NHS
North East and North Cumbria

Corporate	ICBP025 Intellectual Property Management and Revenue Sharing

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3	May 2026	May 2028

Prepared By:	Victoria Christie, Associate director – Legal, Health Innovation, North East and North Cumbria
Consultation Process:	Health Innovation North East and North Cumbria NENC ICB Corporate Governance
Formally Approved:	June 2026
Approved By:	ICB Leadership Team

EQUALITY IMPACT ASSESSMENT

Date	Issues
July 2022	None identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	Adapted from NENC CCG existing policy.	Not applicable.
2	May 2023	Aejaz Zahid	Edited incorporating advice from the AHSN legal team.
3	May 2026	Victoria Christie / Neil Hawkins	Updated in line with DHSC IP Guidance

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	May 2023
Approver	ICB Leadership Committee	June 2026

Contents

1. Introduction

The Integrated Care Board (The ICB) aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to: - all organisational transactions, including relationships with patients, their carers, the public, staff, and stakeholders; and the use of public resources. In order to provide clear and consistent guidance, The ICB will develop documents to fulfil all statutory, organisational and best practice requirements, as well as supporting the principles of equal opportunity for all.

Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS[1] indicates that innovation must become the core business for the NHS in order to transform patient outcomes, improve quality and productivity, and support economic growth.

2. Definitions

The Integrated Care Board (ICB) is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the ICS area.

The ICB will use its resources and powers to achieve demonstrable progress on the following aims: -

- Improving the health of children and young people
- Supporting people to stay well and independent
- Acting sooner to help those with preventable conditions
- Supporting those with long term conditions or mental health issues
- Caring for those with multiple needs as populations age, and
- Getting the best from collective resources so that people get care as quickly as possible.

3. Why is this Intellectual Property Policy needed?

This Intellectual Property Policy is a corporate policy. The Policy outlines how The ICB identifies, manages, protects and commercialises intellectual property generated through its activities , to ensure that:

- Current new innovations are identified, developed, protected and disseminated appropriately
- any unauthorised use of intellectual property is prevented
- good practice guidance and legal frameworks relating to intellectual property are complied with.

Scope

This Policy applies to the following people who are working or studying at, or with, The ICB. These people are continuously innovating, and in the process, they can often generate valuable intellectual property. This intellectual property can arise from both research activities, occupational activities and other types of work carried out by the group comprising the following ("Representatives of The ICB"): -

(i) Students, both part time and full time, working for or with The ICB but not employed by The ICB ("Non- ICB Employees");
(ii) Students, both part time and full time, employed by The ICB ("ICB Employees");
(iii) Clinical staff, both part time and full time, employed by The ICB ("ICB Employees");
(iv) Clinical staff, both part time and full time, working for or with The ICB but not employed by The ICB ("Non- ICB Employees");
(v) Non-clinical staff, both part time and full time, employed by The ICB ("ICB Employees");
(vi) Non-clinical staff, both part time and full time, working for or with The ICB but not employed by The ICB ("Non- ICB Employees"); and
(vii) Clinical staff, both part time and full time, managed by The ICB but not employed by The ICB ("Non- ICB Employees").

This includes people who were Representatives of The ICB at the time of the innovation, but who are no longer Representatives of The ICB, as appropriate; for example, as a result of subsequently moving to a different organisation.

It is to be appreciated that the term "Representative" does not imply any legal connection with The ICB other than working for or with, The ICB.

This document outlines a Policy for the effective management of innovation and intellectual property. This document also contains information regarding whom to contact if: - (a) you have an invention / idea / innovation which you think may need to be protected and/or which you think may be able to be realised in order to benefit patient care; or (b) you require general advice on intellectual property arising as a result of your work or study at, or with, The ICB.

The ICB wishes to actively manage their processes in order to ensure that the intellectual property generated by Representatives of The ICB aids the improvement

of health and social care services provided by the NHS. In some cases, it may be necessary to protect that intellectual property in order to ensure that it continues to benefit the health and welfare of patients throughout the NHS and beyond, as well as having a positive impact upon the wealth of the nation.

4. What is Intellectual Property?

Intellectual property can arise from intellectual or creative activity in the form of new ideas, or the results of research and development, which can be given legal recognition of ownership through intellectual property rights such as patents, copyright, database rights, design rights (both registered and unregistered), trade marks, and know-how (see Appendix A for definitions and examples of how intellectual property may be used within the ICB).

Some intellectual property rights such as copyright, arise automatically on creation of an innovation, while others, such as patent and trade marks, are only obtained through registration at official bodies such as the UK Intellectual Property Office.

5. What is an Innovator?

An innovator is the actual originator of the invention / idea / innovation, and is someone who has contributed to the underlying concept.

6. Ownership of Intellectual Property

It is sometimes the case that an innovator owns the intellectual property associated with their work. However, this situation can be changed by a number of factors, in particular intellectual property generated during the course of employment.

For Representatives of The ICB generating intellectual property as a result of their work or study, the legal position in terms of ownership of that intellectual property is to be assessed on a case by case basis and in accordance with Section 39 of the The Patents Act 1977 (as amended), the Copyright, Designs and Patents Act 1988 and the Registered Designs Act 1949, as appropriate, according to the type of intellectual property created. We have set out below examples of the categories of persons or contributors that are relevant to The ICB:

ICB Employees

It is often the case that intellectual property created by ICB Employees whilst they are employed by The ICB is owned in the first instance by The ICB. In order to decide whether intellectual property generated by a ICB Employee whilst they are employed by The ICB is in fact owned by The ICB, a number of criteria are taken into account, such as: -

i. whether or not the intellectual property was generated in the course of their normal duties;

ii. whether or not they had a special obligation to further the interests of The ICB; and
iii. whether or not the creation of the intellectual property was as a result of duties specifically assigned to them.

Non-ICB Employees

The ICB may also have Non- ICB Employees such as students, clinical staff or non clinical staff who are not employees and therefore such individuals will normally retain ownership of any intellectual property they create, although it will depend on the terms of their agreement with The ICB. The agreement may state that these individuals assign any intellectual property rights that they create to The ICB.

Secondees and Honorary Contracts

IP created by secondees or people working on honorary contracts will not automatically be owned by The ICB unless this has been specifically agreed with the secondee's or honorary's employer or institution. The agreements between organisations in these cases should specify who owns the intellectual property created in which circumstances.

Funded research

Where intellectual property arises from activities funded by another organisation, The ICB may be required to assign such intellectual property to the funding organisation depending on the terms of the relevant funding agreement. Such funding agreement needs to be reviewed.

Suppliers and Contractors

Unless a contract for services states otherwise, intellectual property created by contractors will be owned by them, not The ICB. Where The ICB is paying for something to be developed that may contain intellectual property, it may be appropriate for the contract to specifically assign that intellectual property to The ICB.
Accordingly, there are different ownership rules relating to different categories of persons or contributors. Representatives of The ICB should seek advice from the Chief Nursing Officer at The ICB if they are in any doubt about ownership of intellectual property.

7. What is an Employee?

An employee is a person who works under a contract of employment.

8. Collaborative Projects with Third Parties

If work or research is conducted by a Representative of The ICB in partnership with another organisation, a formal agreement clarifying the ownership of any intellectual

property generated, is required to be put in place, at the very beginning of the project.

The Chief Nursing Officer at The ICB (or their deputy) will have responsibility for developing and negotiating intellectual property ownership agreements with collaborating organisations. However, it is to be appreciated that, during work or research with collaborating organisations, the interests of The ICB should be protected wherever possible.

Appendix B sets out the process you can expect to be followed by The ICB when you disclose your invention / idea / innovation to the Chief Nursing Officer.

9. Disputes of Ownership

If the ownership of intellectual property is disputed, dated written records relating to the intellectual property in question and a review of other relevant matters will be assessed by the Chief Nursing Officer (taking professional advice as necessary) to establish the innovator(s) ownership rights and their proportionate contribution. If such material is not available, or if a resolution cannot be reached, then assistance from an external mediation provider, such as the Centre for Effective Dispute Resolution, will be obtained if necessary.

10 Obligations and Procedures of Representatives of The ICB

Representatives of The ICB have an obligation to inform the Chief Nursing Officer for The ICB as soon as possible about identified or potential intellectual property resulting from their activities at or with The ICB. Please see Appendix B for the process of IP disclosure.

It is very important that you do not disclose any details of your invention / idea/ innovation to anyone that has not signed a confidentiality agreement. You should notify the Chief Nursing Officer at The ICB in the first instance. This person (or their deputy) is best placed to advise you regarding the intellectual property and commercialisation process in general and to carry out an internal review. Please note that if you do disclose details of your invention to any third party (e.g. friends, associates, colleagues or companies) before seeking advice from the Chief Nursing Officer at The ICB, it could seriously limit its value to patients and the NHS as a whole, as well as you as the innovator, by potentially destroying its novelty and thus rendering it un-patentable.

Representatives of The ICB must not, under any circumstances, sell, assign, license, give, or otherwise commercialise that intellectual property, without approval of the Chief Nursing Officer at The ICB.

It is important for Representatives of The ICB working on projects which generate intellectual property to keep full written and dated records of their activities and results including copies of all correspondence and notes of telephone conversations and meetings.

Representatives of The ICB are responsible for reading and complying with this Policy as relevant to their job. Failure to follow this policy could result in disciplinary action being taken, up to and including dismissal.

Representatives of The ICB are responsible for attending training where required to familiarise themselves with, and comply with, this Policy as relevant to their jobs and responsibilities.

11Intellectual Property Management Structure

The Chief Nursing Officer at The ICB is appointed as the senior responsible officer ("SRO") and is responsible for intellectual property management and works on behalf of The ICB to both protect and manage intellectual property.

As part of their responsibility for intellectual property management, the Chief Finance Officer will be responsible for considering any Commercial Agreement between The ICB and a third party (such as an industrial partner).

As part of their responsibility for intellectual property management, the Chief Nursing Officer for The ICB may consult with external partners (including The Health Innovation North East and North Cumbria) for advice relating to intellectual property and commercialisation.

All managers of The ICB are responsible for ensuring this Policy is brought to the attention of all Representatives of The ICB and that all such Representatives attend all training develop to implement this Policy.

12. Commercialisation of Intellectual Property

12.1 Decisions on Commercialisation

It is the role of the Chief Nursing Officer at The ICB, in consultation with the innovator, and other specialists such as The Health Innovation North East and North Cumbria), to make a decision regarding the potential for intellectual property owned by The ICB to be protected and commercialised. Decisions on whether to protect or commercialise intellectual property will be based on factors such as the ability to demonstrate market potential, the likelihood of success of the venture, patient and public benefit and potential financial return..

Not all innovations will lead to commercial returns but any intellectual property owned by The ICB must be commercialised in a cost-effective way. This must be undertaken in a way which minimises speculative financial investment of public funds and which does not detract from the primary role of the innovator within the health & care system. In general, as much as possible of the financial risk of commercialisation should be assumed by a partner outside of the NHS.

Each innovation will be assessed and The ICB shall undertake due diligence to see what route is appropriate on a case by case basis.

Where The ICB chooses not to commercialise intellectual property which belongs to The ICB and which arises from the work of Representatives of The ICB, it will inform the Representative of The ICB. The ICB may also, at its sole discretion, offer the individual(s) the opportunity to pursue its further development and commercialisation themselves and in their own time and without the use of ICB resources. However, in that event, the innovator should not, without the prior permission of The ICB, imply any connection of the intellectual property with The ICB. In such circumstances and subject to any third party rights or interests in the intellectual property, The ICB may agree to assign ownership of the intellectual property to the individual(s) at the individual(s) cost subject to the grant of a non-exclusive licence back to The ICB permitting the use of the intellectual property for further research and for the provision of healthcare services to NHS patients.

12.2 Contract Negotiations

Potential routes for commercialisation may include:

- licensing
- assignment
- spin out company formations

Any agreements relating to the commercialisation of intellectual property owned by The ICB to another organisation will be negotiated in the best interests of The ICB, with the assistance of professional advisers where applicable.

All commercialisation partners, business partners and collaborators, should be bound by conditions of confidentiality through a confidentiality agreement. This is an agreement whereby confidential information is both disclosed and received. A suitable confidentiality agreement must only be obtained from the Chief Nursing Officer at The ICB.

12.3 Revenue Sharing with Innovators

The ICB wishes to encourage innovation by rewarding individuals employed by The ICB in the creation and potential commercialisation of intellectual property, whilst facilitating the responsibility associated with their normal duties and ensuring the support of their line manager. The ICB may agree at its sole discretion to reward ICB Employees who have contributed substantially to the generation of intellectual property belonging to The ICB, at the time of their employment at The ICB, which has subsequently generated revenue as a result of commercialisation. Such revenue may be shared between The ICB and The ICB Employee according to the following revenue sharing formula (see Figure 1). This is a guide and any such share of revenue will be decided by The ICB on a case by case basis and subject to the relevant parties entering into a revenue sharing agreement It is to be appreciated however, that, in the event that the ICB Employee subsequently leaves The ICB (or dies), then the revenue sharing provision set out below will terminate.

Allocation	Where annual net profit is up to and including £50,000	Where annual net profit is up to and including £250,000	Where annual net profit is over £250,000
Innovator(s)	**75%** of annual net profit up to and including £50,000	**75%** of annual net profit up to and including £50,000	**75%** of annual net profit up to and including £50,000
		50% of annual net profit between £50,001 and up to and including £250,00	**50%** of annual net profit between £50,001 and up to and including £250,00
			25% of annual net profit over £250,00
The ICB	**25%** of annual net profit up to and including £50,000	**25%** of annual net profit up to and including £50,000	**25%** of annual net profit up to and including £50,000
		50% of annual net profit between £50,001 and up to and including £250,00	**50%** of annual net profit between £50,001 and up to and including £250,000
			75% of annual net profit over £250,000

Figure 1: Revenue Sharing from Successful Intellectual Property Commercialisation

Please note the following:

Any cost savings and revenues arising within the ICB, as a result of innovation will be reinvested into patient care.

For the purpose of this Policy, the term “Net profit” means the revenue actually received from the ICB from the successful exploitation of intellectual property after the deduction of costs such as intellectual property registration and management costs, other legal and professional costs, and any other costs associated with commercialisation including but not limited to payments made to third parties contributing to the development of intellectual property.

In cases where several ICB Employees have been involved in the creation of the intellectual property belonging to The ICB which has been successfully exploited, the proportion of Net Profit allocated to innovators will be divided between them on the

basis of their relative contribution. This will be agreed between the innovators in the first instance, with guidance from the Chief Nursing Officer at The ICB if resolution cannot be reached.

The above arrangements are also exclusively reserved for intellectual property purely owned by The ICB and should not be taken as necessarily applicable in any way if intellectual property is jointly owned with another organisation.

The ICB shares any revenue derived from the exploitation of intellectual property in accordance with the version of this Policy that was in force on the date that such intellectual property is created irrespective of when it is actually exploited.

13. Use of IP owned or controlled by a Third Party

Representatives of The ICB are not entitled to use intellectual property belonging to another organisation without the express permission of that organisation.

Use or copying of any materials owned by third parties without their permission may be an infringement of that third party's rights. The unauthorised use of intellectual property creates legal, financial and reputational risks for the ICB.

Representatives of The ICB who become aware of the infringement or alleged infringement of any intellectual property should immediately report it to the Chief Nursing Officer at the ICB.

14. Monitoring, Review and Archiving

14.1 Monitoring

14.1.1 The Chief Nursing Officer at The ICB will be responsible for implementation of this Policy.

14.1.2 This Policy is available on both the staff intranet and the NENC ICB Website at, Policies | North East and North Cumbria NHS

14.1.3 The Chief Nursing Officer at The ICB will be responsible for monitoring compliance of the Policy.

14.1.4 The Policy will be monitored at least every two years.

14.1.5 The Chief Nursing Officer will review the findings and monitor completion of any resulting action plan arising from such findings.

15. Review

15..1 The ICB will ensure that this Policy is reviewed every two years.

15..2 Representatives of The ICB who become aware of any change which may affect this Policy should advise their line manager as soon as possible. The ICB will then consider the need to review this Policy outside of the agreed timescale for revision.

15..3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an Appendix or procedure document, approval may be given by the sponsoring director and a revised document may be issued. Review to the main body of the Policy must always follow the original approval process.

15.3 Archiving

15.3.1 The ICB will ensure that archived copies of superseded Policy documents are retained in accordance with Records Management Code of Practice for Health and Social Care 2021.

Appendix A

OVERVIEW OF INTELLECTUAL PROPERTY

This Appendix includes a very brief overview of intellectual property. However, it must be noted that the law can be complicated and Representatives of The ICB who believe they may have generated intellectual property are advised to contact the Chief Nursing Officer at The ICB at the earliest opportunity, in order to discuss intellectual property protection of their idea / invention / innovation in more detail.

Copyright

Copyright covers written information (such as leaflets, articles, assessment tools, training packs, research papers produced for medical journals, databases, computer software and films / videos. It also covers artistic works such as photographs and images appearing on the internet. Copyright is achieved automatically when the written information is created. However, it is advisable to attach a statement to discourage infringement, such as the following: -

© [The Year of Creation] [Owner of the Copyright] All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

Patents

Patents can be used to protect inventions that embody a new and inventive idea that is capable of being made or used by industry, such as devices, processes or methods. Exclusions from this include methods of treatment of the human / animal body by surgery or therapy, or methods of diagnosis. In order to be potentially patentable, details of the invention must not have been disclosed anywhere in the world (including in journals, on the internet, at meetings, or on conference posters, etc.) prior to the filing date of the patent application.

Registered Design Rights

In some cases, the value lies not in the functionality of a new idea or a new concept, but in the appearance of the product, such as its shape and configuration. Registered design rights usually protect commercial objects with a unique appearance such as a design for a new medical device.

Unregistered Design Rights

Unregistered design right is an automatic right that protects how a product looks in terms of the features of its shape and configuration.

Trade Marks

A trade mark is used to distinguish a product or service from that produced or supplied by another business. Trade marks can be used to protect names, logos, slogans, domain names, shapes, colours and sounds such as the NHS logo or the brand name of a particular drug.

Registering a trade mark allows the owner to prevent competitors from using that trade mark to promote their own products and services.

Know-How

"Know-how" is information which may be commercially or technically valuable and which is regarded as secret. It may, for example, include information on industrial processes that are not patentable or a list of clients.

In all cases, the "know-how" will only retain its value if it is managed effectively.

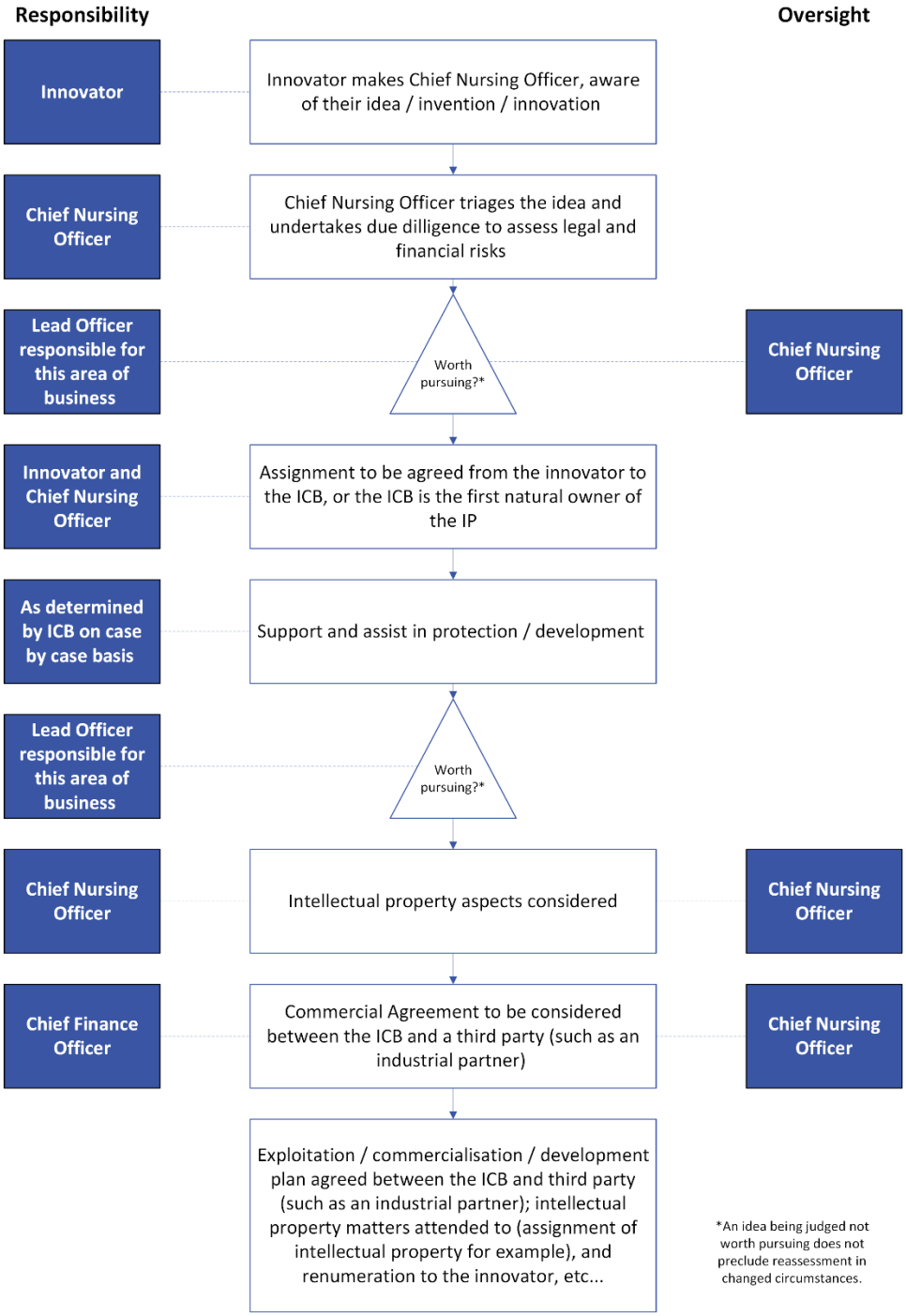
Know-how can be bought and sold like any other form of IP and can persist indefinitely, as long as it remains secret.

Database Rights

Database rights exist to recognise the time, effort, and skill, that is involved in the compilation of a database of information, even when this compilation does not involve the "creative" aspect that is normally involved in and required, by copyright.

Appendix B

Example of an IP Disclosure Process



Appendix C

Equality Impact Assessment
Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Aejaz Zahid
Job Title: Executive Director of Innovation
Organisation: NHS North East & North Cumbria

Title of the service/project or policy: Intellectual Property Management & Revenue Sharing

Is this a;
Strategy / Policy ☒ **Service Review** ☐ **Project** ☐
Other Click here to enter text.

What are the aim(s) and objectives of the service, project or policy:
To protect new ideas and innovation emerging from ICB employees to enable both the innovator and The ICB to fully exploit the innovation for the benefit of our citizens and staff.

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☒
- **Other Public Sector Organisations** ☒
- **Voluntary / Community groups / Trade Unions** ☐

- **Others, please specify** Click here to enter text.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☒	☐
Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community	☐	☒

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

Click here to enter text.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	☒	☐
Please provide the following caveat at the start of any written documentation: **"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"**		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Aejaz Zahid	Executive Director of Innovation	21st April 2023

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Aejaz Zahid
Job Title: Executive Director of Innovation
Organisation: NHS North East & North Cumbria

Title of the service/project or policy: Intellectual Property Management & Revenue Sharing

Existing ☐ **New / Proposed** ☐ **Changed** ☒

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

To protect intellectual property generated by ICB representatives during the course of their employment with The ICB and to foster a revenue sharing agreement which rewards innovative ideas.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Consultants** ☐
- **Nurses** ☐
- **Doctors** ☐
- **Staff** ☒

- **Service User / Patients** ☒
- **Others, please specify** Click here to enter text.

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Click here to enter text.

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.

The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful.
Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

Age
A person belonging to a particular age

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people of a particular age? *https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination*
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce i.e. accessibility considerations, venues, travel etc.
- Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement**

Click here to enter text.

Disability

A person who has a physical 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

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people with a disability? https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination
- What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.
- Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.
- Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required?
- Has the Accessible Information Standard been considered? https://www.england.nhs.uk/ourwork/accessibleinfo/
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, *consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).*

Click here to enter text.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic? *https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination*
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

- Please see useful terminology website for info: *https://www.transgendertrend.com/transgender-terminology/*
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic? *https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination*
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- Do all procedures treat both single and married and civil partnerships equally?
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.
- Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- Are processes in place to update people that may currently be on maternity leave on their return?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

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Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have a particular race?
  https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination
- Has the content within the document been checked for any potential offensive/discriminatory language of people form a particular race?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular race?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Religion or Belief

Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?

- https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Sex/Gender
A man or a woman.

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against either men or women?
- https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination
- Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women?
- Are there any discriminatory practices/processes outlined within the document that may impact men or women?
- Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?
- Are men or women treated differently as a result of the information set out within the document?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Sexual orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic? https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination
- Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?

- NHS Employers guide: https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation
- Sexual orientation monitoring guidance (to be used as appropriate): https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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Other identified groups relating to Health Inequalities

such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.
(Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups."
Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?

- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

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STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Click here to enter text.

If no engagement has taken place, please state why:

Click here to enter text.

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

☐ Verbal – meetings ☐ Verbal - Telephone
☐ Written – Letter ☐ Written – Leaflets/guidance booklets
☐ Written - Email ☐ Internet/website ☐ Intranet page
☐ Other

If other please state: Click here to enter text.

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf

Tick to confirm you have you considered an agreed process for:

☐ Asking people if they have any information or communication needs, and find out how to meet their needs.

☐ Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

Please provide the following caveat at the start of any written documentation' **"If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact xxxxxxxx"**
If any of the above have not been implemented, please state the reason: Click here to enter text.

STEP 7: POTENTIAL IMPACTS IDENTIFED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Click here to enter text.	Click here to enter text.	Click here to enter text.

Presented to (Appropriate Committee)	**Publication Date**
Click here to enter text.	Click here to enter text.

1. Please send the completed Equality Impact Assessment with your document to: necsu.equality@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team: necsu.equality@nhs.net