

UKHLSI AI WORKING GROUP

Terms of Reference

UK Health and Life Sciences Innovation

Chairs:

UKHLSI Chair, Dr Mark Ratnarajah | Digital health leader and Consultant, Sword Intelligence

Curia Chair, Professor Gillian Leng CBE | President of the Royal Society of Medicine, Chair of the Industrial Injuries Advisory Council, former Non-Exec Director, Department of Science, Innovation and Technology and former Chief Executive of the National Institute for Health and Care Excellence

Purpose

The AI Working Group exists to accelerate the safe, practical, and scalable adoption of artificial intelligence across the NHS, UK healthcare, and the life sciences sector. Its central premise is that AI's value will be proven not in pilots or conference keynotes, but at the operational level — where it can relieve real system pressures and demonstrably improve productivity, financial sustainability, and patient care.

The group convenes NHS leaders, policymakers, clinicians, innovators, investors, and industry partners to close the gap between AI ambition and routine, accountable deployment.

Policy Context

The group's work is deliberately aligned with the two most consequential policy processes now shaping AI adoption in UK health and care:

The NHS Modernisation Bill, currently before Parliament, which provides the legal basis for the largest reorganisation of the NHS in over a decade — including the transfer of NHS England's functions into the Department of Health and Social Care, changes to the statutory role of Integrated Care Boards, and the creation of a single patient record. The Bill will redraw the commissioning, data governance, and accountability architecture within which AI must be procured, deployed, and assured. The group will provide evidence-based input as the Bill progresses, with particular focus on ensuring the single patient record and revised ICB duties are designed to enable — not inhibit — responsible AI at operational scale.

The MHRA's National Commission into the Regulation of AI in Healthcare, whose recommendations to the MHRA are expected during 2026, alongside the draft Medical Devices (Amendment) Regulations 2026, which formalise Predetermined Change Control Plans for AI-enabled devices and introduce the International Reliance Pathway. Together these will define the regulatory pathway for AI as a medical device — including adaptive systems, foundation-

model and agentic tools, post-market surveillance, and the allocation of responsibility and liability between developers, deployers, and providers. The group will ensure its members' operational evidence informs this framework, and that NHS adopters understand its practical implications ahead of implementation.

Objectives

1. **Identify where AI addresses genuine system pressure.** Priority areas include elective waiting lists, care coordination, triage, patient outreach and engagement, administrative burden, and workforce capacity — selected on the basis of operational need, not technological novelty.
2. **Support the shift from pilot to routine adoption.** Align innovation with Integrated Care System priorities, regulatory requirements, established procurement routes, and frontline operational realities — anticipating how these will evolve under the NHS Modernisation Bill and the forthcoming MHRA framework.
3. **Champion responsible AI.** Ensure that adoption is underpinned by clinical safety, transparency, equity of access, and robust governance, so that trust is built alongside capability.
4. **Build system readiness.** Help NHS organisations understand their adoption readiness, surface common implementation barriers, and define repeatable pathways from evaluation to scale — including readiness for the regulatory obligations the new MHRA framework will introduce for deployers as well as developers.
5. **Inform live legislation and regulation.** Provide structured, evidence-based input to the NHS Modernisation Bill as it completes its parliamentary passage, and to the National Commission's recommendations and subsequent MHRA framework — positioning the group as a credible, independent conduit between operational practice and policy design.

Scope of Activity

The group will deliver through:

- **Targeted roundtables** convening cross-sector leadership on defined problem statements — including dedicated sessions on the Bill's single patient record and data provisions, and on the practical implications of the emerging MHRA AI framework
- **Strategic Innovation Gateway activity**, connecting validated innovations with NHS organisations ready to adopt
- **Practical outputs** — briefings, readiness frameworks, implementation guidance, and formal submissions to parliamentary and regulatory processes
- **Ministerial and parliamentary engagement**, where the group's evidence base can inform legislation and national strategy

Guiding Principles

- Operational impact over technological novelty
- Patient outcomes as the ultimate measure of success
- Evidence-led recommendations, independently arrived at
- Partnership between the NHS, industry, and academia on equal terms
- Safe adoption as an enabler of scale, not a brake on it

Leadership

Curia Chair: Professor Gillian Leng CBE — President of the Royal Society of Medicine; Chair of the Industrial Injuries Advisory Council; former Non-Executive Director, Department for Science, Innovation and Technology; former Chief Executive of the National Institute for Health and Care Excellence.

UKHLSI Chair: Dr Mark Ratnarajah — practising NHS paediatrician, digital health leader, and Clinical Director of Special Operations, Sword Intelligence.

Partnership

Delivered in partnership with [Sword and Numan].