

<b>Corporate</b>	<b>ICBP055 Use of Artificial Intelligence (AI) and approval Policy</b>
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## **EQUALITY IMPACT ASSESSMENT**

<b>Date</b>	<b>Issues</b>
March 2025	None identified

## **POLICY VALIDITY STATEMENT**

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

## **ACCESSIBLE INFORMATION STANDARDS**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [nencicb-nor.comms@nhs.net](mailto:nencicb-nor.comms@nhs.net)

## Version Control

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## Approval

Role	Name	Date
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## Introduction

Intelligent Automation (IA) and more specifically Artificial Intelligence (AI) technologies offer the potential to transform and revolutionise the way the Healthcare sector develops services into the future.

NHS North East and North Cumbria (NENC) Integrated Care Board (ICB) recognises the importance of adopting AI technologies while ensuring their ethical, social, economic and responsible use.

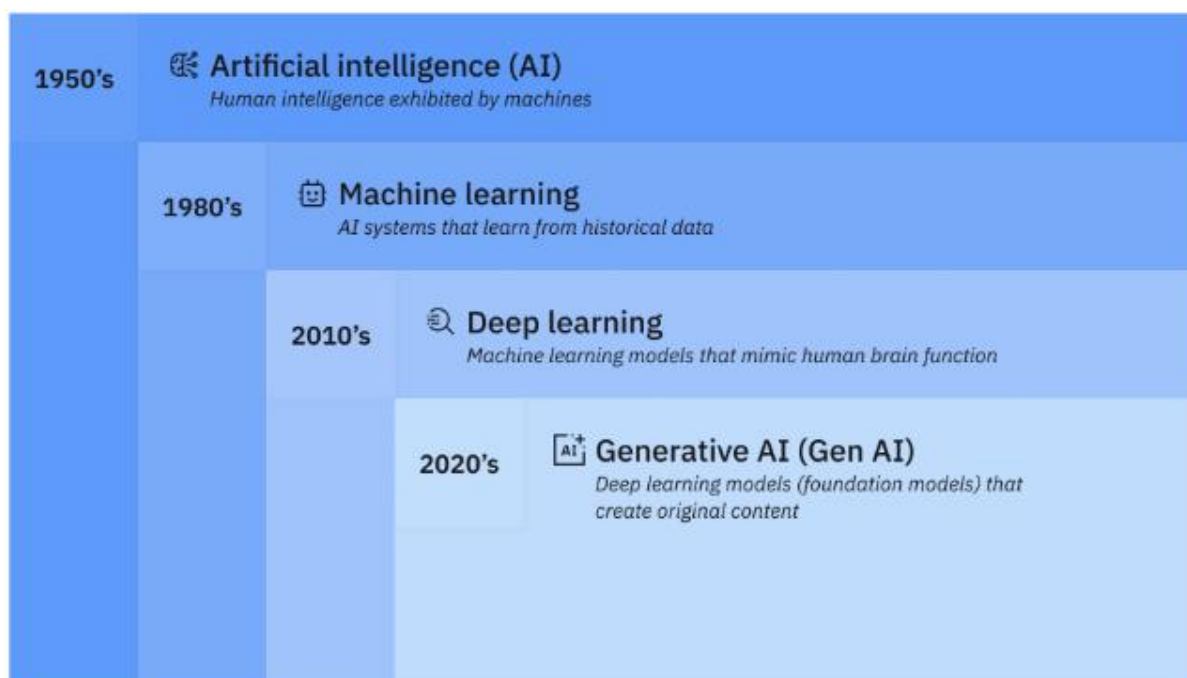
This AI policy serves as a guiding framework to ensure the appropriate deployment, management, and oversight of AI systems within and across the Integrated Care Board. The Integrated Care Board has a duty to meet legislative and regulatory requirements in relation to information security and data protection, these include the NHS Cyber Assurance Framework/Data Security and Protection Toolkit and Statement of Compliance, and the legislation, guidance and associated policy documents listed in section 6 of this policy.

The Integrated Care Board 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 carer's, public, staff, stakeholders and the use of public resources.

## What is Artificial Intelligence?

Artificial intelligence (AI) is technology that enables computers and machines to simulate human learning, comprehension, problem solving, decision making, creativity and autonomy, that would normally require human levels of intelligence. Most commonly, these tasks use machine learning algorithms to recognise patterns, solve complex problems, understand natural languages, and make decisions. It can also refer to the use of robotics in automating tasks that would normally be performed by a human.

A simple way to think about AI is a series of nested or derivative concepts that have emerged over the past 70 years



## Definitions

**Artificial Intelligence (AI) and Generative Artificial Intelligence** – AI is the development of computer systems to mimic tasks that would normally require human levels of intelligence. Most commonly these tasks use algorithms, machine learning to make decisions, solve complex problems and understand patterns. AI can also be used in robotics in automating tasks that would normally be performed by a human. Although AI is getting smarter and can perform some impressive feats, it is not a tool that can be used in a healthcare setting to diagnose illness, assess mental health symptoms to determine if it meets the criteria for a specific mental disorder or offer treatments without a human to review its findings.

The theory and development of computer systems using algorithms to perform tasks normally requiring human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages. For example: a language translator will, when using AI, produce an output which is naturally spoken or written and indistinguishable from someone who speaks it as a first language.

**Machine Learning** – is a sub-field of AI. It is the use and development of computer systems that are able to learn and adapt without following explicit instructions, by using algorithms and statistical models to analyse and draw

inferences from patterns in data. Machine learning algorithms are trained on data sets to create models that enable machines to perform tasks that would otherwise only be possible for humans. These tasks include categorising images, analysing data, predicting price fluctuations etc.

**Deep Learning** - is a subset of machine learning that uses multilayered neural networks, called deep neural networks, that more closely simulate the complex decision-making power of the human brain.

Deep neural networks include an input layer, at least three but usually hundreds of hidden layers, and an output layer, unlike neural networks used in classic machine learning models, which usually have only one or two hidden layers. These multiple layers enable unsupervised learning: they can automate the extraction of features from large, unlabelled and unstructured data sets, and make their own predictions about what the data represents. Because deep learning doesn't require human intervention, it enables machine learning at a tremendous scale.

**Generative AI** - is a subset of AI referring to an intelligent machine that can learn from inputted data or its knowledge and by looking for apparent commonalities in the data produces new linked or completely unique information or data.

**Data Protection Impact Assessments** - A Data Protection Impact Assessment (DPIA) is a process to help identify and minimise the personal data protection risks of a project. The Integrated Care Board requires that DPIAs are considered and where necessary completed in full for any new data processing activities, new systems, services and commissioning activities. The Information Governance (IG) Team will review DPIAs and advise of requirements and recommended actions and approval as necessary.

**Information Asset Register** – A written document used to record all business assets, business records, business functions, legal basis for storing/collecting data, personal data flows, information asset owners (IAO)/ information asset administrators (IAA), data checks, audits and reviews. The Information Governance (IG) Team will work with IAA and IAO to develop and capture this business-critical information.

**Digital Technology Assessment Criteria (DTAC)** - Developed by the NHS, the DTAC is an assessment criterion required for the commissioning of digital health technologies across the NHS and social care services. The DTAC

includes criteria covering clinical safety, data protection, technical security, interoperability, plus usability and accessibility. For your digital health product to pass the DTAC you need to meet all requirements in each of the areas.

**Natural Language Processing** – refers to the branch of computer science/ AI concerned with giving computers the ability to understand text and spoken words in much the same way human beings can.

**Processing** - in relation to information or data means; obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data, which may include adaptation or alteration of the information; retrieval, or use of the information or data; disclosure of the information or data by transmission, dissemination or otherwise making available, or alignment, combination, blocking, erasure or destruction of the information or data. In summary anything you do with data is “processing”.

**Robotic Process Automation (RPA)** - is a form of business process automation that uses automation technologies to mimic back-office tasks of human workers, such as extracting data, filling in forms, moving files, etc. By deploying scripts that emulate human processes, RPA tools autonomously execute various activities and transactions across unrelated software systems. This form of automation uses rule-based software to perform business process activities at a high volume, freeing up human resources to prioritize more complex tasks. While RPA is sometimes mistaken for artificial intelligence (AI), the two are distinctly different, RPA is process-driven, whereas AI is data-driven. RPA bots can only follow the processes defined by an end user, while AI bots use machine learning to recognise patterns in data and learn over time. RPA and AI can complement each other well.

## Purpose and Scope

The Scope of this Artificial Intelligence Policy covers all those employed at North East and North Cumbria Integrated Care Board including subsidiary company employees and contractors, any processes using AI, any data for AI (input and output) and any technical systems using AI across all locations.

This policy covers all applications in use of Artificial Intelligence across North East and North Cumbria Integrated Care Board including software purchased or developed by the Integrated Care Board that utilises AI as its primary or any secondary function.

This policy aims to ensure that;



- The Information Asset Register is used to monitor, data captured in use of, AI systems to protect personal data and ensure transparency.
- Information systems used in the Integrated Care Board are properly assessed for security.
- Appropriate levels of security are in place to maintain the confidentiality,
- integrity and availability of information and information systems.
- All staff are aware of their roles and responsibilities for information security.

It is essential that all AI processing systems are protected from events which may jeopardise the activities of the Integrated Care Board. These events may be accidental as well as deliberately designed to cause difficulties. Adherence to this policy and related policies and procedures will ensure that the risk of such occurrences is minimised.

This policy will ensure that all AI systems, including computer systems, network components and electronically held data, are adequately protected from a range of threats. This policy and associated guidelines cover all aspects of information security from paper-based records to IT systems, administration systems, environmental controls, hardware, software, data and networks.

It is recognised that AI systems, including machine learning algorithms and natural language processing, can contribute significantly to research, improving healthcare outcomes and resource allocation. However, it is imperative to ensure that AI technologies are used in a manner that aligns with legal requirements, respects patients' rights, and maintains the trust and confidence of our patients, staff and stakeholders.

## Roles and Responsibilities

It is the responsibility of Information Governance Team to review this policy if concerns are raised, modern technologies emerge, legal guidance changes and to review and update it before it expires.

For advice and guidance on the safe and ethical use of Artificial Intelligence tools and models, colleagues should contact the Information Governance Team on [nencicb.ig@nhs.net](mailto:nencicb.ig@nhs.net)

It is the responsibility of all colleagues at North East and North Cumbria Integrated Care Board including those within its subsidiaries to follow this policy.

It is the responsibility of the Data Security and Protection Group to ensure the compliance with this policy and that any concerns raised by colleagues are reviewed and if required action upon.

It is the responsibility of the Research and Data Subcommittee to ensure that the use of AI at North East and North Cumbria Integrated Care Board is ethical and used in the best interest of our patients and colleagues.

Any Integrated Care Board information asset that integrates AI generative add-ons within their software need to be assessed to ensure they are compliant with this policy. Information Asset Owners are responsible for ensuring that these are compliant.

## Using AI in Healthcare

AI is a feature of many applications currently used by staff including Apps within MS-Teams. It is important to use AI appropriately and responsibly to ensure that it does not compromise personal data, business sensitive information, violate policies, or pose a risk to patient safety or our network integrity. The Integrated Care Board recommends caution when using freely available AI software such as Chat GPT. Although it can be used in the same way you might use different sources to kickstart a research project or better understand what people are saying about a topic, it should not be used as your primary source for information because it can produce inaccurate, biased or false information.

The UK's National Cyber Security Council (NCSC) states that you should not enter sensitive information (such as personal details or company intellectual property) into chatbots, and not to perform queries that could be problematic if made public (for example sharing your secrets and asking ChatGPT to solve a personal dilemma).

### **If using publicly available AI then you must follow the following basic rules:**

- No personal data should be used in these apps or services.
- No business sensitive data should be used in these apps or services.
- These apps must only be used for non-clinical purposes.
- You must inform the Information Governance team where you intend to use these services for routine working.
- You must be aware of any copyright and intellectual property considerations when using generative AI.
- Users should be aware of any potential ethical considerations when using these products. Including the potential to propagate biased, discriminatory, or harmful content.
- Be aware that you will need to verify any output of these products to ensure accuracy.
- AI software used for work purposes should only be accessed via corporate devices.
- As per the Acceptable Use Policy you must not install any software without explicit permission from IT. Additionally downloading commercial software is not permitted without a license, in this case please refer to procuring AI products.

**When procuring and implementing artificial intelligence products or systems that include AI features you must:**

- Engage with the procurement process set out within the Procurement Policy.
- Engage with ICT/Digital and Information Governance teams.
- You are legally required under GDPR to complete a Data Protection Impact Assessment (DPIA), when procuring a new AI tool that poses a high risk to individuals' rights and freedoms, the service area and the supplier must engage with this process.
- Consider the risks and practical steps to reduce these risks that are documented in the ICO's AI Toolkit AI and data protection risk toolkit | ICO
- Complete a Digital Technology Assessment Criteria if the AI is associated with healthcare provision (such as image reading). .
- Document and address any associated biases or ethical concerns as part of the DPIA and DTAC processes; potential societal impact and ethical implications of AI deployments should be carefully assessed and mitigated.
- Obtain approval from the Health Research Authority (HRA) if the AI is associated with research.
- A Clinical Safety Officer and a Medical Device Safety Officer - MDSO (if developing a medical device) must be consulted throughout procurement and implementation. If you require an MDSO this role will be sourced from an external organisation and assurance must be given to ensure the device is safe to use.
- Adhere to the conditions set out in Article 22 of the UK General Data Protection Regulation in relation to automated individual decision making, including profiling. – Individuals have the right not to be subject to automated decision making.
- Review AI outcomes or outputs by a human. You cannot rely solely on the use of AI for decision making, there must be substantial involvement from an appropriately qualified human.
- Ensure there is an agreed process to flag any concerns regarding the output of any AI products.
- Report on [SIRMS](#) any concerns which have led to an incident.
- Establish incident response plans to handle security incidents, including data breaches, unauthorised access, and system failures.
- Ensure use of AI is transparent to staff and patients, ensuring they understand where it is being used and how it may impact their employment, work or care. The logic behind it must be explainable.
- Collected and process data in a lawful and ethical manner, with appropriate legal basis and anonymisation measures in place.
- Ensure data access and sharing is strictly controlled, and that data is stored securely throughout its lifecycle.

- Conduct patient and public engagement activities that include determining if individuals support the use of data for your intended purpose, or if they have any concerns on how their data will be used.
- Ensure that if the use of AI involves service change that prior to the implementation of any AI programme, formal consultation takes place with employees and their trade union representatives in accordance with the organisational change policy.
- Be assured that any product mitigates against bias and discrimination.
- Ensure that AI systems are continuously monitored for suspicious activities, anomalies, and potential security breaches.

## Integrated Care Board AI Allowances

### Redundancy of AI systems

All applications of AI within North East and North Cumbria Integrated Care Board, where they are part of a critical business function, must have redundancy built in that prevents a loss of service should the tool become unavailable for any reason. Any deployed model used for decision-making, including those by third parties must maintain a minimum uptime of 99%.

### Use of AI for Office Efficiency Tools

It is encouraged where possible to utilise spelling, transcription and grammar tools that have been enhanced with Artificial Intelligence where these exist within the agreed productivity suite already installed by IT. It is not permitted to use online web-based tools not owned or managed by North East and North Cumbria Integrated Care Board, for example ChatGPT for this purpose. Users should use AI where it can improve administrative workflows, providing these tools exist in software that has been signed off by Cybersecurity and Information Governance.

### Use of large language models

The use of large language models is permitted where it does not breach GDPR, use data that would be deemed sensitive or confidential and does not bring North East and North Cumbria Integrated Care Board into disrepute. No member of the Integrated Care Board should use patient or employee data with unapproved AI models. Specifically, patient data should never be uploaded to ChatGPT or similar services.

### Use of AI for Programming

It is permitted to use programming assistance tools where these exist in already approved applications or where the question is generic and not related specifically to North East and North Cumbria Integrated Care Board. Web based models should not be supplied with any code owned by North East and North Cumbria Integrated Care Board or its suppliers.

## Use of AI for Translation

The use of AI to facilitate translation of real time speech and text documents provides enormous potential for improving diversity and inclusion for non-English speakers. However, users should be aware that relaying critical information (especially medical) may be inappropriate, due to the possibility of misinterpretation and should be reviewed on a case-by-case basis factoring in the risk of, or distress caused by using said tools.

### Examples

Acceptable: Translating an appointment letter from Spanish

Unacceptable: Where you should use a professional human translator: Translating a cancer diagnosis to a patient.

## Use of AI for Meeting Transcription

In general, the risk posed by incorrect meeting translation is low, however, transcripts should be checked at the end of meetings to ensure accurate portrayal of the meeting. In some circumstances, especially where the meetings transcript will be in the public domain or is legally required to be transcribed, it is recommended that a human transcriber is used. Any model that is used for the use of meeting translation should be checked to ensure that it can identify a wide range of accents including those where English may not be their first language with a high accuracy.

**AI should not be used for meeting transcriptions for meetings that discuss confidential information, patient treatment and care plans or any meetings that would be deemed inappropriate to record in normal circumstances.**

## Automation

Developers and Third Parties that have developed any AI automated workflow should ensure that a regular review process is conducted to ensure that the scope of the workflow still meets the original scope and complies with this policy.

- Third party applications
- All products using AI must have the ability to “turn off” this function.
- All products using AI are not permitted without special permissions from the AI Research and Data Subcommittee to use inputted data for training.
- All third-party applications that use AI must be registered on the Integrated Care Board’s Information Asset Register and reviewed yearly.
- All third-party applications must provide a layperson description of their services on a publicly accessible website.
- All third-party applications must provide an up-to-date contact address (preferably email or phone) should a member of the public have concerns or questions.

- All third-party applications must disclose the type of model used so that the accuracy of their model can be fairly assessed against its competitors. For example, in the case of classification, at a minimum a confusion matrix, accuracy, precision, recall and F1 score should be disclosed.
- Where a third-party application is intending to use North East and North Cumbria Integrated Care Board data to train their model, they must disclose the data used and be able to rationalise the reason for its incorporation using non-black box techniques like Shapley values.
- Third party applications must not use arbitrary single number accuracy metrics. For example, stating they achieve 92% accuracy which is likely to be misleading.

## General Risks and Mitigations

General risks are those that are considered to apply to all forms of AI system wide and should be considered in all cases.

### General Risks

- i. Any new AI process or system which uses personal data requires a Data Protection Impact Assessment (DPIA) and approval by the ICB's Data Protection Officer (DPO), Senior Information Risk Owner (SIRO) and ICT/Cyber Security Lead.
- ii. Any new AI asset will require registration with the Integrated Care Board's Information Asset Register
- iii. Users should be aware that any AI system with the potential to cause harm to patients, for example (but not limited to): system failures, algorithmic flaws or misuse, must be compliant with the established framework of clinical risk management – DCB 0160 that was incorporated into English law in section 250 of the Health and Social Care Act 2012.
- iv. When using generative Artificial Intelligence, such as large language models (e.g., Chat-GPT) users should only ask questions in areas they are already familiar with. You should not assume that the output of the generative AI is correct.
- v. Information Asset Owners must ensure that their AI systems comply with the requirements in DCB 0160 by identifying, evaluating and mitigating any risks throughout the products lifecycle.
- vi. There is rarely a reason to use patient identifiable information for the training of a machine learning model. To reduce the risk of accidental disclosure, the following information should not be used in a training dataset.
  - Unique Identifiers (MRN, NHS Number etc.)
  - Name
  - DOB (You can use age, or age bandings)
  - Full Line Address (You can use LSOAs, Postcode Sectors)

Exceptions to this can only be granted through the ICB's Research & Data Subcommittee and should where possible use the highest level of anonymisation.

## Clinical Applications

Clinical applications include any software utilising Artificial Intelligence that is a part of a clinical system including electronic patient records.

Artificial intelligence can only be used as a decision support tool, it is not permitted to design or implement AI in a way where it replaces the expertise of a clinical professional or goes against the agreed practices outlined in other North East and North Cumbria Integrated Care Board or national policies.

For Software and AI as a Medical Devices that have been developed outside of North East and North Cumbria Integrated Care Board, or where North East and North Cumbria Integrated Care Board is a joint partner then the following apply.

All Artificial Intelligence models that have been classified as Software and AI as a Medical Device must be compliant with the Medical Device Regulations 2002 (UK MDR 2002) and any additional Medicines & Healthcare Regulatory (MHRA) recommendations including but not limited to Software and AI as a Medical Device Change Programme WP9-01 to 11.

All Artificial Intelligence models being used or designed that meet the DCB definition of a Health IT System must be compliant with the recommendations outlined in DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems

All Artificial Intelligence models being used or designed that meet the DCB definition of a Health IT System must be compliant with the recommendations outlined in DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems.

Incidents relating to Artificial Intelligence within Software and AI as a Medical Device should be reported via the yellow card scheme / app.

Third party companies working with Software and AI as a Medical Device must have completed and had approved a Digital Technology Assessment Criteria (DTAC) before the commencement of any work.

Third party companies working with Software and AI as a Medical Device must have completed and had approved a Data Protection Impact Assessment (DPIA) before the commencement of any work.

## Cybersecurity

Artificial Intelligence can be exploited to automate and amplify harassment through chatbots, deepfakes, and social engineering, making it easier to spread harmful



content, impersonate individuals, or orchestrate coordinated attacks. Alongside this, the availability of AI enhanced methodologies creates easier access to malicious software and increases the success of scams. Whilst AI can be used to improve the protections of anti-virus and detection, colleagues should be prepared to prevent misuse where possible.

The threat of technologies like deepfakes and generative AI increases the capabilities of threat actors to create realistic fake personas, impersonate real people and create convincing messages. This increases the likelihood of security risks, such as phishing, fraudulent communications, and data breaches. Therefore, it is not permitted to use any AI model that recreates the likeness or can be used to impersonate a member of staff.

With the prevalence of social media, for example LinkedIn, Facebook and X, training AI models to replicate or impersonate employees of North East and North Cumbria ICB is widely accessible and should be considered a considerable risk to the ICB. Employees should not take pictures of ID badges or pictures that can be used to support social engineering attacks on social media such as payslips.

Modern malware attacks can avoid detection if used on exploited training data. There is a realistic probability that capable states have sufficient repositories of malware available. All applications of AI require Cybersecurity and Information Governance clearance.

## Prevention of Bias and Discrimination

AI systems are trained on existing data which may be implicitly or explicitly unbalanced by either under or over representing characteristics. This can also be true for the creator and third parties developing AI models who may have preconceived perceptions of said data patterns and inadvertently sway the model in a way that leads to discrimination.

The organisation has a responsibility to ensure that any AI system in use is not unlawfully discriminatory under the Equality Act 2010 and the Data Protection Act 2018. Compliance with one does not guarantee compliance with the other.

The Integrated Care Board and its employees must consider:

- Processing of Personal Data must be 'Fair.' Any processing of personal data using AI that leads to unjust discrimination of people, will violate the fairness principle.
- Data protection aims to protect individuals' rights and freedoms, which includes the right to not be discriminated against. The organisation is responsible for ensuring reasonable technical and organisational measures are in place to prevent this.



- The processing of personal data for profiling and any automated decision-making may lead to discrimination, the organisation is responsible for ensuring reasonable technical and organisational measures are in place to prevent this.
- Article 22 of the GDPR states that the data subject shall have the right not to be subject to a decision based solely on automated processing, including profiling which produces legal effects concerning him or her or similarly significantly affects them.
- Internal and third-party Developers of Artificial Intelligence must provide assurance that their model has been tested against all protected characteristics and does not produce or exacerbate existing biases.
- Internal and third-party Developers of Artificial Intelligence must provide assurance that their model is trained, where applicable, on data that is representative of the population of North East and North Cumbria, its patients, and any personnel employed by North East and North Cumbria Integrated Care Board.
- It is not permitted to use Artificial Intelligence in a way that would restrict or unfairly penalise the public's right to access healthcare or any public service within nationally agreed targets, for example the 18-week Referral to Treatment (RTT) target.
- Any concerns relating to bias or discrimination in the context of AI should be escalated to the Information Governance Team using [nencicb.ig@nhs.net](mailto:nencicb.ig@nhs.net) in the first instance.
- The Research and Data Subcommittee has the final decision on matters relating to Artificial Intelligence and may where appropriate refuse a models' use if it is deemed to not be compliant with any section of this, or national policy.

## Use of Demographic Information

No Artificial Intelligence model should include the demographic information listed below of any person, including employees and patients. The only permissible identifier is the NHS number of a patient, where it complies with GDPR and is necessary to link the prediction of a machine learning model to a record.

- Postcode, Address (use LSOA)
- Contact Information including Email and Phone Numbers
- Social media account information

You should not use protected characteristic information unless approved by the Information Governance Team. These include.

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (in employment only)

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

## Legal regulations and statutory requirements for AI

### Legal regulations

Due to the recent emergence of AI, legal frameworks are still being developed. However, the current legal acts currently apply and should be considered when using or designing AI.

- Cabinet Office. (2018) Data Protection Act 2018. London: HMSO
- Cabinet Office. (1998) Human Rights Act 1998. London: HMSO
- Cabinet Office. (1990) The Computer Misuse Act 1990. London: HMSO
- Cabinet Office. (2000) The Electronic Communications Act 2000. London: HMSO
- General Data Protection Regulations (2016)
- Data Protection Act 2018
- Equality Act 2010
- Human Rights Act 1998
- Copyright Act 2022
- Designs and Patents Act 1988

### Emerging

#### UK Artificial Intelligence Regulation Framework

Which will control the safety, security, robustness, transparency, explainability, fairness, accountability, governance, contestability, and redress of AI in the UK. The regulator is yet to be decided.

Whilst not part of our legal framework, the EUs AI Act is likely to influence providers and applications of AI across all industries and geographies.

### Statutory requirements

Where Artificial Intelligence has been used, the creator, third party or Integrated Care Board will need to ensure that clear accountable lines of responsibility and liability are available.

- All AI models must have human oversight in the decision-making process.

- All uses of Artificial Intelligence in use for clinical care must ensure that it clearly states the model is to only be used as a decision support tool. It is not acceptable to only state this in the terms of service.
- All uses of Artificial Intelligence must, where relevant, have processes in place where a human can intervene if a model produces incorrect, harmful, or misleading information.
- All third-party applications must disclose (publicly) the names, roles and professional contact information for their Accountable Senior Leader, Lead for Cybersecurity, Lead for Information Governance, and their Lead AI Engineer.
- All uses of Artificial Intelligence must, where relevant have processes in place to correct or prevent harmful outcomes.
- All uses of Artificial Intelligence must have contact information that is dedicated to allowing the users to report issues or concerns about the model's behaviour. It is highly recommended that this is not a generic "contact us" email address.

It is noted that third parties will require human intervention in their terms of service for any of its AI products, however, when assessing incidents, liability may be attributed as follows:

- In the case that the Artificial Intelligence model was developed by a third party and was used in accordance with the third parties' recommendations and Integrated Care Board Policy then the liability is with the third party.
- In the case that the Artificial Intelligence model was developed by a third party and was not used in accordance with the third parties' recommendations and Integrated Care Board Policy then the liability is with the user.
- In the case that the Artificial Intelligence model was developed internally then the liability is with the organisation.

## Transparency

The public and our colleagues have a right to know what AI models are being used on their data. All AI models should be disclosed on the ICB's Public website including information on

- Creators contact information
- The metadata of the training data (column names, quantity, time-period it applies).
- If applicable, the rationale for using identifiable data.
- The accuracy of the model (Accuracy, Precision, Recall etc.).
- A layperson description of the model and how it works.
- Contact information for reporting issues or concerns.

## Restricted Practices

The practice of Artificial Intelligence has additional protections in place on top of the normal ethical framework, this list demonstrates implementations of Artificial Intelligence considered considerable risk to our patients, our colleagues and the reputation of North East and North Cumbria Integrated Care Board and are therefore highly discouraged without ethical approval. They include.

- Cognitive behavioural manipulation of people or specific vulnerable groups: for example, using automated chat bots to provide clinical advice to a patient.
- Using Artificial Intelligence in a way that invades the rights to privacy for our colleagues or patients.
- Artificial Intelligence that contradicts with the safety or technology recommendations of any device, technology or agreed practice. I.e. using Artificial Intelligence in a way that would not be compliant with NICE guidance; such uses should use a research approach.
- Any use of Artificial Intelligence that negatively impacts the wellbeing of our patients or colleagues for example, using generative Artificial Intelligence to create edited images of said persons without their permission.
- Using Artificial Intelligence in a way that it becomes part of the critical infrastructure in the Integrated Care Board without appropriate fail safes being in place.
- Any model that is designed to edit (without stating its edits) or delete any legally binding document, policy or medical record including patient notes, diagnostics, and electronic healthcare records etc.
- Any use of Artificial Intelligence for deciding the right of access to any service provided by an NHS organisation.
- Using any form of generative Artificial Intelligence to engage with patients without physical oversight. For example, sending a patient letter generated solely with ChatGPT without a human checking the document or a statically significant sample of the population being checked.
- Relaying critical medical information or providing recommendations on care without physical oversight by an appropriately trained medical professional.
- Using automated translation software to relay critical medical information or providing recommendations on care without physical oversight by a trained translator.
- Using Artificial intelligence to scan cohorts of job applicants for positions within the ICB where protected characteristics have been used in the training set or where the application of AI is likely to cause discrimination.

## Best Practice recommendations

- Department of Health, NHS Code of Practice: Information Security
- <http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Informationsecurity/index.htm>
- BS ISO/IEC 17799:2005 (Information technology -- Code of practice for information security management)
- BS ISO/IEC 27001:2005 (Information technology - information security management systems)
- BS7799-2:2005 (Information security management)
- GOV.UK Understanding Artificial Intelligence Ethics & Safety
- GOV.UK AI Regulation Policy Paper ISBN:978-1-5286-3639-1
- The Common Law Duty of Confidentiality
- Privacy and Electronic Communications Regulations
- Privacy by Design
- Caldicott Principles
- Information Commissioner's Office – Artificial Intelligence Toolkit and associated documentation
- Data saves lives: reshaping health and social care with data policy paper (Department of Health & Social Care)
- A pro-innovation approach to AI regulation (Department for Science, Innovation and Technology)
- Health Research Authority
- NHS Digital Data Security and Protection Toolkit: <https://www.dsptoolkit.nhs.uk/>

When purchasing AI supported products the Integrated Care Board should prioritise companies that are transparent with their operational practices including participating in open research, engaging with public and patient groups, and contributing to open-source initiatives.

## Implementation

This policy will be available to all Integrated Care Board staff for use in relation to the specific function of the policy.

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

A DPIA must be considered prior to implementing AI-based technologies, in order to manage and mitigate the likelihood and severity of any potential harm to individuals. The DPIA will also support you to consider how you are meeting the accountability

principle of UK GDPR, as well as data protection by design and default. If the Integrated Care Board is the controller for the data, we will need to demonstrate and document that we have analysed, identified and minimised the data protection risks. All AI-based technologies should be recorded on the Integrated Care Board Information Asset Register.

### Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

It has been determined that there are no specific training requirements associated with this policy/procedure however this may change as the technology develops.

## Monitoring, review and archiving

### Monitoring

Adherence to this policy will be monitored through staff awareness and completion of data protection impact assessments, spot-checks and audits. This will be monitored by the Integrated Care Board Information Governance Team.

### Review

The ICB Board 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.

Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

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

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

## Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

# Appendix 1

## Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

<b>ICB Board</b>	The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Executive</b>	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that Integrated Care Board process documents comply with all legal, statutory and good practice guidance requirements
<b>Senior Information Risk Owner (SIRO)</b>	<p>The SIRO will ensure that use AI within the Integrated Care Board will:</p> <ul style="list-style-type: none"><li>• comply with corporate branding</li><li>• be used in a manner to enhance the Integrated Care Board's ability to engage with stakeholders</li><li>• comply with statutory and regulatory rules as well as national guidance and best practice</li></ul> <p>They are also responsible for:</p> <ul style="list-style-type: none"><li>• ensuring the generation and formulation of this policy</li><li>• identifying the appropriate process for regular evaluation of the implementation and effectiveness of this policy</li><li>• identifying the competencies required to implement this policy, and either identifying a training resource or</li></ul>
<b>All line managers</b>	All line managers are responsible for ensuring that appropriate processes are complied with when using AI in a healthcare setting.



<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 being taken.</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 procedure as a result of becoming aware of changes in practice, changes to 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>
<b>Commissioning Support Staff.</b>	<p>Whilst working on behalf of the Integrated Care Board NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the Integrated Care Board, however they will continue to be governed by all policies and procedures of their employing organisation.</p>

# Appendix 2

## Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

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

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

Completed at the earliest opportunity it will help to determine:

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

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

**Name:** Marc Rice

**Job Title:** Corporate Governance Manager

**Organisation:** North East and North Cumbria ICB

**Title of the service/project or policy:** Use of Artificial Intelligence (AI) and approval Policy

**Is this a;**

**Strategy / Policy** ☒ **Service Review** ☐ **Project** ☐

**Other** [Click here to enter text.](#)

### What are the aim(s) and objectives of the service, project or policy:

AI is a feature of many applications currently used by staff including Apps within MS-Teams. It is important to use AI appropriately and responsibly to ensure that it does not compromise personal data, business sensitive information, violate policies, or pose a risk to patient safety or our network integrity.

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

(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☒
- **Other Public Sector Organisations** ☒
- **Voluntary / Community groups / Trade Unions** ☒
- **Others, please specify** AI has potential to impact on NHS service development, across multiple sectors.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"><li>• Eliminating unlawful discrimination, victimisation and harassment</li><li>• Advancing quality of opportunity</li><li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li></ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

This policy is for use by all employees. AI and machine learning is within its infancy in the NHS and Safeguards and Policies around the introduction of AI and machine learning tools is not widely utilised. This policy aims to alleviate staff/patient and public concerns by setting out a framework of appropriate uses and restrictions on use of

personal and business sensitive data. AI and machine learning use algorithms which will be used to support commissioning and procurement activities by spotting trends in data, this is supported through the caveat that all data should be checked and queried by a human, through spot checks and accuracy scans.

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

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

### **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Executive Committee	Approver	13 May 2025

### **Publishing**

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

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

**Please send a copy of this screening documentation to: [NECSU.Equality@nhs.net](mailto:NECSU.Equality@nhs.net) for audit purposes.**

## Equality Impact Assessment

### Policy – Strategy – Guidance (STEP 2)

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

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

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

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

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

### STEP 2 EVIDENCE GATHERING

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

**Name:** Marc Rice

**Job Title:** Corporate Governance Manager

**Organisation:** North East and North Cumbria ICB

**Title of the service/project or policy:** Use of Artificial Intelligence (AI) and approval Policy

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

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

To set a framework that ensures AI processing systems are protected from events which may jeopardise the activities of the ICB.

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

(Consider the actual and potential impact)

- **Consultants** ☐
- **Nurses** ☐
- **Doctors** ☐
- **Staff** ☒
- **Service User / Patients** ☐
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Not applicable, policy does not aim to make any changes to current data or information held, the purpose is to introduce a framework of principles to follow when using AI in a healthcare setting.

### **STEP 3: FULL EQUALITY IMPACT ASSESSMENT**

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

<p><b>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.</b></p> <p>Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p> <p><b>Age</b>  <i>A person belonging to a particular age</i></p> <p><b>Guidance Notes</b></p> <ul style="list-style-type: none"> <li>• Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).</li> <li>• Could the policy discriminate, directly or indirectly against people of a particular age? <a href="https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination">https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination</a></li> <li>• Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?</li> <li>• Are there any discriminatory practices/processes outlined within the document?</li> <li>• If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce i.e. accessibility considerations, venues, travel etc.</li> </ul>
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- Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement**

Not applicable

## Disability

*A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities*

### Guidance Notes

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

Not applicable

## Gender reassignment (including transgender) and Gender Identity

*Medical term for what transgender people often call gender-confirmation surgery; surgery to*

*bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.*

#### **Guidance Notes**

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

Not applicable

#### **Marriage and civil partnership**

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

#### **Guidance Notes**

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

- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Not applicable

### **Pregnancy and maternity**

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

#### **Guidance Notes**

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

Not applicable

### **Race**

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

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).

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

Not applicable

### **Religion or Belief**

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

#### **Guidance Notes**

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

Not applicable

### **Sex/Gender**

*A man or a woman.*

#### **Guidance Notes**

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

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

Not applicable

### **Sexual orientation**

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

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>
- Sexual orientation monitoring guidance (to be used as appropriate): <https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

Not applicable

### **Carers**

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

person

### **Guidance Notes**

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

Not applicable

### **Other identified groups relating to Health Inequalities**

*such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.*

*(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”*

*Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)*

### **Guidance Notes**

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

Not applicable

#### **STEP 4: ENGAGEMENT AND INVOLVEMENT**

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

##### **Guidance Notes**

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

If no engagement has taken place, please state why:

Not applicable to policy

#### **STEP 5: METHODS OF COMMUNICATION**

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

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

If other please state: [Click here to enter text.](#)

#### **Step 6 – Accessible Information Standard Check**



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

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

<b>Tick to confirm you have you considered an agreed process for:</b>
<input checked="" type="checkbox"/> Asking people if they have any information or communication needs, and find out how to meet their needs.  <input checked="" type="checkbox"/> Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.
<b>Please provide the following caveat at the start of any written documentation'</b>  <b>"If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact</b>
If any of the above have not been implemented, please state the reason: <a href="#">Click here to enter text.</a>

## **STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN**

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
N/A	Not applicable	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>



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## GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Executive Committee	Approver	TBC

<b>Presented to (Appropriate Committee)</b>	<b>Publication Date</b>
NENC ICS AI Advisory Group	<a href="#">Click here to enter text.</a>

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

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