

Intellectual Property and Copyright Policy (N-002)

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Executive Lead (name & job title):	Peter Beckwith, Finance Directors/SIRO
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust (referred to henceforth as 'the Trust') encourages and supports its staff and services in all endeavours for innovation and creativity that may result in the development of something new, different or unique.

The Trust recognises that all staff during the course of their employment may generate new ideas and innovative ways of working that if developed could lead to improved clinical services or methods of working. This supports the Trust's goal, innovating quality and patient safety.

In 2002, the Department of Health published a Framework and Guidance on the Management of Intellectual Property in the NHS. The Framework emphasised that all trusts are required to ensure that their own intellectual property (IP) is managed within the given Framework.

IP is represented by new knowledge such as in technologies, drugs, devices, diagnostics, treatments, training material, software, new applications and skills which are not in the public domain and can be protected. IP can be generated within any department of the Trust and not just within Research and Development.

The policy that follows sets out how the Trust will manage innovation and IP arising in the Trust in accordance with the Framework and in accordance with the Intellectual Property Act 2014 ([Intellectual Property Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)), whether it is in the form of:

Patents

Patents cover products or processes that have new aspects to them. A patent means the owner has a monopoly right that prevents others using their invention. Patents are published and usually last for 20 years.

Copyright

Copyright provides legal protection for original literary (also includes apps and websites), musical and artistic work. It protects against copying. Copyright happens automatically when work is produced and does not need to be registered, but it is advisable for the owner to attach a statement to their work to establish ownership. E.g. Copyright © Humber Teaching NHS Foundation Trust, 20XX (year of creation), All Rights Reserved.

Trademarks

A trademark is a sign which distinguishes one trader from another e.g. a logo, picture, word or phrase. It can be used as a marketing tool. It provides protection for the goodwill and reputation of an organisation in its products and services. Registration confers greater protection and there is no time limit.

Registered Design

Registered design protects the visual appearance of an object.

Design Rights

Design rights are applied to original designs and provide protection against copying.

Innovation

Innovation can occur through:

- research and development and
- in the delivery of patient care, and
- in the course of duties in all service areas, support and corporate functions

Innovations which need to be developed commercially (and which should be to maximise the benefit to patients, the Trust and to the individual) are called inventions and the employee responsible for the innovation is called the inventor. The owner of the IP may, or may not be the inventor.

The IP that arises from innovation needs to be properly managed to ensure the benefits for patient care are maximised. IP can also generate income for the Trust. Research findings, training materials, new developments in patient treatment, or other inventions by NHS employees can have a commercial value.

This could be of financial benefit to the Trust and can also be an effective way of implementing research findings to improve health care.

This Policy and Guidelines sets out the Trust position in relation to the ownership and exploitation of IP and provides guidelines for the management of IP in the Trust.

It takes account the Framework and Guidance on the Management of Intellectual Property 2002 to include IP generated by NHS employees outside Research and Development activities through the management or delivery of patient care.

It also allows the Trust to use companies for exploitation of IP and provides guidance on the management of IP and the handling of any income generated.

The UK Policy Framework for Health and Social Care Research ([UK Policy Framework for Health and Social Care Research - Health Research Authority \(hra.nhs.uk\)](https://www.hra.nhs.uk)) requires employers of researchers to have in place agreements between them and their staff, research funders, and care organisations, relating to the ownership, exploitation, and income from IP arising from research conducted by employees.

2. SCOPE

This policy applies to all employees of the Trust in all locations including Governors, Non-Executive Directors, temporary employees, locums, contracted staff. and any partner agencies or organisations or individuals.

3. POLICY STATEMENT

The Trust has a duty to make best use of the IP generated by the staff and services in the organisation as part of their contracted work. This includes protecting it from being inappropriately exploited by others and considering whether it may be used by the Trust to create further innovation and/or income.

Correct use of copyright materials can protect the Trust from possible claim or prosecution. The copyrighting of Trust derived materials may be a necessary way of protecting IP.

4. DUTIES AND RESPONSIBILITIES

The potential for commercial exploitation of IP is large and it is essential that staff are made aware of its importance. It is the Trust's responsibility to undertake this and to communicate this policy and to make it available on the Trust's intranet.

It is a responsibility of all staff that if there is IP that has potential for exploitation, then it should neither be discussed nor shown to any third party who is not under a legal obligation to keep it confidential. This means that employees and their collaborators must not make IP public via publications, abstracts, presentations at meetings etc. until such time as a patent application is filed. They must maintain absolute confidentiality.

Chief Executive: The Chief Executive has overall responsibility for IP within the Trust.

Finance Director: Senior officer at Board level with overall responsibility for this policy

Head of Business Development: responsible for ensuring all relevant staff are aware of the policy and guidance, and to facilitate compliance with its contents. For the purposes of this Policy this post is the Trust Intellectual Property (and Copyright) Lead (IP lead).

Chief Information Officer: responsible for ensuring protection of Trust IP rights in relation to the innovation and development of informatics-enabled systems within the Trust.

Assistant Director Research and Development: the effective implementation and operation of this procedure in relation to research. Coordinating the approval processes for research projects across the Trust in line with the national Health Research Authority approval process.

Head of Information Governance and Legal Services, Data Protection Officer

- Responsible for brokering appropriate legal advice in cases of IPR and copyright claims or disputes.
- Provide advice on Regulations on the Reuse of Public Sector Information Regulations 2005 in relation to information provided under the Freedom of Information Act.

Line Managers: it is the responsibility of all line managers to ensure that staff in their areas of responsibility are aware of this policy and that they follow the procedure.

Intellectual Property Authors: it is the responsibility of IP authors to ensure that any IP documents are developed, reviewed, authorised, ratified, and implemented in accordance with the requirements of this procedure.

5. PROCEDURES

1.1. Purpose

This policy sets out the Trust approach to IP and provides guidance relating to:

- Increase awareness and understanding of IP issues by Trust staff.
- Encourage innovation by staff.
- Encourage innovation by staff with regard to research and publication.
- Maximise the sharing of good practice and appropriate exploitation of Trust IP.
- Protecting IP.
- Address associated issues regarding copyrighting of materials and use of copyrighted materials.

1.2. Definitions

1.2.1. IP

This is the novel or previously undescribed tangible output of any intellectual and creative activity. IP can arise in the form of ideas, inventions, discoveries, software, research material, know-how and expertise, designs and images. It has an owner and can be bought, sold or licensed and must be adequately protected.

1.2.2. IP Rights (IPR)

IPR define the legally protected rights that enable owners of IP to have control over the exploitation of those rights and protect their IP. Different rights apply to different forms of IP (see table below) and include copyright, design rights, patents, and trademarks. IPR gives the owner of IP the right to stop others exploiting it.

IP resulting from innovation can occur through the delivery or management of patient care, in education or training, through a research and development project or programme or through the work-based activities of support and corporate functions.

IP may be a novel treatment, a new diagnostic tool, new drug or new use of a drug or treatment, training material, or a new system of management or a new tool for clinical audit.

Type of protection	Examples
Copyright (does not require registration and is free)	Literary works - Computer software, App, website, patient leaflet, journal article, presentation, booklet, 2D drawings, photography, films, music, recordings
Design rights	Designs/drawings - Shapes of objects, depending on whether the right is registered or not. Not how something works, but how it looks - appearance of a product including, shape, packaging, patterns, colours, decoration
Trade marks	Product/brand names, logos, jingles
Patents	Inventions and products, eg machines and machine parts, medicines, tools, new methods, In the UK some types of computer programs are patentable.
Know-how and Confidential information (not protectable by IP Rights, but can be protected by confidentiality agreements. Does not prevent others coming up with the same idea/method.	Surgical technique, expert opinion, secret knowledge, ways of doing things.

1.3. Ownership of IP

For an innovation to be developed commercially IP needs to be professionally managed. Generally, IP produced by employees in the course of their employment belongs to the employer. The owner of IP can control its use and be rewarded for it.

IP can be protected by legal rights such as patents, copyright etc. Acquiring such rights can be costly and is only the initial step. Little or no benefit will accrue from protecting the IP unless they are then developed and commercialised. The NHS has set up the IP Hubs to advise trusts on whether or not the IP has commercial potential and how best to take it forward.

In exceptional circumstances the Trust may without prejudice to its legal rights decide not to maintain its IP and may assign ownership of the IP to the relevant inventors (assignees) with their agreement, the costs of such assignment to be borne by the assignee. In such cases, the assignees may pursue and exploit the relevant IP in their own time and without utilising Trust facilities and resources.

All service level agreements (SLAs) with third parties should include a clause on IP, whether or not the agreement with the Trust is for the provision or commission of services. All SLAs should protect the ownership of IP generated within the Trust and by its employees, with or without partner organisations. For instance, in some cases there will be contractual arrangements under which the arising IP belongs to a third party. Normally unless a third party in the private sector meets the full cost of any research or development, the Trust will expect to retain an interest in the IP.

Staff should ensure they are familiar with any relevant SLAs so as to meet any requirements in relation to reporting and protection of IP.

1.4. Regional IP Hub

One in a network of organisations mandated to facilitate the identification and exploitation of IP resulting from innovation within the NHS. Locally this organisation is Medipex (www.medipex.co.uk).

1.5. Managing IP in the Trust

1.5.1. Overview

The Trust legally owns all IP (Copyright, Designs and Patent Act 1988) arising from the delivery of patient care, the education and training of employees and research and development programmes undertaken by its employees in the course of work for the Trust, unless such IP is subject to a separate written agreement with an external funding organisation or agreed otherwise. It does not claim any right to an individual's personal knowledge or expertise. The Trust should receive income and ownership rights equivalent to the proportion to the input from the Trust.

Where the member of staff has either an agreement established at the start of the creation of the IP from their line manager or can establish that they have spent significant amounts of their own time on the development outside of working hours, then the IP can be shared between the Trust and the individual in the form of a Letter of Agreement recognising their contribution and providing a defined % split of the ownership.

Where employees have joint contracts with other organisations, for example universities, a partnership agreement on IP issues will need to be developed with each such organisation. Similarly these partnership agreements will need to cover situations in which the NHS would be considered a secondary employer, or where more than one member of staff is involved.

Exploitation of IP involves both costs and risks. Consequently, it will by no means always be appropriate or cost effective to seek to protect and exploit potential IP. In cases where patenting or licensing may be the most appropriate option, the Regional NHS IP Hub may undertake the negotiations on behalf of the inventor and the Trust. In some instances the IP may be a case of "best practice" which could be shared with other Trust(s) and the network of IP Hubs may be used to disseminate these innovations, either through their own network or via other bodies such as the Academic Health Science Networks (www.ahsnnetwork.com).

Exploitation of the Trust's IP will be the responsibility of the Medical Director and the Finance Director who will retain management responsibility for IP generated by Trust staff.

It is recognised that IP might arise as a result of work with other organisations for example where:

- Staff have joint or honorary contracts with other organisations or academic institutions;
- There are collaborations with other organisations relating to research projects or programmes;
- The Trust has provided facilities for employees of other organisations;

In general, the organisation with the main contract will be responsible for protecting the property rights and for any commercialisation. Agreement will need to be reached as to the way the costs and benefits will be apportioned between the two organisations. These working arrangements may differ with each particular organisation.

Where possible, e.g. in the case of long standing collaborations, the Trust will seek to establish agreements to deal with any IP that may arise. In other cases, the Trust should negotiate the appropriate share of the ownership of the IP that has been developed. Where a number of trusts and organisations are collaborating as part of a research programme, a common agreement on the handling of IP will exist as part of the collaborative research agreement. Honorary contracts will not normally affect the ownership of IP; it will continue to belong to the organisation that holds the substantive employment contract.

Where activity identified in these guidelines is undertaken, and external income is available, agreement should be reached in advance as to the ownership of the findings and the apportionment of any income from the work.

IP generated by an employee acting outside the course of their NHS duties will be owned by the employee provided that neither NHS premises, resources nor equipment were used in such generation.

Training manuals and packages, whether for use by staff, users of services, or other consumers, produced with resources from the Trust, should be clearly marked, as per Section 5.7.1 'Copyrighting Intellectual Property and Materials'. Where other organisations seek to use such material a decision regarding the appropriateness of a charge should be made by a senior manager of the Trust, including the apportionment and use of such income.

1.5.2. Sharing the Benefits

If the Trust chooses to protect IP then it is considered appropriate that members of staff who have developed the IP should have a share in any benefits e.g. through a royalty income.

The inventor's share of net revenue is intended to continue until the death of the inventor or the expiry of the license agreement, whichever event occurs sooner. Whether the inventor wishes to agree to share their part of the income with others is at the discretion of the inventor.

If IP arose from research which was funded by an external, non-NHS or university agency, whose guidelines on the commercialisation of IP was different from the Trust and which formed part of the research contract, then the distribution of financial benefit would be negotiated with the funding body.

If the Trust does not wish to own a certain piece of IP then it may be assigned to the member of staff who would then assume ownership. The member of staff would then take up responsibility for protection and commercialisation. In this case the Trust would retain a residual share of the financial benefits (to be agreed). In such cases, the assignees may pursue and exploit the relevant IP in their own time and without utilising Trust facilities and resources.

The Regional NHS IP Hub will only undertake work on behalf of the Trust. If a Trust employee wishes the Regional NHS IP Hub to advise or undertake commercialisation of IP for which they are the inventor, it is done on the understanding that the Regional NHS IP Hub is acting on behalf of the Trust, in line with the Trusts policy and any benefits accrued from such work will belong to the Trust who will split them with the inventor as outlined above.

1.5.3. Dealing with IP

Employees who think they have produced any IP should notify the Trust lead for IP. The IP lead, the inventor, and any partner organisations may liaise with Medipex, the local NHS IP Hub, and make an assessment of whether the innovation has any significant commercial value or potential. The IP lead will make a decision about how to proceed.

An IP Hub (locally Medipex) can provide the following:

- Identify and register any IP,
- Provide advice on the exploitation, patenting and licensing of any IP,
- Undertake any negotiations on behalf of the inventor or the Trust,
- Assist with any legal matters that may arise as a result of the use or misuse of IP.

The Trust will not seek to cause any unnecessary delay in the publication of an article or publication relating to the work carried out, but the employee should not publish any details of the invention before taking advice as once inventions or research results are publicised in any form legal protection cannot be obtained. The employee should seek a director's approval to submit for publication if an invention is involved and ensure that the Trust's contribution is acknowledged.

1.6. Guidelines for staff

Employees have the responsibility of keeping accurate and dated laboratory notebooks, or records of their work, so that in the event of similar IP being generated elsewhere, the ownership of the invention can be legally attributed. Such notebooks can be important when applying for patents and also for identifying know-how.

If an employee develops an idea or concept, which may have commercial potential, they must report this to their director or senior manager, who should contact the IP lead at the earliest opportunity and, in any event, before disclosure of the idea to any party outside the Trust, either orally or in writing.

It is often difficult to protect IP and advice is needed at the earliest stages. If an employee thinks they have an item of IP there are a few simple guidelines which will help maximise the chances of being able to protect it:

- Keep it confidential to those already involved and on a 'need to know' basis.
- Resist any pressure to prematurely announce or publish details until the matter has been discussed with the Trust IP lead.
- Public disclosure (other than under explicit terms of confidentiality) will invalidate any subsequent patent application and severely diminish both potential commercial value and benefits accruing to the Trust and the originator.
- Disclosure without entering into an undertaking of confidentiality may prejudice negotiations of commercial arrangements with a company.
- Confidentiality Agreements must be used when discussing IP with external parties. These can be obtained from the Head of Information Governance and Legal Services.
- Avoid giving away or selling samples.
- Don't involve external organisations or companies in testing or prototyping without a written agreement together with confidentiality agreement being in place. These agreements must be reviewed by the Trust IP lead prior to signature.

Do not sign any contracts or agreements. Any such items must be first scrutinised by the Head of Information Governance and Legal Services and appropriate contract management staff who will

make recommendations to the Chief Executive. Any contracts the Trust enters into are signed off by the Chief Executive or their nominated representative only.

A Register of IP will be maintained centrally by the Trust, and be held with the Information Governance/Legal team, to identify IP created by Trust employees of potential commercial value. This register will include details in relation to the people involved, which means we can evaluate any equality and diversity issues. Details of these IP rights and the income they generate may be given to the independent regulator (NHS England/Improvement) or the Department of Health, from time to time, on request.

1.7. Disputes

An employee who believes the Trust has wrongfully claimed ownership of IP shall seek resolution by means of the Trust's grievance procedure. Advice will be available to transfer the IP to the Trust when this is agreed to be necessary. Without transfer of the IP, NHS resources will not be available to the employee to exploit the IP.

Where external organisations are involved formal legal advice will be sought by the Trust.

1.8. Copyright

1.8.1. Copyrighting IP produced by the Trust or by employees of the Trust as part of their employment

The general principle for the purposes of this policy is all staff must take all reasonable steps to safeguard the correct and proper use and access of IP and other unique treatments and materials by making them subject to copyright as reflected in the agreed ownership of the IP and/or materials.

Any materials copyrighted should be marked on every page and product with the following;

© Humber Teaching NHS Foundation Trust (Date or Year)

If staff are approached to give permission for the use of the Trust Copyrighted materials or IP, then other parties given permission must acknowledge the permission by including the following on all materials and information they produce:

**[name of intellectual property &/or materials] used/reproduced by kind permission of
Humber Teaching NHS Foundation Trust,
© Humber Teaching NHS Foundation Trust (Date or Year)**

1.8.2. Access to and use of Copyrighted Materials

Any materials identified as subject to copyright and copyright restrictions (by either the word Copyright [Date/Year] or the © symbol) must be used in line with copyright.

In broad terms this means that copyrighted materials can only be used.

- By expressed written permission of the Copyright Holder.
- By means of permission through the purchase of any license and /or copyrighted materials and use in line with any stated restrictions.
- By means of having sought and been unable to locate and/or contact the Copyright Holder.

Any use must acknowledge the source materials by means of the inclusion of the following on every page and item produced subsequently (where this is in order with any copyright restrictions):

© [name of intellectual property &/or materials] used/reproduced by kind permission of [insert name of Copyright Holder],

If the use results in further developments and new materials and/or IP development, then add:

subsequent developments © Humber Teaching NHS Foundation Trust (Date or Year)

Important information for all staff

The Trust does not support the use of copyright materials outside the requirements and restrictions of copyright. Any staff using copyright materials outside the copyright restrictions is doing so as an act that is not endorsed, supported, encouraged or required by the Trust and is regarded as acting on their own and as an independent agent.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

7. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

The implementation of this policy requires no additional financial resource.

8. MONITORING AND COMPLIANCE

Process for Monitoring Compliance

- Periodic review of the Trust IP register.

Standards/Key Performance Indicators

The standard and key performance indicators for the Project Management Procedure are as follows:

- Any exploitable IP generated is identified to the Trust IP Lead and placed on the register.
- Exploitable IP is used to generate appropriate income.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Associated Documentation

- The UK Policy Framework for Health and Social Care Research ([UK Policy Framework for Health and Social Care Research - Health Research Authority \(hra.nhs.uk\)](https://www.hra.nhs.uk)) [Accessed 27/07/2021]
- Medipex Healthcare Innovation Hub - [Free Information Resources | Intellectual Property \(medipex.co.uk\)](https://www.medipex.co.uk) [Accessed 27/07/2021]
- Department of Health. 2002. The NHS as an Innovative Organisation. A Framework and Guidance on the Management of Intellectual Property in the NHS
- GOV.UK. ND. Intellectual Property Act 2014. Available at <http://www.legislation.gov.uk/ukpga/2014/18/contents/enacted> [Accessed 27/07/2021].
- Gov.UK. ND. Intellectual property and your work. Available at <https://www.gov.uk/intellectual-property-an-overview/intellectual-property-ownership> [Accessed 27/07/2021]

10. Appendix 1 – Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Intellectual Property and Copyright Policy**
2. EIA Reviewer (name, job title, base and contact details): **John Duckles**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

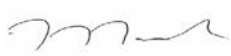
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	There is no evidence that this equality group is negatively affected by the policy
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	There is no evidence that this equality group is negatively affected by the policy
Sex	<p>Men/Male Women/Female</p>	Low	There is no evidence that this equality group is negatively affected by the policy
Marriage/Civil Partnership		Low	There is no evidence that this equality group is negatively affected by the policy
Pregnancy/ Maternity		Low	There is no evidence that this equality group is negatively affected by the policy

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Race	Colour Nationality Ethnic/national origins	Low	There is no evidence that this equality group is negatively affected by the policy
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this equality group is negatively affected by the policy
Sexual Orientation	Lesbian Gay men Bisexual	Low	There is no evidence that this equality group is negatively affected by the policy
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this equality group is negatively affected by the policy

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
EIA Reviewer: Jon Duckles	
Date completed: 16/03/21	Signature: 

11. Appendix 2 – Document Control Sheet

Document Type	Intellectual Property and Copyright Policy		
Document Purpose	The policy sets out how the Trust will manage innovation and IP arising in the Trust in accordance with the Framework and in accordance with the Intellectual Property Act 2014 (Intellectual Property Act 2014 (legislation.gov.uk), whether it is in the form of Patents, Copyright, Trademarks Registered Design, Design Rights and Innovation		
Consultation/Peer Review:	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates</i>	22/02/22	Operational Development Group	
	14/03/22	Executive Management Group	
Approving Committee (V1.0)	Governance Committee	Date of Approval:	August 2011
Ratified at:	Trust Board	Date of Ratification:	September 2011
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	If applicable	Financial Resource Impact	If applicable
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents. The implementation of this policy requires no additional financial resource.		
Monitoring and Compliance:	<p>Process for Monitoring Compliance</p> <ul style="list-style-type: none"> Periodic review of the Trust IP register. <p>Standards/Key Performance Indicators</p> <p>The standard and key performance indicators for the Project Management Procedure are as follows:</p> <ul style="list-style-type: none"> Any exploitable IP generated is identified to the Trust IP Lead and placed on the register. Exploitable IP is used to generate appropriate income. 		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
Version number/ name of procedural document this supersedes	Type of change, e.g. review/legislation	Date	Details of change and approving group or executive lead (if done outside of the formal revision process)
1	New policy	1 August 2011	New policy Approved Governance committee 1-Aug-2011
1.01	Review	6 August 2012	Full review. Minor changes to job titles in section 4 Approved Governance Committee 6 Aug-2012
1.02	Review	14 March 2022	Full Review with advice from Hill Dickenson Approved at EMT 14 March 2022
