

Innovation and Intellectual Property Policy

CATEGORISATION	Research and Innovation
TRUST POLICY NUMBER	CP.2010.9
CONSULTATION GROUP	Research and Innovation Governance Group
APPROVING SUBCOMMITTEE	Executive Sub-committee for Quality
RATIFYING COMMITTEE	Executive Committee for Quality & Risk
DATE RATIFIED	21 September 2026
DATE FOR REVIEW	21 September 2029
DISTRIBUTION	All staff
RELATED DOCUMENTS	-
FORMS AND DOCUMENTS LINKED or ADDED AS APPENDIX IN THIS POLICY	Nil
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EQUALITY IMPACT ASSESSMENT NUMBER	250826-1
THIS DOCUMENT REPLACES	Innovation and intellectual property policy version 7 CP.2010.8
This document is available in alternative formats upon request, such as large print, electronically or community languages.	

Document History and Control:

Version	Date Ratified	Brief summary of significant changes/ amendments	Author/ contributor
9	Sep 2026	Major rewrite to include 2025 DHSC guidance and Trust corporate input	M Mason, H Cronshey, J O'Callaghan, S Booth

Executive Summary

Queen Victoria Hospital NHS Foundation Trust encourages innovation from all staff. This policy outlines how intellectual property (IP) arising from work at the Trust will be identified, protected and managed. Under UK law, IP created in the course of normal duties belongs to the Trust, though rights may be shared or transferred in specific circumstances. Staff must report ideas early and avoid any external disclosure until advice is obtained. Decisions about protection or commercialisation consider patient benefit, market potential and financial return, with support from the Research & Innovation team and the Health Innovation Network.

The policy sets out responsibilities for staff, leadership oversight, processes for managing equity and revenue sharing, and requirements for collaborations with universities and external funders. Training will be provided, the policy is subject to regular review, and breaches may result in disciplinary action. Confidentiality, records management, equality considerations and Freedom of Information obligations also apply.

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1. Introduction

- Queen Victoria Hospital NHS Foundation Trust (QVH) recognises that all staff during the course of their employment, and from any discipline, 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 key strategic objective to provide outstanding patient care and to innovate and improve
- The Trust seeks to encourage and enable employees to participate in the generation of intellectual property (IP) as part of its commitment to encourage innovation and to deliver the best possible patient care. QVH aims to maintain a balance between the legitimate needs of the Trust to protect its interests (IP is seen as an asset), and the provision of a creative environment for employees in which to work
- In 2025, the Department of Health updated its 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 is managed within the given Framework. The policy that follows aims to set out how QVH will manage innovation and intellectual property arising in the Trust in accordance with the Framework

Definitions of intellectual property:

Nature of IP	Relevant IP right	Examples
New invention	Patent	A new medical device devised as a result of a research project (can include software).
Literary works	Copyright	The source code for computer software, the text from a patient leaflet and research papers produced for medical journals.

Nature of IP	Relevant IP right	Examples
Artistic works	Copyright	Photographs and other images appearing on the internet are likely to be protected by copyright.
Designs	Design rights	The design for a new medical device.
Brand names	Trade marks	The NHS logo or the brand name of a particular drug.
Know-how	Confidentiality	Specific equipment set-up or methods of working that are not patentable but which have been kept confidential and are not generally known.

2. Scope

This policy applies to all employees of the Trust regardless of the type of employment contract held when working with the Trust (whether employed in clinical, non-clinical or research and development roles), Contractors, Consultants and advisors, students and trainees, seconded staff and collaborators such as university and commercial partners

3. Duties

3.1 Duties within the Organisation

Staff who identify potential ideas that may lead to commercial opportunities or ideas that may have merit for QVH or the wider NHS should formally discuss this with their senior manager or Associate Director of Research, Innovation and Improvement .. This must be done before any communication of the idea to another party outside the Trust, either orally or in writing.

3.2 Committees and Groups with Overarching Responsibilities

3.2.1 The Executive leadership team have overall responsibility and accountability for oversight of this policy and exploitation of intellectual property

3.2.2 The Chief Medical Officer is the designated Senior Responsible Officer for Intellectual Property policy

4. Process

4.1 Ownership

4.1.1 QVH is committed to ensuring a balance between the legitimate needs of the Trust to protect its interests and the provision of a creative working environment for staff members

4.1.2 Under UK intellectual property law, including the Patents Act 1977 (as amended) and the Copyright, Designs and Patents Act 1988 (as amended), intellectual property created by employees in the course of their employment will generally belong to the Trust. The Trust has responsibility for identifying, protecting and, where appropriate, commercialising such intellectual property for the benefit of patients, the NHS and the public. Where the Trust determines that it does not wish to pursue or exploit particular intellectual property rights, it may agree to assign those rights to the creator(s), subject to appropriate approvals and legal documentation. In such cases, responsibility for protection, management and commercialisation of the intellectual property will transfer to the creator(s)

4.1 To enable the Trust to meet its obligations in relation to IP, discussions between the inventor(s) should take place at the earliest opportunity. The Trust will normally retain ownership of IP created by its employees in accordance with applicable legislation, contractual arrangements and this policy. Where it is proposed that IP rights should be shared with, assigned to or transferred outside of the Trust, this must be agreed by the Trust in advance.

4.2 Where the Trust agrees to the sharing, assignment or transfer of IP rights, it will normally expect to receive an appropriate share of any financial or other benefits arising from the commercialisation of that IP. The arrangements relating to ownership, protection, commercialisation, income generation will be documented in a formal written agreement between the Trust and the inventor.

4.3 Any proposal to share, assign or transfer IP together with the associated commercial terms must be approved in line with the Trust's scheme of delegation.

4.4 Exploitation of trust intellectual property is the responsibility of the relevant directorate and corporate function in conjunction with the Trust's Research Department who will retain management responsibility for IP generated within the Trust.

4.2 Protection of intellectual property

4.2.1 Not all IP needs formal protection by registration to be valuable or useful and in some cases, the costs of protection may outweigh the potential benefits. In such cases, the Trust may decide that the invention may lead to improvements in patient care or NHS services and commercialisation would prevent this from functioning as "public good" and not pursue protection. Other innovations may offer opportunities for revenue through licensing, spinouts or other commercial models. Where discussions relate to potentially commercially valuable IP, employees must notify the Trust designated lead for Innovation, Research for IP before disclosing confidential information. Any proposals relating to the protection, licensing, assignment or commercialisation on Trust owned IP, this must be approved in accordance with the Trust's governance arrangements. Each innovation should be assessed on a case-by-case basis to identify the most appropriate route and should be formally discussed with their senior manager or director.

4.2.2 Decisions on whether to commercialise IP will be based upon several factors:

- Ability to demonstrate market potential
- Likelihood of success of the venture
- Public and patient benefit
- Potential financial return

4.3 Management of Intellectual property and Equity

4.3.1 Where it is part of the staff member's role to innovate or where the innovation has been specifically requested by the Trust, the Trust shall not be under any obligation to share benefits with any members of staff that have created the IP e.g. software development

4.3.2. If the Trust chooses to protect and exploit IP rights where development of innovations is not part of the employees usual duties or job description, it is appropriate that members of staff who have developed the IP should share in any benefits derived e.g. through royalty income

4.3.3 In the circumstances where IP and any realised income is divided, the quantum of shared benefit is calculated based on total income less all appropriate deductions. The split of equity and income will be as negotiated at the outset of the initial agreement (as per section 4.1.3)

4.3.4 Where innovation or research funding has been received from an external sponsor, there may be an over-riding contract that stipulates the external protection of IP.

4.3.5 IP arising out of funding from external, non-NHS or universities whose policies on commercialisation differ from the Trusts should negotiate its position based on section 4.2.2 and the Trust's role in developing the commercialised IP. Formal sign off will be required by ELT.

4.4 Guidance for Staff

4.4.1 Innovation is common in the NHS, QVH as a regional centre of excellence, has the opportunity to improve care through a range of approaches including Research, Innovation and Continuous Improvement. If you have an idea please share with a senior manager and Associate Director of Research, Innovation and Improvement as soon as possible. Do not share your idea with anyone outside of the Trust.

4.4.2 Examples of ideas include the development of new techniques, devices, diagnostic methods, software, guidelines and publications.

4.4.3 IP protection requires expert knowledge and advice is needed at the very earliest opportunity. There are a few simple guidelines to maximise the ability to protect an idea:

- Do not announce or publish the idea, any idea put out in the public domain including social media, clinical journals, blog posts and websites. Public disclosure (other than under explicit terms of confidentiality) will invalidate any

potential Patent application and severely limit any commercialisation of an idea and may prejudice negotiations with potential collaborators.

- Confidentiality agreements must be used whenever information that is considered to have commercial potential and not already in the public domain is shared with another party. A confidentiality agreement is a legally binding document. The rights of the Trust and the inventor are protected. Seek advice from the Associate Director of Research, Innovation and Improvement. You should also seek advice from corporate governance before signing any agreement.
- Avoid demonstration of prototypes outside of the Trust
- Do not involve any external organisation in testing your idea before written agreements including a confidentiality agreement is made.
- If an employee of the Trust makes a significant contribution to the development of a third party's IP (e.g. working on a collaborative research project or following an approach from a company representative) then the Associate Director of Research, Innovation and Improvement should be advised so they can ensure the Trust's right to recognition and reward and secured.

4.5 Joint appointments

4.5.1 Where an employee has a joint appointment with another organisation such as a university, a partnership agreement on intellectual property issues will need to be developed with the partner organisation. Similarly if the NHS is considered as a secondary employer a partnership agreement should be agreed.

4.5.2 In general, the organisation with the main employment contract will be responsible for protecting the IP rights and dissemination or commercialisation. Agreement will need to be reached with both organisation as to the sharing of costs/benefits.

5. Training and Awareness

5.1 Training will be provided at the Clinical Learning Forum with recordings available on the Qnet Research and Innovation pages

5.2 All staff will be notified of this new policy through Connect, new staff will be signposted to the policy in their local induction.

6. Equality

6.1 This policy and protocol has been equality impact assessed in accordance with the Trust's Equality, Diversity and Inclusion Policy. Completed assessments are available upon request from qvh.eia@nhs.net.

7. Freedom of Information

7.1 Any information that belongs to the Trust may be subject to disclosure under the Freedom of Information Act 2000. This act allows anyone, anywhere to ask for information held by the Trust to be disclosed (subject to limited exemptions). Further information is available in the Freedom of Information Act Trust Procedure which can be viewed on the Trust Intranet.

8. Records Management

8.1 Records are created or received in the conduct of the business activities of the Trust and provide evidence and information about these activities. All records are also corporate assets as they hold the corporate knowledge about the Trust. The Trust has a Corporate Records Management Policy for dealing with records management. Compliance with and the application of this policy will ensure that the Trust's records are complete, accurate and provide evidence of and information about the Trust's activities for as long as is required.

9. Review

9.1 This policy will be reviewed in 3 years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

10 Disagreements and breaches of Policy

10.1 In the event of any dispute in the interpretation of this policy the first step should be discussion with the SRO responsible for Intellectual property.

10.2 Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Trust's Disciplinary Policy and Procedures.

10. Monitoring Compliance with this Policy -

This table may be used to detail how the implementation and application of the policy will be monitored. This section will include details of who will monitor and may include details on how compliance will be audited.

Activity being monitored	Methodology to be used for monitoring	Responsibility for monitoring	Frequency of monitoring and reporting	Process for review and improvement
IP agreements	Bi-annual R & I strategy update to Strategy & Culture Committee	Research & Innovation Department	6 monthly	

11. References -

a. Legislation

Patents Act 1977. Statute Law Database. Available at:
<https://www.legislation.gov.uk/ukpga/1977/37/contents>

Copyright, Designs and Patents Act 1988. Statute Law Database. Available at:
<https://www.legislation.gov.uk/ukpga/1988/48/contents>

Freedom of Information Act 2000 (no date). Statute Law Database. Available at:
<https://www.legislation.gov.uk/ukpga/2000/36/contents> (Accessed: 4 March 2026).

b. Guidance

[Intellectual property \(IP\) guidance for the NHS in England - GOV.UK](#)