	HEALTH - AI TECH SHOW Intelligent Health. Real World Impact.							
TIME	CLINICAL AI + DIAGNOSTICS SUMMIT	GENOMICS, BIOTECH + DRUG DISCOVERY AI SUMMIT	29 APRIL 2026   LONDON  AI IN HEALTH + HOSPITAL OPERATIONS SUMMIT	CREATIVE LDN: HEALTH EDITION	LAB CLINICS (20 max capacity)			
	Smarter Diagnoses. Faster Pathways.	Personalised Trials. Accelerated R&D. Al Driven Breakthroughs.	Safer Systems. Leaner Workflows. Intelligent Hospitals.	Ideas. Impact. Immersion.	Test. Tinker. Transform.			
8:00 AM		Creative LDN Arrival: Coffee, Cortex & Curiosity						
	Not just a registrati	on check in. This is your soft sensory landing. Rituals, rhythms and surprises to easo	you into the day.					
		Botanical brews, ambient beats & live soundscapes						
		Wellness corners, life drawings & hidden performances     Health Echo Booth + secret speakeasy (if you know, you know)						
		ALL DAY VIBES - BRAND PARTNERS TUNES • TALKS • DROPS • POP UPS • COLLABS • GIVEAWAYS • F+B TAKEOVERS						
		Donuts   The Uncommon Wine   UNTIL   What The Pitta!   Amala Chai   Wholefood H	lessen i Anostie Coffee S. Mere TRA					
9:00 AM		Welcome & Opening Remarks closely with the NHS 10 Year Plan and the UK Life Sciences Vision. Exploring how i						
	The Chair Nicks on a night impact day for reach * Al. This year's discussions angi-	innovation across healthcare and research.	a is arrang rear world progress in prevention, productivity and people centred					
9:10 AM		CHAIR The AI Ready NHS. Policy, Trust and Transformation		Meditation Experience				
		KEYNOTE		A guided meditation reset to focus your attention and unlock your creative intelligence.				
		"Wes Streeting MP, Secretary of State Health & Social Care, UK GOV" "Awaiting Confirmation - Placeholder"		>Train your awareness like a muscle				
9:25 AM	Welcome & Opening Remarks The Chair kicks off a high impact day across diagnostics, prediction and clinical Al	Welcome & Opening Remarks  Your Chair sets the scene for a day of biotech velocity, data led R&D and	Welcome & Opening Remarks The Chair frames a day on what it really takes to fix NHS flow, workforce and	>From scattered to centred >Close your eyes to see clearer				
	frontiers.	translational AI.	digital plumbing.	Stillness is a strategy.				
	CHAIR Pritesh Mistry, Fellow - Digital Technologies, THE KING'S FUND	CHAIR	CHAIR  Dr Nikita Kanani MBE, Health Expert, SKY NEWS, NEKO HEALTH, Trustee,	HOST TBA				
9:30 AM	Knowing, Doing: Scaling Al Diagnostics in the NHS.	Al in Diagnostics. From Promise to Practice	DOCTORS OF THE WORLD, GUYS & ST THOMAS FOUNDATION Fixing Flow. Can Al End the NHS Gridlock?	1 Lare				
	What does it really take to move AI from innovation to impact? This session draws from Imperial's Health Impact Lab and real NHS deployments including AI	A practical look at how Al is improving diagnostic accuracy and access through a real NHS partnership with Sanofi. From data to deployment, what's actually	From A&E to discharge and from GP to pharmacy. The new NHS AI era is about smarter triage and system wide flow. Can AI driven navigation, automation and					
	stethoscopes. Explore how precision diagnostics are transforming early detection, patient outcomes and system policy.	working across pathways.	design thinking finally reduce blockages, delays and risk?					
	>Delivering earlier detection at national scale	>Embedding AI in clinical diagnostics at scale >Lessons from industry NHS collaboration	>Al triage tools linking patients to the right service faster >Predictive flow and productivity mapping across Trusts					
	Randomised deployments in the NHS >Lessons for regulators, innovators and policymakers	>From proof of concept to population impact	>Building interoperable data pipes for real-time action					
	Innovation doesn't matter unless it reaches patients.	Al's value isn't in theory, it's in delivery.	Al must cut queues, not just create dashboards.					
	кеумоте	<b>KEYNOTE</b> Silvia Cerolini, Head of Transformation, <b>SANOFI</b>	FIRESIDE CHAT  Rebecca Llewellyn, Director of Data Management & Transformation, NHS  FINGLAND					
9:50 AM	Prof Nicholas Peters, Cardiologist & Co-Founder, IMPERIAL HEALTH IMPACT LAB, Clincial Advisor, WORLD ECONOMIC FORUM							
9:50 AM	From Bench to Bedside: Making Diagnostic Al Work clinician and vendor explore what it takes to implement Al in diagnostics at scale.	From Genomes to Therapies. The Al Pipeline in Action  How Al is being used to link omics, imaging and preclinical data to move therapies forward.	The AI Hospital. What's Really Working?  NHS Trust exces share real, practical ways AI is improving flow, forecasting and		9:50 AM   WORKSHOP 1 Tech Adoption Training Room			
	>Overcoming procurement & inertia >What dectors need from Al	therapies forward.  >Al for pathway prediction	productivity. From triage to workforce planning.					
	>What doctors need from AI >Failures that taught big lessons	>Data stitching across siloed systems	>Managing beds with intelligence >Predicting demand and bottlenecks		Practical AI skills training, delivered in short, focused labs. Get hands on with diagnostic and imaging tools, supported by			
	Let's talk real world, not labs.	>Making models explainable  From code to clinic	>Measuring productivity impact, not just pilots  At means fewer buttlenecks and more handwidth	Yoga Experience	clinical trainers and vendors.  >Step by step walkthroughs of diagnostic AI workflows			
	FIRESIDE CHAT Dr MaryAnn Ferreux, Chief Medical Officer, HEALTH INNOVATION KENT SURREY	From code to clinic.  FIRESIDE CHAT	AI means rewer obttoenecks and more dandwidth.	Slow flow movement designed to open the body and anchor presence before the day's creative ride.	>Step by step waikthroughs of diagnostic Al workhows >Common NHS pain points and how Al solves them >Take home upskilling + training resources			
10:10 AM	SUSSEX  Data Led Diagnostics. How to Improve AI Outputs	When Scientists Code. The Rise of Dual Skilled Biotechs	Prof Jann Gardner, CEO, NHS GREATER GLASGOW & CLYDE  Al in the Command Centre. Real Time Ops at a Glance.	>Breath led transitions for mental clarity >Somatic stretches for nervous system calm	Come curious. Leave confident.			
	Real life insights on integrating data for smarter, safer diagnostic decision support.	Two innovators discuss what happens when lab scientists learn to build models	Case study of an Al enabled hospital ops dashboard integrating live data and	>Tune your posture to your purpose	Come canons, come communic.			
	>Standardising clinical datasets	>Cross training biotech talent	triggering smart interventions.	Movement is the new morning coffee.				
	>Building confidence in predictions >Integrating across systems & siles	>Automation in early stage R&D >What's overrated and what's not	>Staff scheduling meets AI >Red alerts & dynamic bed mapping	HOST TBA				
	Great diagnostics start with data.	The best science meets software.	>Escalation triggers in real time					
	PRESENTATION	PRESENTATION	Operate in real time, not hindsight.					
	Preethi Satheyendra, Head of Analytics & AI, ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Dr Joao Pedro de Magalhaes, Chair in Molecular Biogerontology, UNIVERSITY OF BIRMINGHAM	PRESENTATION					
10:30 AM	Imaging Reimagined. Can Radiology Keep Up With Al?	Clinical Trials Reimagined. Is AI the New CRO?	From Beds to Boards. Why Al Success Starts with Culture	Coffee Rituals & Tasting Session: Beans, Breath & Balance	10:30 AM   WORKSHOP 2			
	Exploring the tension between Al's speed and radiology's regulation, interpretation and workforce adoption.	Can AI take on the role of contract research organisations or at least augment them meaningfully?	Technology is easy. Behaviour change isn't. Hear how culture, training and trust make or break adoption.	A sensory tasting and mini masterclass in coffee mindfulness with local masters and flavour scientists	Agentic Al in Practice: Build a Task Agent			
	>What imaging AI gets wrong >Radiologist views on real world use	>Designing adaptive trials >Finding patients faster	>Engaging frontline teams >Clinical champions for Al	mindruiness with local roasters and havour scientists.  >Flavour profiles and aroma decoding	Build your first intelligent agent to support clinical decision making, diagnostics, and frontline workflows.			
	Regulators and risk in deployment	>AI vs traditional CROs in scale up	*Turning resistance into routine	>Mindful sipping meets breathwork >Pairing intention with caffeine	>Crafting safe and explainable prompt flows >Designing agents for triage, diagnostics & patient comms			
	No more hype. Just hard questions.	A new trial model is forming.	No trust, no transformation.	Taste, pause, repeat.	>Embedding clinical guardrails and audit trails			
	PANEL Dr Hatim Abdulhussein, Honorary Professor of Innovation & Al, UNIVERSITY OF	PANEL Afroditi Avgerinou, Real World Al, Data & Analytics Lead, PFIZER	PANEL Nnenna Osuji, CEO, NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	HOST	Train it. Test it. Trust it.			
	SURREY CEO, HEALTH INNOVATION KENT SURREY SUSSEX Matea Deliu, Clinical Lead Digital Delivery, South East London Integrated	Dr Eddie Guzdar, Executive Medical Director, ELI LILLY	Ronke Adejolu, CXIO, BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST ICB & NHS SOUTH EAST REGION	TBA				
	CARE SYSTEM		Misbah Mahmood, CXIO, BRADFORD DISTRICT CARE NHS FOUNDATION TRUST					
11:05 AM		eative LDN Brunch: Fire, Flavour & Flow States (Shared Across All Stages)			11.10 AM   WORKSHOP 3			
	Refuel. Reset: Reconnect: Al doesn't ma	p, but you should. Whether you're sketching, sipping or striking up something new.	This is where bold ideas get brewed.		Synthetic Shift: Privacy First Al Foundations			
		<ul> <li>Fire cooked breakfast, chromatic tea &amp; sensory coffee rituals</li> <li>Sketch walls, calligraphy &amp; live mural artists</li> <li>LED masks, breathwork &amp; creative warm ups</li> </ul>			Explore synthetic data, federated learning, and edge computing as privacy first tools for real world NHS deployment. Built for decentralisation and low resource settings.			
12:05 PM	What We've Heard So Far. Signals, Surprises & What's Still to Come	• LED masks, preatnwork & creative warm ups  What We've Heard So Far. Frictions, Frontiers & What Biotech Wants Now	What We've Heard So Far. Pressure Points, Practical Fixes & What Still		oecentransation and low resource settings.  >When and why to use synthetic vs real patient data			
	A pulse check before lunch. The Chair reflects on what's landed: procurement gaps, radiology resistance, safety concerns and what's coming next. From homogrown	A mid morning reset. Your Chair spotlights the tensions and insights shaping biotech today dual skilled talent, platform emy and discovery dilemmas. The	Feels Stuck  A real world oulse check: what's working in hospital Al and what isn't. From		>Federated learning: moving models, not data >Edge Al for secure, local inference. Even without full cloud			
	models to real world evidence. Audience input helps sharpen the signal.	room is already drawing lines between academic ambition and commercial reality.	staffing algorithms to command centre dashboards, the Chair breaks down what's resonating (and raising eyebrows).		access			
12:10 PM	NHS AI Adoption: Lessons from Real Rollouts	Scaling Omics. Data Infrastructure for 2030	Edge Al Meets Estates. The Silent Power Behind Smarter Hospitals		11.50 AM   WORKSHOP 4			
	A practical look at how AI is being deployed across the NHS. Beyond just the national programme, Lessons from the frontlines of diagnostics, clinical gos and system wide	How leading teams are preparing data infrastructure to support multi omics R&D at scale.	Few talk about facilities, but energy, safety and estates ops are quietly being transformed by Al.		Digital Health MOTs: Trust Readiness Check			
	programme, cessons norm the frontines or diagnostics, chinical ups and system wide adoption.	at scare. >Longitudinal + linked omics	>Edge AI for energy optimisation and emissions cuts		Quick fire diagnostics to assess your organisation's digital readiness and identify pathways for improvement, led by			
	Successes and setbacks in real-world rollouts Integrating AI into pathways and practice	>Real world vs synthetic data sets >Architectures that can actually scale	Infection control, cleaning and smart sensors  Preventive maintenance with real time monitoring		experts and vendors.			
	>What the NHS is learning and still missing	It's all about the plumbing.	Smart estates are strategic.		>Score your Trust's digital strengths and gaps >Get tailored recommendations for next steps			
	Not all adoption journeys follow the same map.	KEYNOTE	KEYNOTE		>Align with What Good Looks Like (WGLL) and ICS targets			
	KEYNOTE Dr Arrash Yassaee, Deputy Director - Med Tech Innovation, NHS ENGLAND				If you can't measure it, you can't improve it.			
12:30 PM	Dr Penny Kechagioglou, Chief Clinical Information Officer & Deputy Chief Medical Officer, UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST							
ration PM	Al as a Medical Device. Risk, Regulation & the MHRA Frontier	Who Owns the Model? Data, IP and the Public Private Al Partnership As biopharma and the NHS co-develop Al models using shared patient and	The Workforce Load Balancer. Al for Staffing & Rota Planning					
	Developers and hospitals are navigating new MHRA AlaMD (AI as a Medical Device) guidance. What will safe innovation look like in practice and how can hospitals collaborate parks with regulators?	research data, ownership lines blur. Who holds the value and who carries the risk?	How Al is helping hospitals better allocate staff, balance workloads and forecast demand.					
	collaborate early with regulators?  >Understanding MHRA + NICE evidence frameworks	>Data stewardship in public-private R&D >IP and ethics in shared model training	>Skills based rostering >Anticipating peak periods					
	>Understanding MHKA + NIUE evidence frameworks >Building safety, transparency and audit into clinical All >Using regulatory sandboxes to test and deploy faster	>IP and ethics in shared model training >Building fair frameworks for co-development	>Anticipating peak periods >Integrating HR with clinical ops					
	Compliance isn't red tape, it's readiness.	Partnership needs clarity before code.	Staffing can't stay reactive.					
	KEYNOTE	FIRESIDE CHAT  Daniela Valdes, Deputy CDIO & Associate Director of Digital Health,	FIRESIDE CHAT Hayley Grafton, Chief Nursing Information Officer, UNIVERSITY HOSPITALS	Documentary Screening: 'What the Health' with intro from Producer Kip Andersen				
	Charlotte Radovanovic, Senior Project Manager of Al & Digital Health, UNIVERSITY HOSPITALS BIRMINGHAM	BUCKINGHAMSHIRE HEALTHCARE & NORFOLK & NORWICH UNIVERSITY Hospitals NHS Trust	LEICESTER Sarah J Hart, Chief Clinical Information Officer, UNIVERSITY HOSPITALS	Eye-opening, funny, and fierce. This cult classic screening is introduced by the man behind the				
			MORECAMBE BAY NHS FOUNDATION TRUST	movement is inconsisted by the Man bening the				

12:50 PM					
	Homegrown vs Imported Al. Who Builds Better Diagnostics?  What happens when Al tools are built in house vs brought in from commercial	GenAl Meets Genomics. What's the Promise?	Creating an Al Ready NHS: Building the Foundations for Scale Building an Al ready NHS isn't just about tech infrastructure. It's about trust,	IIIOVEIIIEIIL.	12:30 PM   WORKSHOP 5
	vendors?	A sharp dive into how GenAl tools are influencing protein design, model generation and drug pipelines.	talent, and transformation. JP Bhamu outlines the national levers and lessons shaping readiness: governance, workforce and culture.	>What the meat lobby won't say >How food systems shape health	AI Readiness Clinics: ICS & PCN Strategy Rooms
	>What in house teams get right >When in nariner vs huild	SenAl for design and simulation		>Why activism needs entertainment	Practical roundtables focused on how ICS and PCN leaders can alien data, governance, and infrastructure to safely deploy Al
	>When to partner vs build >Where both models fail	>Risks of hallucinated results	>Defining what 'Al ready' really means for NHS organisations >Aligning leadership, data and delivery models for safe adoption	Watch, question, change.	align data, governance, and infrastructure to safely deploy Al across populations.
	There's no one size fits all Al.	>What's useful vs distracting	>Turning readiness assessments into practical next steps		>Map readiness across clinical, operational & technical areas
	PRESENTATION	Signal, not noise.	True readiness isn't a checklist. It's a mindset that links innovation, accountability and patient impact.		>Discuss procurement, interoperability, and partner models >Co develop action plans with peers and tech experts
		PRESENTATION	FIRESIDE CHAT		Build trust. Scale smart. Act system wide.
			JP Bhamu, Chief Data Al Officer, NHS BUSINESS SERVICES AUTHORITY		
1:10 PW	Designing for Trust. Human Factors & the Ethics of Al in Healthcare	Build, Buy or Partner? Rethinking the Al Stack in Pharma & Biotech	Who Owns 'Responsible Al'? From Committees to Clinics		
	Human centred design and ethics are becoming inseparable from Al adoption. How do we ensure systems are transparent, equitable and genuinely usable by clinicians and	How pharms and biotech teams are deciding whether to build internal Al capabilities, buy solutions off the shelf or partner with platforms (and where it	As Al becomes embedded in clinical operations, who's truly accountable for its outcomes? Governance is no longer just policy. It's practice.		
	patients?	pays to mix models).	>Defining ownership and accountability for Al in healthcare		
	>Co designing AI workflows with frontline teams >Applying design thinking to safety and explainability	>Navigating the Al maturity curve in R&D >Platform partnerships that worked and those that didn't	>From frameworks to frontline: translating responsibility into action >Building trust through transparent oversight and communication		
	>Embedding ethics and emotional intelligence in implementation	>Common mistakes when scaling across therapeutic areas	Accountability is everyone's business.		
	Trust is designed, not declared.	Strategy beats hype every time.	PANEL		
	PANEL Dr Ayesha Rahim, Chief Medical Information Officer, SURREY & BORDERS	PANEL  Megan Hughes, Global Head of Data Science, Strategy & Al Ambassador,	George Onisiforou, Al Advisor & Chair, Responsible Al Adoption Committee, NHS FNGLAND		
	PARTMERSHIP NHS FOUNDATION TRUST Prof Manish Chand. Chief Med Officer. AES. Robotic Cancer Surgeon. UCLH. Cancer	GRUNENTHAL GROUP Dr Zara Ghazoui, Director of Data Strategy, Data Science & Al, ASTRAZENECA			
	Surgeon, APOLLO HOSPITALS	Alette Ramos Hunt, Global Director, Digital innovation & Al - Global Drug  Development, NOVARTIS			
1:45 PM	Crea	DEVELOPMENT, NOVARTIS tive LDN Lunch: Forks, Futures & Food for Thought (Shared Across All Stag	les)		1:05 PM   WORKSHOP 6
			CRISPR Decoded: Al's Role in the Genomic Era		
				Short form explainers to decode how Al is reshaping genomics	
		Biohacker bites, curious cook offs & beer mile tasting experience     Street food, shared tables & flavour labs     Low key lounges for big idea conversations			From discovery to diagnostics to targeted care pathways.
2:45 PM	Afternoon Focus: From Innovation to Impact Where diagnostics sets serious Scaling from proof of concent to systemuide change	Afternoon Focus: From Pipelines to Patient Impact	Afternoon Focus: From Point Solutions to Platforms From patchy pilots to end to end systems. The afternoon is about what's scalable.	Music for Recovery, Focus & Flow	>What AI can (and can't) do with genomic data
		This block bridges bench to bedside. Al powered pipelines, patient data and what "translational" really means.	From patchy pilots to end to end systems. The afternoon is about what's scalable, safe and NHS ready.	Curated tech sounds designed for cognitive recovery	>Mey terms, use cases, and decision making frameworks
	CHAIR Prof Ashley George, Visiting Professor Digital Transformation, UCL	CHAIR	CHAIR	and emotional reset. Paired with movement or stillness zones.	Demystify the science. Make smarter system calls.
			Anika Puri, National Chief Pharmaceutical Officer's Clinical Fellow, CARE QUALITY COMMISSION, FMLM, AI Fellow, NHS HORIZONS	>Curated beats for mind & mood	
2:50 PM	Al Spinouts in Action: Eye Care, Access & Equity How a new Al led diagnostic tool is reshaping primary eye care in the NHS. From idea	Precision Therapies, Real Patients. Al in Translational Research Where and how is Al showing up in patient linked research, from biomarkers to	Building an Ops Stack That Works. Lessons from the Leading Trusts.  What separates Trusts that scale Al from those that stall? It's not just tech, it's	>Sonic rituals for emotional clarity >Optional chill out mats & movement zones	2:00 PM   WORKSHOP 7
	to implementation.	stratified trials?	orchestration.	Sound as medicine.	Tech Adoption Training Room (Session 2)
	>Closing the access gap in ophthalmology >From spin out to real world diagnostics in optometry	>Biobank to bedside >How to validate translational insights	>Critical success factors for scale >Lavering old + new systems	HOST	Hands on skills lab with real world AI tools for diagnostics, imaging, triage, and clinical decision support.
	Redesigning pathways with AI and equity in mind	>When AI actually helps patients	*Working across org charts and incentives	TBA	
	Al works best when it works for everyone.	It's all about translation.	Orchestration is the real unlock.		>Step by step walk throughs with expert vendor trainers >Practical use cases from NHS deployments
	КЕЧНОТЕ	KEYNOTE	KEYNOTE		>Take home templates + toolkits
	Dr Peter Thomas, CCIO & Director of Digital Medicine, MOORFIELDS EYE HOSPITAL	Dr Shikta Das, Scientific Lead Real World Evidence - Oncology, ASTRAZENECA			Train with the tools reshaping clinical practice.
3:10 PM	Scaling Al Pilots Across Trusts and ICSs What segrentes the Trusts that scale Al from those that stall. Models money and the	A Biotech CTO Walks Into a Pharma R&D Lab ow platform biotechs and pharma giants are syncing tools, timelines and trust.	Can Command Centres Save the NHS?  The dashboards are eleming But are they working? Let's decode what real time.		
	politics of proof.	>What's partnerable and what's not	command centres actually do and what Al needs to truly deliver.		
	>Shared learning at ICS level >Coordinated funding & rollout	>wnat's partnerame and what's not >How platforms shift R&D mindsets >What slows scale every time	Inside the daily decisions: flow, beds, risk >How data moves from ward to board		
	>Gordinated funding & rollout >Governance & workforce alignment		>How data moves from ward to board >Why Al needs the pipes: infrastructure, compute, interoperability		
	The age of 100 pilots is over.	Sync or sink.	Command means action. Not just alerts.		
	FIRESIDE CHAT	FIRESIDE CHAT	FIRESIDE CHAT		
3:30 PM	Dr Rishi Das-Gupta, CEO, <b>HEALTH INNOVATION NETWORK</b> Clinician + Algorithm. A True Partnership.	From Pilots to P&L: Turning AI Experiments into Enterprise Value	Clare McMillan, Chief Digital Officer, LONDON AMBULANCE SERVICE Al Productivity & Automation. Freeing the NHS to Focus on Care	Masterclass: The Language of the DJ	2:40 PM   WORKSHOP 8
	A medical leader and Al engineer on how to build systems clinicians trust and use daily.	Most Al projects never make it past the pilot and even fewer show up clearly in the P&L. This session unpacks how a global pharma leader is funding, scaling and	From scheduling to reporting, automation is emerging as the NHS's biggest productivity win. What does "Al enabled RPA" actually deliver today and how do	A live scratch + sound session with a DJ legend.	Agentic AI for Rota & Records (Session 2)
	>Human override still matters	measuring GenAl programs so they deliver real commercial and clinical impact.	you scale it responsibly?	Exploring intuition, timing and sound as a storytelling tool.	Take your agent building further. This time focusing on
	>Avoiding cognitive offload >ID that builds trust	>Why <5% of GenAl projects deliver measurable business value >Designing KPIs, guardrails and governance that finance can trust	>Practical automation examples in HR, procurement and records >Linking AI + workflow redesign for measurable time savings	>Mixing emotion with energy	operational, scheduling, and procurement workflows across NHS settings.
	AI is your co pilot, not your boss.	>Moving from scattered POCs to a disciplined, scaled Al portfolio	>Aligning automation with the 10 Year Plan's productivity goals	>Tools, turntables & technique >Interview meets interactive soundhite set	Designing Al agents for rotas, scheduling & inventory
1 1			1		Procurement and vendor onboarding with automated prompts  Scaling governance with repeatable prompt frameworks
		If it doesn't hit the P&L, it's not transformation. It's experimentation.	Smarter systems mean happier staff and better care.	Feel the shuther find the steer	
	PRESENTATION	PRESENTATION	Smarter systems mean happier staff and better care.  PRESENTATION	Feel the rhythm, find the story.	
3:50 PM	PRESENTATION  LLMs, Multimodal Al & Evidence That Sticks	PRESENTATION Riccardo Calliano, VP Finance & GenAl Commercial Investments, GSK Measuring Impact: What 'Good' Al Looks Like in Biotech and Beyond	PRESENTATION  Alert Fatigue and Alarm Overload. Designing for the Frontline	Feel the rhythm, find the story.  HOST TBA	From decision bottlenecks to flow state. One task at a time.
3:50 PM	PRESENTATION	PRESENTATION Riccardo Calliano, VP Finance & GenAl Commercial Investments, GSK	PRESENTATION  Aftert Fatigue and Alarm Overload. Designing for the Frontline Why to many Al tools cause noise, not clarity and how to fix it.	HOST	
3:50 PM	PRESENTATION  LLMs, Multimodal Al & Evidence That Sticks  Clinical Al is moving beyond onto: Impact on wideprods on models that combine scale and a second of the second on prove it).  -Why LLMs need more than onto: and how to train both types of data	PRESENTATION Riccardo Galliano. VP Finance S GANA Commercial Investments, GSK Measuring impacts Mant Geoef All Looks Lifts in Bistach and Beyond We can't improve what we don't measure so what EVEs and frameworks actually -*lime to results.	PRESENTATION  Alert Fatigue and Alarm Overload. Designing for the Frantline Why too many Al tools cause noine, not clarity and how to fix it.  "Source alaret thresholds  "Contensings based on context	HOST	
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3.50 PM	PRESENTATION  LLMs, Mattimodal At & Endonce That Sticks  Clinical At is moving beyond roles. Impact now depends on models that combine scam, what, lubs and fire text (and can prove it).  -Why LLMs need more than neets and how to train both types of data.  -Read MSS one scare multimodal At Ig., coates - imaging: *what).  -Bailding evidence pipelines that beards and buyers touch	PRESENTATION  Riccardo Calliano, VP Fissers & Gond Commercial Insectments, CSX  Measuring Impact: What 'Good' Al Looks Like in Bisteck and Beyond  We can't improve what we don't measure so with VPS and frameworks actually matter in bistecks AIS  -Him to results  -Hit rafe vs lyou rate  -Reproducibility and pipeline impact	PRESENTATION  Alert Fatigue and Marro Overload. Designing for the Frantline Why too many Al tools cause noise, not clority and how to fix it.  -Source latest thresholds -Contemining based on context -Working with frontline feedback	HOST	
3.50 PM	PRESENTATION  LLMs, Mattimodal At & Endonce That Sticks  Clinical Al is moving beyond roles. Impact now depends on models that combine scam, whale, lubs and firse text (and can prove it).  -Why LLMs need more than neets and how to train both types of data.  -Read NISts one scare multimodal All, guartes - imaging: *stata)  -Bailding evidence pipulines that boards and buyers toust  Smarter signals. Stronger decisions.	PRESENTATION  Receards Callians, VP Finance & Goald Commercial Innectments, CSK  Measuring Impact What Toods Al Looks Like in Bistech and Beyand We can't improve what we don't measure so with VP5 and financeon's actually matter in bistech AI?  -Pline for results -Pline for results -Reproducibility and pipeline impact Let's define success together.  PAMEL Paulo Malenia, Strategy Load, MOVARTIS	PRESENTATION  After fatigue and Alarm Overload. Designing for the Frontlino Wiley to many Al tools cause mins, not clarity and how to fix it.  -Smart alert thresholds  -Customing based on context  -Working with frontline toothcak  If Al adds noise, it fails.  PAMEL	HOST	
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3:50 PM	PRESENTATION  LLMs, Moltrimodal Al & Evidence That Sticks  Clinical Al is moving beyond voltas. Impact now depends on models that combine scans, whale, labs and firse text (and can prove it).  -Why Little need more than neets and how is train beth types of data.  -Plan MiStics care for multimodal Al or, counts—imaging—what).  -Baulding evidence pipelines that basefu and buyers trust  Smarter signals. Stronger decisions.  PAMEL  De Henry Potts, Associate Prefessor of Health Informatics, UCL, Co-Investigator  ARDIANT CERSI	PRESENTATION  Riccardo Calliana. VP Finance S GEMI Commorcial Investments, GSK  Measuring Impacts. What Groof All Lorks Like in Bistech and Bayand We can't improve what we don't measure as what KPE and frameworks actually matter in biotech. A second of the can't improve what we don't measure as what KPE and frameworks actually matter in biotech.  - *Him to results - *Him to results - *Reproducibility and populous impact  Let's define mocross together.  - Paulit - Paulit biotech. Schreige Load, NOVARTIS - Biobecca Rope, UK Digital & Dist Science innovation Direction BODHE - Lam Massd, Anghries & All and Committal MIRMA PRARMACUTICALS  Creative LDM Colebration: Espresse, Garry & Ecosystems (Shared Acre	PRESENTATION  After fadigue and Afarm Overload. Designing for the Freetline Why toe many Al tools cause soint, not clurity and how to fix it.  -Smart afert thresholds  -Contentinging based on content  -Vinching with threatine includes.  If Al adds moine, it fails.  PAREI  Aloisandra Berdscheviskais, Principal Researcher - Collective Intelligence, NESTA  as All Stages - Official Close of 828 Agenda)	HOST TBA	From decision bettlenecks to flow stafe. One task at a time.  3-20 PM   WORKSHOP 9
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4.25 PM	PRESENTATION  LLMs, Multimodal Al & Endesce That Sticks  Clinical Al is moving beyond notes: Impact now depends on models that combine scans, withs, labs and free text (and can prove it).  "Why LLMs need more than notes and how to train both types of data—"Hea NPSS are cases for multimodal Al (iz, notes - imaging - witals)  "Building evidence pipelines that boards and buyers treat  Somether signals. Enterger decisions.  PARE  Dr Henry Petts, Associate Professor of Health Informatics, UCL, Co-Investigator BADIANT CERSI  A final hour to reflect, reconnect and raise a gloss, I	PRESENTATION  Riccardo Calliano. VP Finance S GEMI Commercial Investments, GSK  Measuring Impacts. What Theor All Lock Like in Bisteche and Bayand We can't improve what we don't measure as what KPEs and frameworks actually matter in bisteches. The state of the stat	PRESENTATION  Alert Fatigue and Alarm Overload. Designing for the Frantline Why too many Al tools cause noise, not clority and how to fix it.  -Sound alert thresholds -Contentining based on context -Working with treatilin teedback  If Al adds noise, it fails.  PANEL  Aloksandra Berditchevslais, Principal Researcher - Collective Intelligence, NESTA  As all Stages - Official Close of B28 Agends)  from Creative LINK Sundown begins. Close the business of the day in style, the even stall rituals	HOST TBA  TBA  ang is yours to explore.	From decision bettlemecks to flow stade. One task at a time.  3:28 PM   WORKSHOP 9  Synthetic Shift (Session 2)  Session 2 goes deeper how RNS Treats and system leaders are using synthetic dark decharded learning, and edge All to safely deploy intelligence at scale.  *Read world deployments in princy constrained environments.*  *Read world deployments in princy constrained environments.*  *Read world deployments in princy constrained environments.*
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