the basis of this characteristic.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation. For this policy, low income groups and those with low digital literacy are particularly important to consider.		x			A recent Ada Lovelace survey (https://attitudestoai.uk/findings-2025/benefits-and-concerns) indicated that low income groups and those with fewer digital skills were more likely to have high concern about AI technologies and less likely to want to have them used. This may mean they disproportionately miss out on beneficial uses of the technology. There may also be accessibility concerns for these groups, for example being unable to engage with AI chatbots. although it is likely that the majority

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					of technologies being considered are for the use of staff rather than for patients directly.

Sources of information

- Public survey on attitudes towards AI done by the Ada Lovelace Institute and the Alan Turing Institute: https://attitudestoai.uk/findings-2025

Consultation with protected groups

Thus far, consultation has been with interested staff members who volunteered to comment on the policy. However the policy clearly states it is an interim version and we are seeking to refine it through co-production with stakeholders over the next 6 months.

The following consultations have been arranged or are intended:
List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation
Oxford Biomedical Research Centre Diversity in Research Group	A group of patient and public members who have been specifically selected to represent communities normally underrepresented in research. We have a discussion booked with them on the 3rd of July. https://oxfordbrc.nihr.ac.uk/diversity-in-research-group/
OUH staff networks: particularly the BAME, LGBTQ+ and Disability staff networks	Given the impact assessment, we believe these will be key networks to engage in commenting on the policy and any concerns they may have.

Consultation with others

List any other individuals / groups that have been or will be consulted on this policy, service or function.

Group	Summary of consultation
Staff volunteers	Following an all-staff survey a number of people came forward to input into the policy. These included a range of roles and seniority across OUH.
Patients / public: Experts by Experience	An Experts by Experience profile has been drafted and shared with governors and FT members to form a group to input into the policy over the next 6 months.
TVS Care records – Ethics and Engagement Advisory Group	A consultation is scheduled for the 30th of April with this group, who normally advise on the secure data environment.

4. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
Key benefits are:

1. *Guidance for all staff on appropriate use of AI technologies*

2. *Process for approving technologies which assures that appropriate due diligence has been done*

The policy itself highlights two potential avenues for bias and discrimination: one based upon aspects of the way technologies have been built, and the other based upon how they are used. Regarding the way technologies have been built, the approvals process includes evaluation of the training dataset to ensure it is representative of our patient population, and the seeking of assurances from the supplier regarding any potential biases. Training of users is also very important, to ensure they report any likely biases and do not rely too heavily upon results. Regarding the way they are used, further research is needed, through discussion with stakeholder groups and controlled pilots of technology, to establish whether there are disproportionate access issues for certain groups. This will be specific to each individual technology, therefore the policy sets out the principle that there should not be disadvantage, but does not state exactly how this is to be achieved.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

It is likely that many of these technologies will enhance accessibility and lead to improved care for many patient groups. As well as the global benefits of increased efficiency and accuracy, some AI technologies specifically address accessibility issues. During the approvals process we will aim for accelerated approval for technologies specifically related to accessibility.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

As described above, technologies may be inadvertently biased. Every effort will be made to identify and mitigate against any bias at the approvals stage. Should a technology be found to be biased during use, there is a reporting mechanism set out through Ulysses, and we have also allowed for staff training to mitigate unintended bias.

Some groups could be disadvantaged by not wishing to participate in AI-enabled care. We will explore the reasons for this and appropriate mitigations (e.g. types of communication or information sharing) during the 6-month iteration process including conversations with groups as laid out above.

Justifiable Adverse Effects

List any identified justifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

None identified.

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
Potential bias of the technology itself	Approvals process. Incident reporting process. Iteration over next 6 months.	Individual project leads.	Resourcing for Innovation Panel approvals and review of documentation.		
Potential bias due to patient perceptions and preferences	Continued consultation over next 6 months to identify concerns and appropriate mitigations.	Director of Digital Innovation	Time from all stakeholders to discuss issues.		

[End of document]

Redaction Summary

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Redaction 15.1

Exemptions/exceptions:

- S.40 - Personal Information

Redaction 15.2

Exemptions/exceptions:

- S.40 - Personal Information