**ARTIFICIAL INTELLIGENCE (AI)**

**Frequently Asked Questions**

Contents

[AI SYSTEMS – further information may be elsewhere in the document 2](#_Toc210900571)

[AI SYSTEMS AND SPEND 4](#_Toc210900572)

[AI GOVERNANCE POLICIES AND PROCEDURES 5](#_Toc210900573)

[AI RISK ASSESSMENTS AND COMPLIANCE DOCUMENTATION 7](#_Toc210900574)

[AI STRATEGY, DIGITAL MATURITY, AND FUTURE PLANNING 8](#_Toc210900575)

[RADIOLOGY AI – more detail 9](#_Toc210900576)

**Please note:**

**The information in this document will be updated approximately every 6 months from the date of publication in the footer.**

**Any requests before the update is due will be exempted under Section 22 – Intended for future publication.**

**Please check the whole document for the information you are seeking.**

| AI SYSTEMS – further information may be elsewhere in the document | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **QUESTION** | **ANSWER** | | | | | |
| How many artificial intelligence (AI) systems does your trust/health board currently have in development? | Three platforms (deepc FLIP and Epic Risk Prediction)  (\* note that what counts as an ‘AI system’ will vary on whether counting by Model or by Platform) | | | | | |
| How many AI systems are currently deployed within your trust/health board? | Five\*  (note that many AI systems developed are not deployed).  \*We have added Voice Transcription in case this is viewed as an AI system. | | | | | |
| For every AI model currently being used or developed in your trust: | RPA | LLM for GenAI | NLP/LLM | Diagnostics Radiology (in use) | Research and Development | Voice transcription |
| Is the AI model being used operationally, clinically, or for another purpose?  \* Software as a Medical Device (SaMD) that utilizes artificial intelligence (AI) to perform a medical function, such as diagnosis, prevention, monitoring, or treatment of disease. | (non-SaMD\*) used for back-office automation including HR | (non-SaMD) used for drafting and summarising non-clinical documents (CoPilot pilot funded by NHSE) | (non-SaMD) used for clinical data management (data laking, curation, cleaning and coding) (in partnership with KCL, GSTT and CogStack) | (SaMD) used for hyperacute stroke pathway (Rapid) | Numerous projects on foundation models (foundation models - digital twins and multimodal) (in partnership with KCL, GSTT and NIHR) | Used clinically in radiology and clinical staff for data entry (Nuance Dragon) |
| What department(s) is the AI system being used in? | Human Resources | Back Office | Various | Radiology | Research and Development | Various |
| What month and year was the AI system first deployed? (N/A if in development). | 2019 | 2024 | 2015 | 2018 | N/A | 2023 |
|  | RPA | LLM for GenAI | NLP/LLM | Diagnostics Radiology (in use) | Research and Development | Voice transcription |
| Was the AI system created by a commercial entity, university, in-house, or within another NHS trust? Please give the name of the organisation. | commercial | commercial | University-NHS Partnership (KCL, KCH, GSTT, Maudsley, UCLH, CogStack) | Commercial | As above | Commercial |
| What is the AI systems architecture? (e.g. deep neural network, random forest, logistic regression, large language model). | Robotic Process Automation | Large Language model | Transformers, Large Language models & Deep Neural Networks | Convolutional Neural Network | Hybrid | Vendor |
| Which coding language and packages are used to deploy the AI system? (e.g. python - scikit-learn, pytorch, tensorflow) | N/A | N/A | Python libraries, Docker and Kubernetes | N/A | Python libraries, Docker and Kubernetes | N/A |
| What is the nature of the input of the AI system? (e.g. a medical scan, free text notes, tables of lab results). | N/A | Email and document text | Document text, Note text, Tabular data | DICOM images | Various | Speech |
| What is the nature of the output of the AI system? (e.g. a masked image, a risk score, natural text). | N/A | Generated text | SNOMED coded data | Segmentations and summary reports | Hybrid | N/A |
| Was the AI system validated in the target population before deployment? | N/A | N/A | Yes | Yes | Part of development process | N/A |
| What measures are in place to monitor for degradation in the performance of the AI system post-deployment? | Managed by vendor | Managed by vendor | Ongoing fine-tuning and model updates | Managed by vendor | Part of development process | Managed by vendor |

| AI SYSTEMS AND SPEND | | | |
| --- | --- | --- | --- |
| **QUESTION** | **ANSWER** | | |
| Please provide a list of the suppliers who provide AI services to the trust for clinical use cases and | **Supplier Name** | **Annual Spend** | **Use case / what does the technology do for the Trust** |
|  | deepc, deepcOS  Rapid Inc (Ischemaview)  Elaitra, Viewer  London AI Centre for Value-based Healthcare / Kings College London | Nil  Nil  Nil  Grant funding | Radiology Software as a medical device (SaMD) orchestration  Hyperacute stroke machine vision  Breast tomography machine vision  Radiology SaMD R&D |
| Please provide a list of the suppliers who provide AI services to the trust for clerical/administrative use cases | Microsoft (CoPilot)  CogStack Ltd | Nil  Subsidiary | In Pilot testing phase to identify use cases  Language AI for R&D / Clinical Audit |
| Does the trust utilise any AI and/or technology to facilitate patient appointment booking for the trust? If yes please provide details. | Epic (MyChart) | Included as part of EHR infrastructure | Appointments scheduling and patient communication integrated with the Trust electronic health record system (EHR). |
| Who is accountable in the Trust for outpatient appointments? | Each Clinical Division is in charge of own outpatient appointments through pathway management for waiting lists and NHS eReferrals. All report upwards to Chief Medical Officer and Chief Operating Officer. | | |
| What are the primary focus areas or expected outcomes of these projects? | 1. RPA – release resources from repetitive tasks between different software systems 2. LLM for GenAI – improved efficiency in document management, search and non-clinical summarisation 3. NLP/LLM - findability and interoperability of deep clinical data that possible through structured data to improve clinical data management, reduce clinical risk and improve data lifecycle 4. Diagnostics Radiology (SaMD) – improved timely access to diagnostics clinical decision support to improve regional hyperacute stroke pathways 5. Machine Learning (SaMD) - improved targeting of interventions to high-risk patients or for discovery of new causal risk factors 6. Research and Development – numerous projects for developing new AI products as well as validating and improving AI products | | |

| AI GOVERNANCE POLICIES AND PROCEDURES | |
| --- | --- |
| **QUESTION** | **ANSWER** |
| Does the Trust have any formal policies, procedures, or frameworks explicitly governing using Artificial Intelligence (AI) within the organisation?  If yes, please provide copies of these documents. | AI is a cross-cutting heterogenous group of technologies across many use-cases, with no single document as documents relate to specific scenarios, specific products or specific programmes. Governance of a system is very different depending on if that system is a Machine Learning (ML) system, a Deep-learning system, a Generative system or if the organisation is buying the system versus building it.  The Trust works with its local and regional partners and produced a strategy for regional coordination of AI adoption and procedures. Please see the link:  <https://www.onelondon.online/wp-content/uploads/2025/03/A-Framework-for-the-safe-efficient-and-effective-implementation-use-and-maintenance-of-AI-in-health-and-care-in-London.pdf> |
| Has the Trust developed any internal guidance, protocols, or decision-making frameworks for assessing and approving AI technologies for use within the organisation?  If yes, please provide copies of these documents. | The approval process is conducted at multiple levels including:   * Digital Programme Board * ICT Project management board * Individual Clinical Division’s Governance Boards * Assessment and Compliance Board * Information Governance committee * Change Control committee * London AI Centre Programme Board * External approvals like REC or CAG   Each relate to specific scenarios. |
| Does the Trust have a specific governance, ethics, or oversight group responsible for AI implementation and compliance?   * If yes, please provide this group's Terms of Reference (ToR). | Please see above two questions. Oversight of an AI implementation would depend on the scenario relevant to the system. |

| AI RISK ASSESSMENTS AND COMPLIANCE DOCUMENTATION | |
| --- | --- |
| **QUESTION** | **ANSWER** |
| Does the Trust’s Data Protection Impact Assessment (DPIA) template include specific questions related to AI governance, risk assessment, or compliance?  If yes, please list the relevant questions. | It does not specifically have questions about AI (due to poor definitions of this term). The relevant questions which AI projects relate to data flows, legal basis for processing of confidential information, automated processing, information security and supply chain of software (and models or API’s). |
| Does the Trust have specific guidance or requirements for completing DPIAs when deploying AI-driven systems?  If yes, please provide copies of relevant guidance documents.  Has the Trust developed any documented processes for assessing and managing risks associated with AI technologies?  If yes, please provide copies of relevant risk management documents. | There is no AI-specific DPIA’s, and DPIA’s are comprehensive to all systems using data and AI-specific considerations relate to data flow and dependencies on external systems (which may be APIs). |
| Has the Trust developed any documented processes for assessing and managing risks associated with AI technologies?  If yes, please provide copies of relevant risk management documents. | Software as Medical Devices are managed through a clinical risk management process in line with DCB0160, with clinical safety officers and managed through an incident reporting system. |

| AI STRATEGY, DIGITAL MATURITY, AND FUTURE PLANNING | |
| --- | --- |
| **QUESTION** | **ANSWER** |
| What is the Trust’s latest Digital Maturity Index (DMI) score for each domain assessed? | 2023  Well Led – 3.0  Ensure Smart Foundations – 3.2  Safe Practise – 2.0  Support People – 3.0  Empower Citizens – 2.1  Improve Care – 2.7  Healthy Populations – 2.7  2024  Well Led – 2.7  Ensure Smart Foundations – 2.4  Safe Practise – 2.5  Support People – 2.5  Empower Citizens – 3.0  Improve Care – 2.0  Healthy Populations – 1.8 |
| Does the Trust have a formal AI strategy or roadmap for future AI adoption and governance?  If yes, please provide copies of any relevant documents. | Yes, the Trust works with its local and regional partners and produced a strategy for regional coordination of AI adoption. Please see the link: <https://www.onelondon.online/wp-content/uploads/2025/03/A-Framework-for-the-safe-efficient-and-effective-implementation-use-and-maintenance-of-AI-in-health-and-care-in-London.pdf> |

| RADIOLOGY AI – more detail | | | | | |
| --- | --- | --- | --- | --- | --- |
| **QUESTION** | **ANSWER** | | | | |
| Does your Trust currently use any AI-based software in radiology (e.g. for image analysis, triage, diagnosis, or workflow support)? | Yes | | | | |
| If yes, please specify the name(s) of the AI system(s), the clinical area(s) they are used in (e.g. fracture detection, chest X-ray, mammography), the supplier(s), whether they are integrated into PACS or RIS, and the procurement route (e.g. direct award, framework, third party). | **System Name** | **Clinical Area** | **Supplier** | **Integrated** | **Procurement Route** |
| IschemaView | Stroke | Rapid Inc | Yes | Procured in 2018; renewed via national funding |
| Viewfinder | Breast tomography | Elaitra Ltd | No | Part of a pilot, research collaboration or internal funding stream |
| Deepc | Orchesteration of radiology AI | Deepc GmBH | Yes | Part of a pilot, research collaboration or internal funding stream |
| MIDI | MRI brain anomaly detection | In-house development | No | Part of a pilot, research collaboration or internal funding stream |
| CogStack | General-purpose clinical text analytics in radiology | In-house development | Integrated to EHR not PACS | Part of a pilot, research collaboration or internal funding stream |
| Are any AI systems currently being piloted or under evaluation in radiology, and if so, when are these pilots expected to conclude? | Yes, MIDI. | | | | |
| Does your Trust use any enterprise AI platform or orchestration layer (e.g. Blackford, Aidoc, Sectra Amplifier, Philips AI Manager)? | Deepc orchestration layer being piloted. | | | | |
| Are any AI solutions in use within the Emergency Department? If so, please specify their name, supplier, use case, and whether they are in active use, under trial, or part of a research project. | Yes, please see the information given in above. These products are enterprise-wide. | | | | |
| Does the Trust have a dedicated AI Working Group? If so, please provide a contact name and details. | Yes, there are multiple for different aspects, use-cases or platforms.  The names of staff in senior or public facing roles are available on the Trust’s website at the following links:  [King's Corporate Structure](https://www.kch.nhs.uk/document/corporate-structure/)  [King's A-Z of Services](https://www.kch.nhs.uk/services/)  It is Trust policy to not give out other staff names, personal email addresses and contact details.  This policy helps protect Trust staff from unsolicited emails and correspondence not directly related to their role and the work they are doing. You can of course call the main Trust switchboard on 020 3299 9000. | | | | |