

SILICON DALE

Breaking New Al Ground in Bradford

Tom Lawton – Bots4Good November 2019

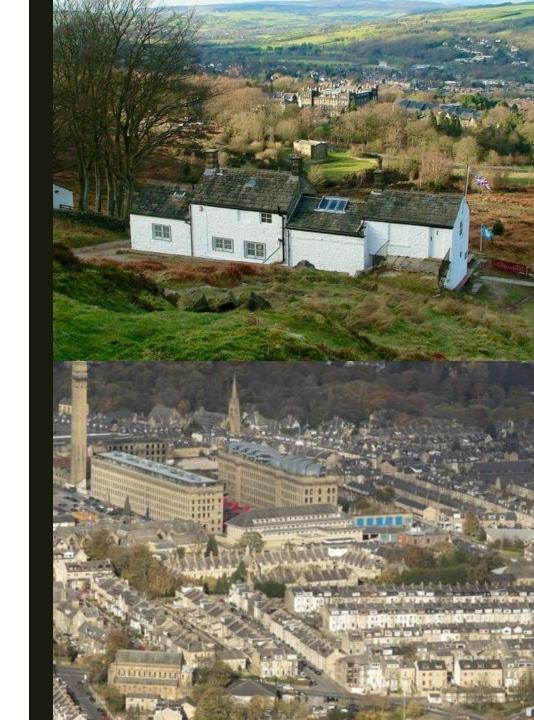
tom.lawton@bthft.nhs.uk

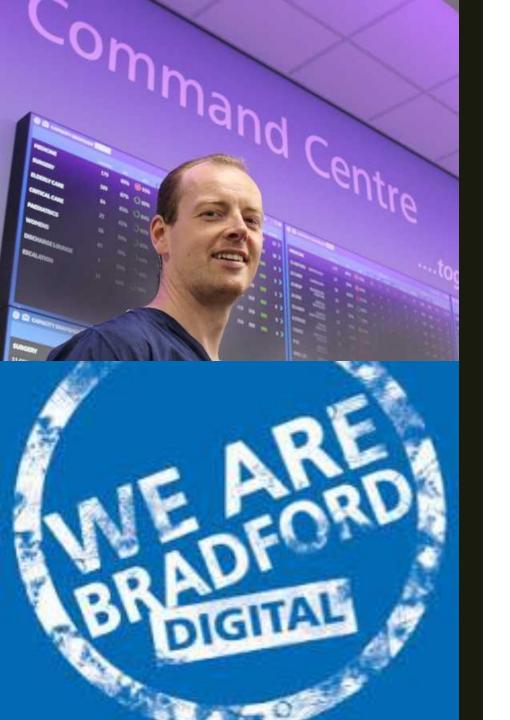
@LawtonTri



Bradford

- "Most Improved" 2019
- 6th largest district in UK (overshadowed by Leeds!)
- Multi-ethnic
- Youngest, fastest growing
- Highest and lowest deprivation in UK





BTHFT

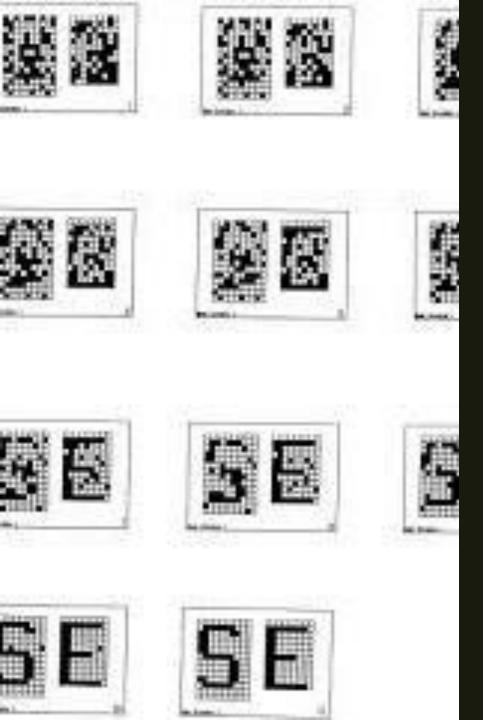
- One of "Most Improved" digital pioneers, without being a Global Digital Exemplar
- Cerner Millennium EPR 2yrs
- **■** BIHR onsite
- "Working as one"

City of Research

- Bradford Institute for Health Research
- Connected Bradford
- Combined forces of BTHFT, GPs, CCGs, Council, YAS & others







All about me

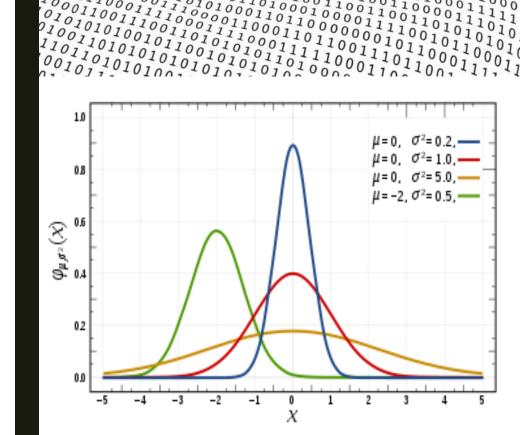
- Former programmer
- Medicine & Philosophy
- Armchair data scientist
- Neural nets & Bidirectional Associative Matrices
- RCP Health Informatics, EPR Setup
- BIHR work on safety/modelling

Big Data

- "Also known as data"
- Define by volume?
- Define by processing?
- Sample vs population

Can we avoid reducing people down to components for analysis?

"Pati-ants"

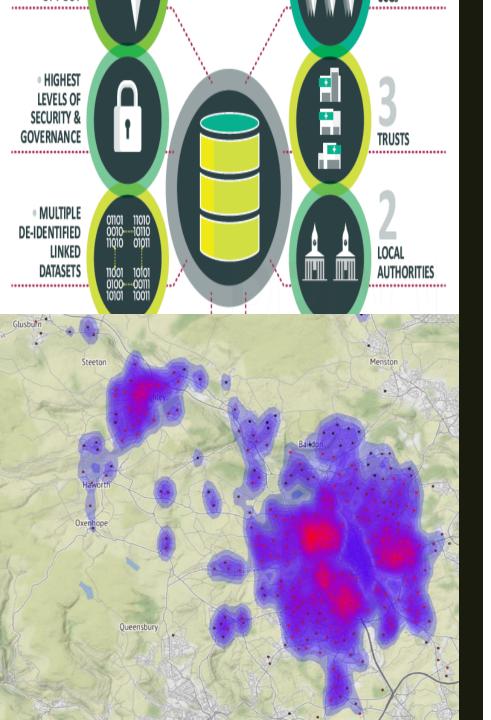


Connected Bradford



Bradford Teaching Hospitals

NHS Foundation Trust



Silicon Dale

"Everything is connected"

Researchers

Engineers

Data Scientists

Clinicians

Policymakers

Patients (& their data!)

Al Aspirations

■ Al Expertise - Universities

Bradford

Leeds

York

■ Clinicians with Problems

Principally around having a full hospital!

Data

cBradford

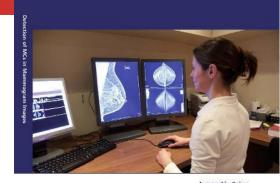


Tufan Colak Rami Qahwaji

AUTOMATED PREDICTION OF SOLAR FLARES

Integrating Image Processing and Machine Learning for the Creation of a Hybrid Computer Platform that Provides Real-Time Prediction of Solar Flares





Rami Qahwa

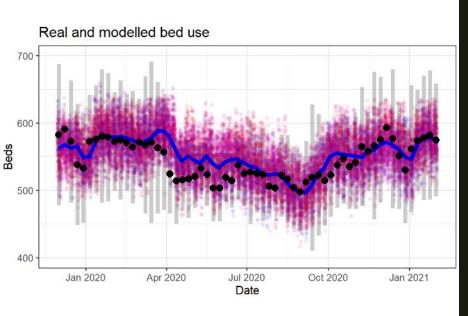
Detection of Breast Cancer Microcalcifications in Mammograms

Automated Computer Aided Diagnosis System for the Detection & Classification of Microcalcifications in Mammogram Images



on Appubaker, N. V.





Early projects – Al based

- Modelling
 - Whole hospital model
 - Links with NHS-R
- Command Centre project

Early projects – true Al

Predictive analytics

Tests in A&E

Length of stay

Delayed discharge

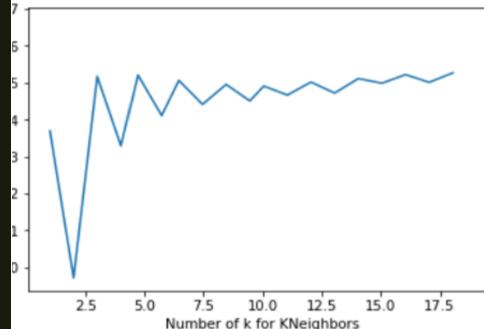
Safety

Oesophagectomy surgery

Sepsis

Interesting, but no clear path to impact

```
#1/usr/bin/onv python3
    # -+- coding: utf-8 --
     import numpy as np
import pandas as pd
import matplotlib.pyplot as plt
     import seaborn as sns
    data= pd.read_csv("data.csv")
    cat_data = data.select_dtypes(include=['object']).copy()
ethnic_count = cat_data['Ethnic.Category'].value_counts()
sns.set(style='darkgrid')
     sns.barplot(ethnic_count.index, ethnic_count.values, alpha=0.9)
    plt.title('Frequency Distribution of Carriers')
plt.ylabel('Number of Occurrences', fontsize=12)
    plt.xlabel('Carrier', fontsize=12)
plt.show()
   labels = cat_data['Ethnic.Category'].astype('category').cat.categories.tolist()
counts = cat_data('Ethnic.Category').value_counts()
sizes = (counts[var_cat] for var_cat in labels)
fig1, ax1 = plt.subplots(
ax1.ple(sizes, labels=labels, autopct='%1.17%', shadow=True) #autopct is show the % on plot
ax1.ax1s( count)
    labels = cat_data['Ethnic.Category'].astype('category').cat.categories.tolist()
replace_map_comp = ('Ethnic.Category' | {ki v for k,v in zip(labels,list(range(1,len(labels))).cat.categories.tolist()
    data.replace(replace_map_comp, inplace=True)
    cols_to_norm=['Sex', 'Ethnic.Category', 'A.E.Arrival.Mode'
    'A.E.Attendance.Disposal', 'A.E.Incident.Location.Type',
    'A.E.Patient.Group', 'Source.of.Referral.For.A.E'
    'Age.at.CDS.Activity.Date', 'Accident.And.Emergency.Treatment...First',
    'Accident.And.Emergency.Treatment...Second', 'Accident.And.Emergency.Treatment...Third
    data[cols_to_norm] = data[cols_to_norm].apply(lambda x:(x - x.min())/(x.max()-x.min()))
54 print(data.describe())
```



Barriers in the NHS

■ Infrastructure

Computing power Software

■ Data

Information governance Information "ownership"

Impact

Clinician involvement Solving real problems





Safety Assurance

- University of York
 - Healthcare systems keep changing
 - Positive deviance
 - Work as imagined vs work as done
- "Safety 2.0"
- Using AI to update safety cases

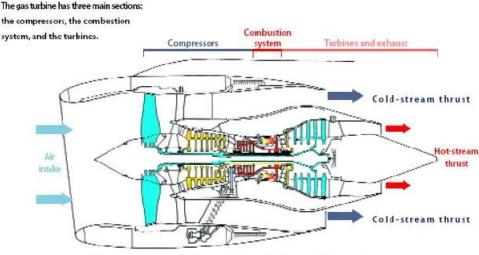
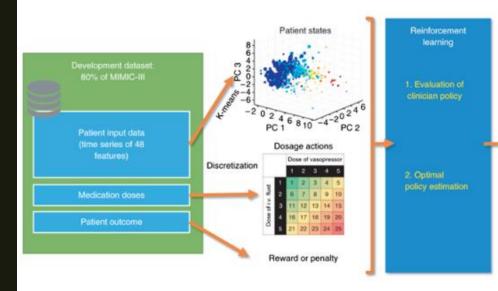


Figure 1. Gas Turbine Engine



Safety & the AAIP



Cross-Discipline Working

■ Back to philosophy!

Self driving cars
The "Al Clinician"

"Mind The Gaps"

Semantic Gap Responsibility Gap Liability Gap



Contents lists available at ScienceDirect

Artificial Intelligence

www.elsevier.com/locate/artint



Mind the gaps: Assuring the safety of autonomous systems from an engineering, ethical, and legal perspective



Simon Burton^a, Ibrahim Habli^{b,*}, Tom Lawton^c, John McDermid^b, Phillip Morgan^d, Zoe Porter^e

- ^a Robert Bosch GmbH, Germany
- Department of Computer Science, University of York, United Kingdom of Great Britain and Northern Ireland
- c Bradford Royal Infirmary and Bradford Institute for Health Research, United Kingdom of Great Britain and Northern Ireland
- d York Law School, University of York, United Kingdom of Great Britain and Northern Ireland
- e Department of Philosophy, University of York, United Kingdom of Great Britain and Northern Ireland

ARTICLE INFO

Article history:
Received 19 March 2019
Received in revised form 7 August 2019
Accepted 6 November 2019
Available online 9 November 2019

Keywords: Safety Autonomous systems Artificial intelligence Law Ethics

ABSTRACT

This paper brings together a multi-disciplinary perspective from systems engineering, ethics, and law to articulate a common language in which to reason about the multi-faceted problem of assuring the safety of autonomous systems. The paper's focus is on the "gaps" that arise across the development process: the semantic gap, where normal conditions for a complete specification of intended functionality are not present; the responsibility gap, where normal conditions for holding human actors morally responsible for harm are not present; and the liability gap, where normal conditions for securing compensation to victims of harm are not present. By categorising these "gaps" we can expose with greater precision key sources of uncertainty and risk with autonomous systems. This can inform the development of more detailed models of safety assurance and contribute to more effective risk control.

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Ongoing plans

Overall

Realise potential of EPR Pathway to impact

Projects

Radiology/visual Al Predictive analytics Population health

Data - cBradford expansion

Wider population
Other determinants of health

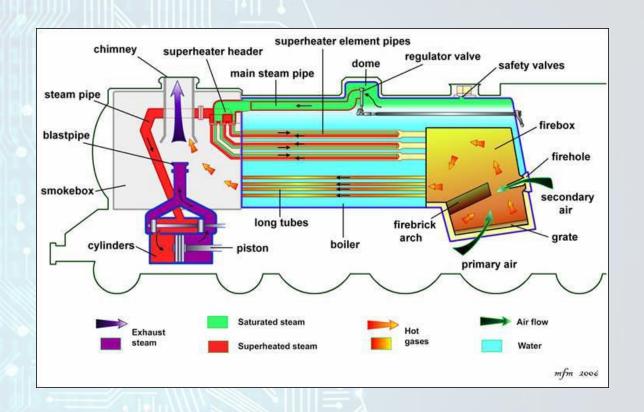
Safety Assurance

Dynamic safety cases
Online machine learning

"Everything Is Connected"



Thank You



Tom.Lawton@bthft.nhs.uk

@LawtonTri