

Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

Name of Policy

Intellectual Property Rights Policy

Person/persons conducting this assessment with Contact Details:

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Date

1. The Policy

Is this a new or existing policy?

Existing. The legislation governing Intellectual Property Rights (IPR) in the period since 2012 has not changed.

What is the purpose of the policy?

To provide guidance on the identification, referral and process involved in the exploitation and commercialisation of intellectual property rights generated by staff employed by the UHB, to include those on honorary contracts or contractors working on behalf of the UHB.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan.

The policy aligns with the Integrated Medium Term Plan and HEART priorities for clinical innovation.

Who will benefit from the policy?

Ultimately staff employed by the UHB, the UHB and potentially patients (dependent upon the idea) should benefit from this policy.

What outcomes are wanted from this policy?

The policy seeks to protect both staff and the UHB when intellectual property (IP) develops from any research, innovation or associated commercial activity during working time in which the UHB has a legitimate interest in accordance with the legal framework within which IP may be protected and commercially exploited.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

Staff awareness of the policy.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

In order to make comparisons with similar policies in other Health Boards or Trusts the policy title was put into a search engine. In Google the wording 'NHS Intellectual Property Rights Policy equality impact 2012 onwards' was inserted. It found a number of IPR policies in NHS England, none in NHS Wales; further a number of framework documents were identified to include:

- Framework and guidelines for the management of intellectual property in the NHS in Wales" (2005)
- NISCHR Intellectual Property Policy (2013), although this document does not appear to have been ratified.

All of the policies and guidelines confirm the commitment to delivering the best possible standard of patient/citizen care as well as a commitment to developing and supporting staff by encouraging and enabling them to participate in the generation and exploitation of Intellectual Property. The common EQIA features amongst the policy documentation are as follows:

1. To ensure that any IP arising within the HB/Trust that has the potential to benefit patients and the health service is identified, assessed and developed to its maximum potential.
2. To provide guidance to staff as to the best course of action if they believe they have created IP and to support them as best possible.
3. To ensure that staff receive appropriate tangible benefits, including revenues, from any profits of the commercialisation of IP that was created by them.

Other evidence/data sources include:

Quantitative data - In the period since the approval of the Companies and Commercial Enterprises and Commercialisation of Intellectual Property Rights only 2 members of staff, from nursing and corporate departments have proceeded to commercialising their idea owing to the financial resource required.

Qualitative data – Staff are aware of the IPR policy through the Cardiff and Vale Intranet as well as through discussions with the Research & Development and Innovation and Improvement Team. Indeed a small number of staff (up to 30) have been supported with independent legal advice to ensure that their ideas are protected as well as compliance with the UHB's corporate governance arrangements.

The IPR policy is universal for all staff groups employed by the UHB, to include those on honorary contracts or contractors working on behalf of the UHB. Owing to the uniqueness of the policy in terms of the small number of staff actively engaged in developing and exploiting Intellectual Property, it is difficult to compare the policy to others in the UHB. Additionally, the UHB is currently the only Health Board in Wales to have such a policy. Anecdotal feedback from staff has however identified time and resources as being a constraint to developing, translating and exploiting ideas. In response, the Health Board has developed a joint clinical innovation partnership with Cardiff University as a mechanism for translating these ideas.

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

We welcome ideas from all our staff, those with honorary contracts and contractors working on behalf of the UHB, regardless of their protected characteristics. However from all the evidence found and from our experiences here so far at the UHB since the

policy was implemented there does not appear to be any impact. We will continue to monitor any impact whilst the policy is in operation.

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people) –

Do you think that the policy impacts on people because of their caring responsibilities?

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

Do you think that the policy impacts on people because of their being married or in a civil partnership?

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

Do you think that the policy impacts on men and woman in different ways?

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bi-sexuals)

Do you think that the policy impacts on people because of their Welsh language?

The co-chairs of the Rainbow LGBT + FFlag Network and Welsh Language Officer were invited to comment on the EQIA assessment and reported that the IPR Policy was deemed as neither having a positive or negative impact.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

Is the policy directly or indirectly discriminatory under the equalities legislation?

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

The policy takes into account the right to commercialise ideas for patient and societal benefit by creating an environment in which staff are empowered to contribute to innovation. In recognition of this the policy is not discriminatory and provides for idea protection and remuneration in accordance with IPR legislation and UHB governance arrangements.

The policy ensures that the legal framework governing IPR is available, understood and adhered to by our staff to include those with honorary contracts and contractors working on behalf of the UHB. Preservation of IPR for patient and societal benefit, teaching, research and other non-commercial as well as commercial purposes is a cornerstone of the policy. The overarching purpose of the policy is to protect the UHB and activities arising from duties undertaken by staff working at the UHB, in which the UHB has a legitimate interest. Exploitation and commercialisation of IPR requires a business case and this will necessarily include an individual Equality Impact Assessment.

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities):

Involvement in the review included staff representatives as well as the Cardiff and Vale University Health Boards' Rainbow LGBT+ FFlag Network and through the Welsh Language Officer. It was also put out for consultation on the UHB intranet and comments were received from the Research & Development department, independent IPR lawyers and the Cardiff University Research and Innovation team.

- What **monitoring**/evaluation will be required to further assess the impact of any changes on equality target groups?

The policy will be monitored at regular intervals by the Equality, Diversity & Human Rights Sub Committee.

It is recommended that this policy is reviewed in line with the current guidelines of the UHB, unless there is a change in relevant legislation in which case, the policy should be reviewed within 6 months of any new legislation and changes made accordingly.

Equalities Impact Assessment Implementation Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
Staff Awareness	Assistant Medical Director, Clinical Innovation and Assistant Director Innovation & Improvement.	Promotion of the IPR policy as part of the clinical innovation multi-disciplinary meetings. Guidance on the CAV intranet and Clinical Innovation Portal.	End of June	IPR guidance provided as part of the MDT process. Post IPR policy ratification.	

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

The outcome of this policy and EQIA will be reported to and noted by the People, Planning and Performance Committee. The minutes of these meetings are a public document and are available via the intranet. The next meeting is due on September 6th 2016.

Please record details of where and when EQIA results will be published

Once the policy has been approved the documentation will be placed on the intranet and internet.

Please record when the EQIA will be subject to review.

The EQIA and Policy will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.

Name of person completing: Maureen Fallon

Date: 1st July, 2016

Name of Senior Manager Authorising Assessment and Action Plan for publication

Abigail Harris

Signed: _____

Date: _____

Appendix 4

Format for publication of EQIA results

Executive Summary

The responsibility for implementing Intellectual Property Rights falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

After considering all the evidence indicated it is clear that the policy will have an overwhelming positive impact for staff and the UHB. This is the intention not only of the equality, and human rights legislation but also of this policy, which adheres to that legislation.

Background

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout this policy.

The policy operates within the principles of the 2010 Equality Act, Human Rights Act 1998 and the as well as other related UHB policies such as the Standards of Behaviour and Declaration of Interests policy.

Involvement in the review included staff representatives as well as the Cardiff and Vale University Health Boards' Lesbian, Gay, Bisexual and Transgender Rainbow Network and through the Welsh Language Officer. It was also put out for consultation on the UHB intranet as well as advice being sought from legal advisors in both the Research and Development Dept and Cardiff University Research and Innovation Department.

The scope of the EQIA

The likely affects were assessed through looking at statistical, research, previous and other related EQIA policies and through consultation through invested stakeholders. Although the numbers accessing the policy are small the policy does demonstrate its commitment to equality, diversity and human rights.

Key findings

There was overwhelming evidence and support for the need to have such a policy to demonstrate UHB commitment to the equality, diversity and human rights agenda. It was clear that the impact would overall be positive, particularly as the policy recognises the positive benefits of exploiting intellectual property for patient and societal benefit as well as protecting the rights of the inventor (staff member) and UHB.

Some of the wording of the policy was changed and inclusive mention made of specific issues as a result of the consultation.

Recommendations

There were no significant changes to the proposed policy other than updating the terminology used to ensure more effective communication and clarity.

It is recommended that this policy is reviewed in line with the current guidelines of the UHB, unless there is a change in relevant legislation in which case, the policy should be reviewed within 6 months of any new legislation and changes made accordingly. The policy will be monitored and reviewed by the Equality, Diversity & Human Rights Sub Committee.

It will be issued via the intranet, administrator email and to Clinical Boards/Corporate areas management teams and lead trade union representatives