**Artificial Intelligence (AI) Project Proposal Form**

*This document has been collated by the Scottish Radiology Transformation Programme (SRTP) AI Steering Group as a best endeavours approach, based on current experience and available information, to assist NHS Boards in piloting radiology AI solutions, should they wish to use it. The content within this form has not been formally consulted and may be updated, as and when new versions become known, or work is commissioned to provide a more formal approach to AI use within NHSScotland.*

This document should be used to provide an initial overview of the proposed project for submission to local service management or R&D.

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| **Section 1 – General Information**  |
| **Date** **of Request** |  |
| **Project Title**  |  |
| **Project Description** |  |
| **Author and Designation**  |  |
| **Service Lead and Designation**  |  |
| **Service Level Sponsor** |  |
| **Estimated Start Date** |  |
| **Estimated End Date** |  |
| **Estimate project costs:****(Equipment, Software licence, Staff, Materials, Travel etc)** |  |
| **How much funding has been secured and from whom?** |  |
| **Section 2 – SBAR Report (S**ituation, **B**ackground, **A**ssessment, **R**ecommendations) |
| **Situation** *(A concise statement of the healthcare need that this product will address)* |
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| **Background** *(Pertinent and brief information related to the situation)* |
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| **Assessment** *(Analysis and consideration of options)* |
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| **Options** | **Description** | **Risk impact** |
| Option 1 (Do nothing) |  |  |
| Option 2 (Do minimum) |  |  |
| Option 3 (Do something) |  |  |

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| **Recommendation** *(Action requested or recommended)* |
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| **Benefits expected from this evaluation, and benefits if the solution is implemented into clinical practice?** |
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| **Section 3 – Which eHealth Strategic Aim(s) Does This Request Deliver?** *Select**all which apply* |
|  | To enhance the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality |
|  | To support people to communicate with NHS Scotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive |
|  | To contribute to care integration and to support people with long term conditions |
|  | To improve the safety of people taking medicines and their effective use |
|  | To provide clinical and other managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery |
|  | To maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money |
|  | To contribute to innovation occurring through the Health Innovation Partnerships, the research community and, where appropriate and relevant, suppliers, including the small and medium enterprise (SME) sector |

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| **Section 4 – Artificial Intelligence Specific** |
| **Name of AI vendor and product** |  |
| **Will this product be deployed on an independent AI platform? If so, which platform?** |  |
| **To which systems will the product integrate?** *eg PACS/RIS/CDR* |  |
| **Device certifications and classifications****(e.g. CE Class IIb)** |  |
| **Intended scope of certified use and summary of product features** |  |
| **Method of deployment**(On-premise, off-premise NHS data centre, off-premise non-NHS data centre, edge/hybrid, private cloud, public cloud) |  |
| **Types and number of Images required** |  |
| **Other data required****(e.g. age, sex, etc)** |  |
| **Product output***eg jpeg/text/DiCOM* |  |
| **Purpose of the project***eg Develop AI model, retrospective validation, evidence of regulatory approval, clinical trial, prospective service evaluation, product trial.*  |  |
| **Access to trusted research environment required?** |  |
| **Data storage volume, duration and location, including data archiving requirements** |  |
| **Does the project have access to the required data, facilities, personnel, equipment and funding to proceed?** |  |

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| **Section 5 – Innovation Request (To be completed once initial 4 sections approved by local service management or R&D team** ) |
| **Collaboration Status** | New Relationship Yes / No |
| **Financial Relationship with Company** | Stakeholder in company Yes / No |
| **Background Intellectual Property** | Yes / No / Know-how only |
| **Description of Financial and IP involvement** |  |
| **Other stakeholders** |  |
| **Does this Project have a dependency on another programme of work?** |  |
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**Electronic Signature**

Print Name:

Signature: