



**Coventry and
Warwickshire**
Integrated Care Board

Artificial Intelligence (AI) Usage Policy

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Name of author and title:	Diane Baynham, Director of Digital Care Pathways
Name of reviewer and title:	Eddie Olla, Chief Digital Officer
Department:	Digital and Data Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
March 2025	1	New Policy	Digital Data and Technology Board, Clinical Safety Officer/Forum
Sept 2025	1.9	Amendments and review	Audit Committee
Sept 2025	Final	Recruitment use of AI added	Audit Committee

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Key points – quick read

High level principles:

- Only the AI tools that are shown in appendix 3 should be used within the ICB.
- A human should always be in the loop, you are responsible for accuracy and should check any AI outputs.
- No sensitive data – commercial or personal - should be shared with any AI tool.
- Sensitivity labels should be applied to documents where AI is potentially accessing them.

1. Introduction

- 1.1 Artificial Intelligence (AI) is advancing at phenomenal speed. Its use is widespread within applications and is becoming embedded in much of our daily lives.
- 1.2 AI has the potential to increase capacity and improve decision making within existing resources, enabling staff to deliver higher-quality outputs and productivity. For staff, AI reduces burnout by streamlining workflows and reducing the burden of routine tasks.
- 1.3 General Purpose Generative AI tools offer staff a convenient way to quickly summarise information, draft communications, and explore complex topics. These tools can enhance learning, support administrative tasks, support analysis, and spark new ideas. However, their use must be approached with care, especially when dealing with patient care and clinical decision-making.
- 1.4 This policy establishes clear guidelines for the use of AI tools within the ICB, ensuring alignment with NHS England AI Guidance, the National Data Guardian’s Caldicott Principles, and the NHS Digital, Data and Technology Standards Framework.
- 1.5 This policy refers to Generative AI tools such as ChatGPT, Gemini, Claude and CoPilot.

1.6 This policy is linked to the ICBs information management framework and should be considered alongside other information governance polices as set out within appendix 1.

2. Objectives

2.1 To set out a Policy from which staff are able to adopt AI capabilities in a safe and effective manner, ensuring its use is managed and will effectively support the business.

2.2 To give confidence in the effective use of AI and remove ambiguity of what should and should not be used within the organisation.

2.3 To ensure the ICB and individuals meet the Acceptable Use Agreement (AUA) for Copilot licence arrangements.

2.4 To ensure data privacy meets the required standards.

3. Scope

3.1 This policy must be adhered to by permanent and temporary staff, secondees, contracted staff, students and voluntary workers and anyone else who works within or under contract to the ICB on ICB Business. It does not cover external work outside of the ICB or seconded roles which are governed through a different arrangement.

3.2 It covers all AI applications, including but not limited to Generative AI tools Large Language Models (LLM) whether accessing the application via licenced products available within the suite of applications on ICB devices or free versions accessed via the web.

3.3 This includes products such as;

- Generative AI tools (LLMs) - OpenAI, ChatGPT, Copilot, Claude, Gemini,
- Predictive analytics and machine learning models
- Clinical decision support systems
- Robotic Process Automation (RPA).

AI use cases must undergo a Data Protection Impact Assessment (DPIA) before implementation.

A list of current approved apps is detailed at appendix 3.

4. Definitions

- 4.1 For the purpose of this document, when we refer to AI we are referring to Large Language Models (LLM), a form of generative AI designed to generate human like text, based on input. We are not referring to healthcare devices or healthcare products that may be in use outside of the ICB.
- 4.2 In setting out the acceptable use of AI, it is not intended that this policy should be applied outside of the ICB within any partner organisation.
- 4.3 Copilot is an LLM tool, licenced for use within the ICB. It is designed to assist staff in various tasks including drafting documents, summarising information and providing insights.

5. Duties Role and responsibilities

- 5.1 The ICB falls within the scope of GDPR and must meet the requirements for properly handling data as defined by the law.
- 5.2 The ICB must ensure compliance with relevant data protection legislation and NHS Guidelines, including identification of risk, assess and mitigate data related risks.
- 5.3 **All staff** (as listed in paragraph 3.1) should:
 - 5.3.1 Be aware that under the data protection Act (2018), anyone listed in paragraph 3.1 is responsible for processing of data responsibly in the course of their duties.
 - 5.3.2 comply with the most up-to-date version of this policy.
 - 5.3.3 ensure that where a breach of this policy has occurred, or a significant risk has been identified, it is reported to their Line Manager so that the Incident Management process is invoked in accordance with the Policy and Procedure for the Reporting and Management of Clinical and Non-Clinical Incidents.
 - 5.3.4 be aware that any breach of this policy may result in disciplinary proceedings. Furthermore, any breach of legal obligations may result in legal proceedings against an individual and/or the ICB.
 - 5.3.5 not share confidential or business sensitive information to any external AI product.
 - 5.3.6 use products supported by the ICB (**restricted to Copilot**) where internal data sources are to be used, ensuring data is not inadvertently exposed to externally to any other LLM.
 - 5.3.7 ensure correct sensitivity labelling as per issued guidance to ensure files are not inappropriately accessed by Copilot or shared.

5.3.8 refer to the guidance on the use of Copilot.

5.3.9 An AI Lead will be designated to evaluate and monitor AI use across the ICB.

5.4 Legal obligations

5.4.1 The ICB is committed to ensuring compliance whilst using AI to the following legal and professional standard:

- **Data Protection Act (DPA) 2018:** Governs how data is collected, stored, processed, and shared. It requires every data controller who is processing personal information to notify unless they are exempt.
- **General Data Protection Regulation (GDPR):** Provides a framework for data protection and privacy in the EU and UK, ensuring data is processed lawfully, fairly, and transparently.
- **NHS Act 2006:** Provides the legal framework for the provision of health services in England.
- **Health and Social Care Act 2012:** Sets out the legal basis for the processing of personal data within the NHS.
- **Human Rights Act:** Ensures that personal data is handled in a way that respects individuals' rights to privacy and confidentiality.
- **Common Law Duty of Confidentiality (CLDC):** Requires that personal information is kept confidential and only shared with individuals who have a legitimate need to know.
- **EU AI Law** whilst we are no longer within the EU, this law aims to balance technological advancement with robust regulatory oversight, ensuring AI systems are used ethically and responsibly and is used as guidance.

6. Dissemination & Implementation

6.1 The policy will be uploaded to the ICB's document library and referenced in the staff bulletin, once approved.

7. Acceptable Use and Training

7.1 Staff must complete mandatory AI literacy training, covering:

- Recognising AI bias

- Ethical AI decision-making
- Data security best practices.

7.2 AI tools must not replace human judgment in critical decision-making.7.3 Staff must document when AI-generated content is used in official communications.

8. Information Governance and Security

- 8.1 AI systems must comply with GDPR, the NHS Data Security and Protection Toolkit, and the National Data Guardian’s Principles.
- 8.2 The ICB will conduct annual audits of AI use, with oversight from the Information Governance Steering Group.
- 8.3 The ICB believes that accurate, timely and relevant information is essential to deliver the highest quality healthcare. Copilot is the only Artificial Intelligence that should be used to access, summarise and present information but should not be used to make clinical decisions.

9. Governance and Oversight (Monitoring and Compliance)

- 9.1 This policy will be reviewed within 6 months due to the rapid development in artificial intelligence capability. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.
- 9.2 The Digital, Data and Technology Board will:
- Review AI compliance annually
 - Oversee AI risk mitigation strategies
 - Ensure adherence to NHS England AI Assurance Frameworks

10. Staff Compliance Statement

10.1 All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB’s Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual(s) concerned.

10.2 A copy of the ICB’s Disciplinary Policy is available on the Intranet and ICB website.

11. Equality & Diversity Statement

- 11.1 The ICB recognises the diversity of the local community and those in their employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.
- 11.2 The ICB recognises that equality impacts on all aspects of their day-to-day operations and have an equality impact assessment tool (EIA) to assess and address any potential or actual adverse effects. This is in respect of local communities and staff we employ. All policies, procedures and functions have a comprehensive impact assessment to determine the level and extent of the potential or actual adverse effects and remedial solutions to them. See Appendix 5.
- 11.3 The ICB is committed to ensuring AI adoption promotes inclusivity and does not exacerbate health inequalities.
- 11.4 An Equality Impact Assessment (EIA) will be conducted for AI implementations.

12. Ethical Considerations

- 12.1 The use of Copilot must be ethical and in line with the ICB's values and standards. Staff must ensure that the tool is used to enhance their work and not to replace human judgment or decision-making.
- 12.2 It is critical to check any AI generated content. AI can be biased in its outputs and can hallucinate. Staff are responsible for work that is presented, whether it contains AI generated content or not.
- 12.3 The use of AI in recruitment is limited only as a supporting tool, AI should not be used to make decisions as part of the recruitment process. The statement/policy of usage of AI in recruitment is shown at appendix 4.

13. References & Bibliography

- Data Protection Act (2018)

Legislation.gov.uk. (2018). *Data Protection Act 2018*. [online] Available at: <https://www.legislation.gov.uk/ukpga/2018/12/contents> [Accessed 7 Mar. 2025].

- General Data Protection Regulation (GDPR)

Legislation.gov.uk. (2016). *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation)*. [online] Available at: <https://www.legislation.gov.uk/eur/2016/679/contents> [Accessed 7 Mar. 2025].

- NHS Act (2006)

Legislation.gov.uk. (2006). *National Health Service Act 2006*. [online] Available at: <https://www.legislation.gov.uk/ukpga/2006/41/contents> [Accessed 7 Mar. 2025].

- Health and Social Care Act (2012)

Legislation.gov.uk. (2012). *Health and Social Care Act 2012*. [online] Available at: <https://www.legislation.gov.uk/ukpga/2012/7/contents> [Accessed 7 Mar. 2025].

- NHS Digital, Data and Technology Standards Framework

NHS Digital. (n.d.). *NHS Digital, Data and Technology Standards Framework*. [online] Available at: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/nhs-digital-data-and-technology-standards> [Accessed 7 Mar. 2025].

- National Data Guardian's Caldicott Principles

National Data Guardian. (2020). *The Caldicott Principles*. [online] Available at: <https://www.gov.uk/government/publications/the-caldicott-principles> [Accessed 7 Mar. 2025].

14. ICB Associated Records: [Document Library - Happy Healthy Lives](#)

- Information Governance Policy
- Data Protection and Confidentiality Policy
- Information Security Policy
- ICB AI Risk Assessment Framework

Appendix 1

Related ICB Policies

- Information Governance Policy
- The Data Protection and Confidentiality Policy
- Information Security Policy
- Information Governance Management Framework
- Subject Access Request Procedure
- Records Management Policy

Legislation

- The Public Records Act 1958
- General Data Protection Regulation.
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality
- The NHS Confidentiality Code of Practice
- EU AI Law
- Any new legislation affecting records management and access as it arises.

Appendix 2: Equality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Scheme Title:	Artificial Intelligence Usage Policy v1.0		
Project Lead:	Diane Baynham, ICB Director of Digital Care Pathways	Senior Responsible Officer:	Eddie Olla, Chief Digital Officer
		Quality Sign Off:	n/a – policy does not require quality review
Intended impact of scheme:	To provide a fair, equitable and transparent process for all policies of the NHS Coventry and Warwickshire Integrated Care Board (ICB). The Policy will ensure ICB staff are able to adopt AI capabilities in a safe and effective manner, ensuring its use is managed and will effectively support the business. It will give confidence in the effective use of AI and remove ambiguity of what should and should not be used within the organisation. It will ensure the ICB and individuals meet the Acceptable Use Agreement (AUA) for Copilot licence arrangements and ensure data privacy meets the required standards.		

NHS Coventry and Warwickshire Integrated Care Board

Name of Policy AI Policy

Approval date:

Review Date:

How will it be achieved:	Through the process detailed in this document.
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Name of person completing assessment:	Diane Baynham
Position:	ICB Director of Digital Care Pathways
Date of Assessment:	06/03/2025

Quality Review by:	Matt Hopkins
Position:	Governance and Corporate Affairs Officer
Date of Review:	06/03/2025

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT	OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
	Positive	Negative	Neutral		Risk impac t (I)	Risk likelihood (L)	Risk Score (IxL)	

Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			√	No patient facing or clinical use under the acceptable use agreement.				
	Patient experience			√					
	Patient safety			√					
	Parity of esteem			√					
	Safeguarding children or adults			√					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			√	No patient facing or clinical use under the acceptable use agreement.				
	Ensuring people have a positive experience of care			√					
	Preventing people from dying prematurely			√					
	Helping people recover from episodes of ill health or following injury			√					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			√					

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			√	No patient facing or clinical use under the acceptable use agreement. DPIA and Clinical Safety case assessment.				
	Access to the highest quality urgent and emergency care			√					
	Convenient access for everyone			√					
	Ensuring that citizens are fully included in all aspects of service design and change			√					
	Patient Choice			√					
	Patients are fully empowered in their own care			√					
	Wider primary care, provided at scale			√					
Access Could the proposal impact positively or negatively on any of the following:	Patient choice			√	No patient facing or clinical application under the acceptable use agreement.				
	Access			√					

	Integration			√					
Compliance with NHS Constitution	Quality of care and environment			√	No patient facing or clinical use under the acceptable use agreement.				
	Nationally approved treatment/drugs			√					
	Respect, consent and confidentiality			√					
	Informed choice and involvement			√					
	Complain and redress			√					

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

The Policy from which staff are able to adopt AI capabilities in a safe and effective manner, ensuring its use is managed and will effectively support the business. It provides confidence in the effective use of AI and removes ambiguity of what should and should not be used within the organisation. It will ensure the ICB and individuals meet the Acceptable Use Agreement (AUA) for Copilot licence arrangements and ensures data privacy meets the required standards.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Staff, patients, service users and partner organisations.

Is a full Equality Analysis Required for this project?

Yes ✓	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

Equality Analysis Form

1. Evidence used

NHS Coventry and Warwickshire Integrated Care Board

Name of Policy AI Policy

Approval date:

Review Date:

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

- Information Governance Policy
- The Data Protection and Confidentiality Policy
- Information Security Policy
- Information Governance Management Framework
- Subject Access Request Procedure

Most Relevant Legislation

- The Public Records Act 1958
- General Data Protection Regulation.
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality
- The NHS Confidentiality Code of Practice
- Any new legislation affecting records management and access as it arises.

2. Impact and Evidence:
Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)
N/A
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
N/A
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
N/A
Marriage and civil partnership: A person who is married or in a civil partnership.
N/A
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
N/A
Race: A group of people defined by their race, color, and nationality (including citizenship) ethnic or national origins.
N/A

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.		
Sex: A man or a woman		
N/A		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
N/A		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
N/A		
Other disadvantaged groups:		
N/A		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A

Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	N/A
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone's right to life? How?	N/A
Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us So we will):		
N/A		

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The Audit Committee and ICB Board will require assurance annually on compliance with the policy as part of its assurance programme.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability).

Work needed	Section	When	Dare completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Sign off	Eddie Olla, ICB Chief Digital Officer	07/03/2025
Which committee will be considering the findings and signing off the EA?	Audit Committee	March 2025
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team

Appendix 3

List of current approved apps

- 365 Copilot

Appendix 4 – Use of AI in Recruitment



Use of AI in
recruitment Statement