

Policy Type		Policy Name
Information Governance		<b>CO09: Intellectual Property Management and Revenue Sharing Policy</b>
Corporate	X	
Standard Operating Procedure		
Human Resources		

<b>Status</b>	Final
<b>Committee approved by</b>	Executive Committee
<b>Date Approved</b>	19/12/17
<b>Equality Impact Assessment undertaken</b>	Completed (Section 13)
<b>Distribution</b>	All CCG staff
<b>Planned Review Date</b>	July 2019

## Document History

Version	Date	Significant Changes
1	April 2013	<ul style="list-style-type: none"> <li>Policy adopted by CCF, as part of policy suite developed by the Commissioning Support Unit (CSU)</li> </ul>
2	November 2017	<ul style="list-style-type: none"> <li>Revised in line with natural expiration date.</li> </ul>

## POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

## Approval

Role	Name	Date
Approval (1)	Governing Body	April 2013
Approval (2)	Executive Committee	December 2017

## Review

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

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## 1. Introduction

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (“the CCG”) 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, stakeholders and the use of public resources. In order to provide clear and consistent guidance, The CCG 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*, which is guidance published by the Department of Health in 2011, 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. Why is this intellectual property policy needed?

This Intellectual Property Policy is a corporate policy.

People working or studying for, or with, the CCG 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 CCG”): -

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

Including people who used to be representatives of the CCG, but who are no longer representatives of the CCG, as appropriate.

It is to be appreciated that the term “representative” does not imply any legal connection with the CCG other than working for or with, the CCG.

This document outlines a policy for the effective management of innovation and gives a brief definition of what intellectual property is. This document also contains information regarding who to contact if: - (a) you have an invention/idea/innovation which you think may need protecting or which you think may be able to be commercialised to benefit patient care; or (b) you require general advice on intellectual property arising as a result of your work.

The CCG wishes to actively manage their processes in order to ensure that the intellectual property generated by representatives of the CCG 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 on the wealth of the nation.

### **3. What is Intellectual Property?**

Intellectual property can be defined as the product of 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, design rights (both registered and unregistered), trademarks and know-how (see Appendix 1 for definitions).

It is very important that you do not disclose any details of your invention/idea/innovation to anyone other than the Chief Operating Officer at the CCG in the first instance, who can be contacted via email on [nicola.bailey5@nhs.net](mailto:nicola.bailey5@nhs.net). This person (or their representative) is best placed to advise you regarding the intellectual property and commercialisation process in general. 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 Operating Officer at the CCG, it could seriously limit its value to patients and the NHS as a whole, as well as you as the inventor, by potentially destroying its novelty and thus rendering it un-patentable.

### **4. What Is An Inventor?**

An inventor is the actual deviser of the invention/idea, and is someone who has contributed to the underlying concept.

### **5. Ownership of intellectual property**

It is common for an inventor to own 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 CCG 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 decided on a case by case basis and in accordance with Section 39 of the UK Patents Act 1977 (as amended), the Copyrights Designs and Patents Act 1988 and the Registered Designs Act 1949, as appropriate, according to the type of intellectual property created.

However, by means of example, it is often the case that intellectual property created by CCG Employees whilst they are employed by the CCG is owned in the first instance by the CCG. In order to decide whether intellectual property generated by a CCG Employee whilst they are employed by the CCG is in fact owned by the CCG, 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 everyday duties;
- (ii) whether or not they had a special obligation to further the interests of the CCG; and
- (iii) whether or not the creation of the intellectual property was as a result of duties specifically assigned to them.

Accordingly, representatives of the CCG should not assume that they are the first owners of the intellectual property that they create and they should instead seek advice from the Chief Operating Officer at the CCG.

## **6. What is an employee?**

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

## **7. Collaborative projects with third parties**

If work or research is conducted by a representative of the CCG in partnership with another organisation, a formal agreement clarifying the ownership (or sharing) of any intellectual property generated, is required to be put in place, at the very beginning of the project.

The Chief Operating Officer at the CCG, or their representative, will have responsibility for developing and negotiating intellectual property sharing agreements with collaborating organisations. However, it is to be appreciated that, during work or research with collaborating organisations, the interests of the CCG should be protected wherever possible.

## **8. Disputes of ownership**

If the ownership of intellectual property is disputed, dated written records relating to the intellectual property in question will be assessed to establish the inventor(s) and their proportionate contribution. If such material is not available, the Chief Operating Officer at the CCG will make a final decision, with professional advice being sought if necessary.

## **9. Staff obligations**

Representatives of the CCG have an obligation to inform the Chief Operating Officer for the CCG about identified or potential intellectual property resulting from their activities at or with the CCG and they must not, under any circumstances, sell, assign, license, give or otherwise trade in that intellectual property before discussing the intellectual property with the Chief Operating Officer at the CCG.

It is important for representatives of the CCG working on projects which generate intellectual property to keep written and dated records of their activities and results.

## **10. Intellectual property management structure**

The Chief Operating Officer at the CCG is responsible for intellectual property management and works on behalf of the CCG to both protect and manage intellectual property.

The CCG is a 'member organisation' of the Academic Health Science Network for the North East and North Cumbria (AHSN), and under this arrangement, NHS Innovations North, the Innovation Hub for North East England, has been commissioned by the AHSN to provide a mechanism for its member organisations to systematically identify, protect, manage and exploit intellectual property and innovative service improvements generated as a result of research and occupational experience.

Accordingly, as part of their responsibility for intellectual property management Chief Operating Officer for the CCG may consult with NHS Innovations North for advice relating to intellectual property and commercialisation.

## **11. Exploitation of intellectual property**

### **11.1 Decisions on Commercialisation**

It is the role of the Chief Operating Officer at the CCG, in consultation with the inventor and other specialists such as NHS Innovations North, to make a decision regarding the potential for intellectual property owned by the CCG to be protected and commercialised. The impact on patient care, as well as the potential market and the likelihood of success of the invention in terms of the generation of royalties, are all taken into account when making a decision regarding the commercialisation of the invention.

The Chief Operating Officer at the CCG can agree on a case by case basis to give permission for other NHS organisations or third parties to have free or discounted access to the intellectual property, where the wider public interest for this is demonstrated.

Any intellectual property owned by the CCG must be exploited 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 their primary role within the NHS. In general, as much as possible of the financial risk of commercialisation should be assumed by a partner outside of the NHS.

Where the CCG chooses not to exploit intellectual property which belongs to the CCG and which arises from the work of representatives of the CCG, it will, in some cases, assign the intellectual property to the inventor, who may wish to pursue its further development and commercialisation themselves in their own time.

## 11.2 Contract Negotiations

Any agreements relating to intellectual property owned by the CCG; that is, licenses or assignments to another organisation for example, will be negotiated in the best interests of the CCG, 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 a reciprocal agreement whereby confidential information is both disclosed and received.

## 11.3 Revenue Sharing with Inventors

The CCG wishes to encourage the full participation of representatives of the CCG in the creation and potential commercialisation of intellectual property, whilst facilitating and ensuring the responsibility associated with their normal duties and ensuring the support of their line manager. The policy of the CCG, which is reflected in this document, will therefore be to reward CCG Employees who have contributed substantially to the generation of intellectual property belonging to the CCG which has subsequently generated revenue as a result of commercialisation. Such revenue will be shared between the CCG and the CCG Employee according to the following revenue sharing formula (see Figure 1). In all cases the shared revenue will be the net of any organisational costs and expenditure and protection and exploitation costs (eg patient costs). Expert advice from external companies will result in a proportion of the revenue generated being retained by them.

**Figure 1: Revenue Sharing from Successful Intellectual Property Exploitation**

Cumulative Net Income	Inventor(s)	Inventor's Department or Team	The CCG
First £50,000	75%	12.5%	12.5%
£100,000 to £250,000	50%	25%	25%
Over £250,000	25%	25%	50%

Please note the following: -

Any cost savings arising within the CCG as a result of innovation will be reinvested into patient care.

In cases where several CCG Employees have been involved in the creation of the intellectual property belonging to the CCG which has been successfully exploited, the proportion of income allocated to inventors will be divided between them on the basis of their relative contribution. This will be agreed by the Chief Operating Officer at the CCG.

The above arrangements are also exclusively reserved for inventions derived from intellectual property purely owned by the CCG and should not be taken as applicable in any way to inventions where intellectual property is jointly owned with another organisation.

## 12. Duties and Responsibilities

<b>Council of Members</b>	The Council of Members has delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, policy approval and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Audit and Assurance Committee</b>	Audit and Assurance Committee has delegated authority from the Governing Body to approve the policy.
<b>Chief Operating Officer</b>	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>All staff</b>	<p>All staff, including temporary and agency staff are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedures as a result of becoming aware of changes in practice, changes in statutory requirements revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul>

## **13. Implementation**

- 13.1 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **14. Training Implications**

- 14.1 All staff must attend training / awareness sessions when / if required. .

## **15. Related Documents**

### **15.1 Other related policy documents**

- 15.1.1 CO19: Standards of Business Conduct and Declaration of Interest Policy

### **15.2 Legislation and statutory requirements**

- 15.1.2 Copyright, Designs and Patents Act 1988.

### **15.3 Best practice recommendations**

- 15.1.3 Gov.Uk; Intellectual property and your work guidance  
<https://www.gov.uk/intellectual-property-an-overview/what-ip-is>

## **16. Monitoring, Review and Archiving**

### **16.1 Monitoring**

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **16.2 Review**

- 16.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 16.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

16.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

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

### **16.3 Archiving**

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

## 17. Equality Analysis



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## **Introduction - Equality Impact Assessment**

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



## **STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	Liane Cotterill
<b>Title of service/policy/process:</b>	Intellectual Property Management and Revenue Sharing Policy
<b>Existing:</b> <input type="checkbox"/> <b>New/proposed:</b> <input type="checkbox"/> <b>Changed:</b> <input checked="" type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
This document outlines a policy for the effective management of innovation and gives a brief definition of what intellectual property is.	
<b>Who will be affected by this policy/service /process? (please tick)</b>	
<input type="checkbox"/> Consultants <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Other	
<b>If other please state:</b>	
<b>What is your source of feedback/existing evidence? (please tick)</b>	
<input type="checkbox"/> National Reports <input type="checkbox"/> Internal Audits <input type="checkbox"/> Patient Surveys <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Stakeholder groups <input type="checkbox"/> Previous EIAs <input type="checkbox"/> Other	
<b>If other please state:</b>	

<b>Evidence</b>	<b>What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)</b>
<b>National Reports</b>	
<b>Patient Surveys</b>	
<b>Staff Surveys</b>	
<b>Complaints and Incidents</b>	
<b>Results of consultations with different stakeholder groups – staff/local community groups</b>	
<b>Focus Groups</b>	
<b>Other evidence (please describe)</b>	



## **STEP 2 - IMPACT ASSESSMENT**

**What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)**

**Age** A person belonging to a particular age

None identified

**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

None identified

**Gender reassignment (including transgender)** 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.

None identified

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

None identified

**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.

**None identified**

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

None identified

**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.

**None identified**

**Sex/Gender** A man or a woman.

None identified

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

None identified

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

**None identified**

**Other identified groups** such as deprived socio-economic groups, substance/alcohol abuse and sex workers

**None identified**



### **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

**How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?**

**Please list the stakeholders engaged:**



### **STEP 4 - METHODS OF COMMUNICATION**

**What methods of communication do you plan to use to inform service users of the policy?**

- Verbal – stakeholder groups/meetings**       **Verbal - Telephone**  
 **Written – Letter**                       **Written – Leaflets/guidance booklets**  
 **Email**    **Internet**                       **Other**

**If other please state:**

### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

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

- ✓ **Sending out correspondence in alternative formats.**
- ✓ **Sending out correspondence in alternative languages.**
- ✓ **Producing / obtaining information in alternative formats.**
- ✓ **Arranging / booking professional communication support.**
- ✓ **Booking / arranging longer appointments for patients / service users with communication needs.**

**If any of the above have not been considered, please state the reason:**



### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1	None identified.



### **STEP 6- ACTION PLAN**

Ref no.	Potential Challenge / Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?



**SIGN OFF**

<b>Completed by:</b>	<b>Liane Cotterill</b>
<b>Date:</b>	<b>November 2017</b>
<b>Signed:</b>	
<b>Presented to: (appropriate committee)</b>	<b>Executive Committee</b>
<b>Publication date:</b>	<b>December 2017</b>

## **Intellectual Property**

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

### **Copyright**

Copyright covers written information (such as leaflets, articles, assessment tools and training packs), databases, computer software and films/videos. 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**

A patent can be used to protect an invention that embodies a new and inventive idea that is capable of industrial application (such as devices, processes or methods of operation). 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 an invention must not have been disclosed anywhere in the world (including in journals, on the internet, at meetings, on conference posters, etc.) prior to the filing date of the patent application.

### **Registered Design Rights**

In some cases, the value lies not in 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.

### **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.

Registering a trade mark protects the owner from competitors trying to use that image to promote their own products.

### **Know-How**

Confidential information or "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 or be a list of clients.

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

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