Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Artificial Intelligence (AI) Policy

This is a new procedural document

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Executive Sponsor(s):	Sam Wilde, Chief Finance Officer
Author/reviewer: (this version)	Roy G Underwood, Head of Information Governance Glynn Beech, IT Security and Continuity Manager
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Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
V2	May 2026	• Brief formatting changes • Assessment that content is still relevant	Roy Underwood Glynn Beech Darren Adams Victor Taiwo Rhona McCleery
V1	June 2025	• New Policy	Dan Howard Christopher Fernandez Laura Fisher David Linacre Roy G Underwood Rhona McCleery

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Artificial Intelligence (AI)

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BENEFITS OF AI

Most AI systems are safe and beneficial, offering improved efficiency and cost savings.

IMPROVED PROCESS EFFICIENCY

Smarter and more efficient
Boosting productivity and Profits

GREATER CREATIVITY

Automation of tedious or repetitive tasks. More time being creative and on human-centric tasks

LOWER RISK OF ERROR

Quick, efficient data entry and analysis, assisting with high-risk surgery or analysing digital images

POTENTIAL RISKS OF AI

Whilst most AI applications pose little or no risk, certain uses of AI can be harmful

5 Principles for regulating AI

- Safety
- Security
- Robustness
- Appropriate Transparency
- Explainability

Research & Innovation

AI-enabled research offers new opportunities for discovery, personalised care, and predictive analysis.

Potential to improve patient outcomes and operational efficiencies.

Adopting AI

In the rapidly evolving field of health and care provision, the integration of AI technologies has the potential to revolutionise care, streamline administrative processes and enhance overall operational efficiency.

1 INTRODUCTION

1.1. **Most AI systems are safe and beneficial**, offering improved efficiency and costs savings. However, some pose risks like discrimination, thus requiring careful regulation.

1.2. **The Benefits of AI -** AI technologies bring about numerous benefits for society and the economy, including improving process efficiency, fostering innovation, minimising errors, assisting in risky tasks, and addressing complex global challenges.

improved process efficiency
processes become smarter and more efficient, boosting productivity and profits. AI automatises tasks, identifies patterns, optimises workflows and makes real-time adjustments

greater creativity
AI can automatise tedious or repetitive tasks, such as production line work, data gathering, emailing, invoicing or administrative services. This way staff can spend more time on more creative or more human-centric tasks

lower risk of error
AI can enter data, do calculations or perform manoeuvres more quickly and more efficiently than humans. In critical sectors, such as healthcare, AI can play a vital role in assisting with high-risk surgery or analysing digital images

1.3. **Potential risks of AI -** While most AI applications pose little or no risk, certain uses of AI can be harmful. The AI (Regulation) Bill currently going through Parliament sets out five principles for regulating AI, effectively codifying the UK's principles-based approach to regulating AI. The principles are as follows:

a. Safety
b. Security
c. Robustness
d. Appropriate transparency and
e. Explainability.

1.4. **Adopting AI** - In the rapidly evolving field of health and care provision, the integration of artificial intelligence (AI) technologies has the potential to revolutionise care, streamline administrative processes, and enhance overall operational efficiency. DBTH recognises the importance of adopting AI technologies while ensuring their ethical and responsible use. This AI policy serves as a guiding framework to ensure the appropriate deployment, management, and oversight of AI systems across the DBTH partners.

1.5. **Research and Innovation** - The Trust also recognises the role of AI in supporting research and innovation. AI-enabled research offers new opportunities for discovery, personalised care, and predictive analysis, all of which have the potential to improve patient outcomes and operational efficiencies.

2 SCOPE

2.1 The policy applies to The Trust and all its employees (including all learners) and must be followed by all those who work for the organisation, including those on temporary or honorary contracts or secondment. It applies to all departments and services that utilise AI irrespective of their scale or scope. It applies to both internally developed AI systems and those procured from external suppliers.

2.2 This policy also extends to all AI-based research initiatives conducted within the Trust – and the NHS - or in collaboration with external research partners. External researchers accessing NHS data for AI-related research must comply with Health Research Authority (HRA) guidance and ethics approval processes.

3 PURPOSE

3.1 The Trust is committed to the ethical and transparent use of AI in research, clinical, and administrative settings. AI must be used in ways that are fair, accountable, and protective of individuals data and rights.
AI initiatives that support research and innovation must align with NHS research objectives.
All research-driven AI activities must adhere to ethical standards, ensure fairness, and protect individual's rights.

4 DUTIES AND RESPONSIBILITIES

4.1 The following have specific responsibilities in relation to this policy.

Senior Information Risk Owner (SIRO):

- Take responsibility for the overall governance and management of information risks associated with AI systems.
- Ensure that appropriate risk management processes, controls, and policies are in place.
- Collaborate with other stakeholders to address potential risks and mitigate any adverse impacts arising from AI implementation.
- Provide oversight and strategic direction to ensure the responsible use of AI technologies.

Caldicott Guardian (CG):

- Ensure data is processed in accordance with the Caldicott Principles
- Ensure confidential patient information is processed legally, ethically and appropriately.
- Provide advice and guidance to staff on the implementation of AI.

Trust Data Protection Officer (DPO):

- Oversee and ensure compliance with data protection regulations and best practice associated with AI.
- Provide guidance on data privacy related to AI systems.
- Review & approve Data Protection Impact Assessments (DPIAs) for AI projects.
- Serve as the point of contact for data subjects and supervisory authorities regarding data protection concerns related to AI.

Head of Information Governance / IG Manager:

- Review and approve Data Protection Impact Assessments for all AI projects.
- Serve as a point of contact for staff with queries or concerns relating to AI.
- Provide guidance relating to data protection and AI.
- Ensure the implementation of AI is in line with data protection legislation.

CNIO/Clinical Safety Officer:

- Assess the safety risks associated with AI systems used in clinical settings.
- Collaborate with relevant stakeholders to establish safety protocols and guidelines for AI implementation.
- Monitor and evaluate the performance and safety of AI systems.
- Investigate and address any incidents or concerns related to the clinical safety of AI systems.

Business Intelligence:

- Assist in the implementation, integration, and maintenance of AI systems.
- Ensure the proper configuration, security, and compatibility of AI systems with existing IT infrastructure/service provision.
- Collaborate with vendors and other stakeholders to address technical issues and provide technical support for AI systems as required.

Finance, Procurement and DIGITAL Teams:

- Finance, Procurement and DIGITAL Teams have an obligation to make the Information Governance Team aware of any requests to implement AI software.
- Requests for AI solutions will be assessed and authorised by the Information Governance and IT Teams. A Data Protection Impact Assessment **MUST** be completed prior to implementation; this is a legal requirement for AI.

Research and Innovation:

- Provides guidance to researchers on obtaining regulatory approvals and completing DPIAs for research initiatives.
- Assist researchers by signposting them to the correct Health Research Authority (HRA) guidance and advising them on how to apply for ethics approval.
- Facilitates exploration, adoption, and scaling of AI innovations that support research and innovation objectives.
- Engages in collaborative partnerships with academia, industry and health and social care providers to create added value to address local needs, accelerate innovation and involvement in research involving AI and data.

Head of Organisational Development:

- Support the lead manager in any change management programmes relating to AI including undertaking a people impact assessment, staff/ trade union engagement or consultation.
- Develop the workforce to have the skills and confidence they need to make the most of digital services and improve care, through access and signposting to appropriate training programmes

Employees & Authorised users:

- Familiarise themselves with and adhere to the Trust's Information Governance & Security policies, protocols and guidelines including remaining up to date with Mandatory IG/Data Security Training.
- Report any concerns or issues related to the AI systems to the IG Team via dbth.dpo@nhs.net

Audit & Risk Committee (ARC):

- To ensure compliance with the policy as required

5 PROCEDURE

5.1 Generative artificial intelligence can be used in many ways to enhance the work of DBTH**.**
It is important that the purpose and use of AI is clearly defined and agreed, including why AI is being used, the intended benefits and what measures / metrics will be monitored in order to demonstrate impact / the value it will bring to the organisation.

You must also determine if a legal basis for the use of data is required before any data is processed.

Where possible any data should be anonymous so a legal basis would not be required. However, it is important that data and use cases are carefully assessed to determine if individuals can be identified using the contents of the information even if common identifiers such as name, address and phone number are removed.

The combined details of a local area, a rare disease and a very young age may enable a patient to be identified. In such cases you would need to treat this as personal data and therefore identify a legal basis for the processing along with meeting the requirements of the common law duty of confidentiality.

The above requirements also apply to data used to test and develop AI systems even if there is no outcome or decision for an individual, this is because you are processing data by using it to train AI models or algorithms. In general, AI can be used in healthcare in four ways:

1. AI specifically for use in healthcare settings,
2. AI for population or health research,
3. Freely or commercially available 'generic' AI products.
4. Individual productivity

Developing Artificial Intelligence Products for Healthcare

The NHS's AI and Digital Regulations Service is an AI regulation service for people who develop or plan to use AI or a digital technology in health and social care. It brings together regulations, guidance and resources for digital healthcare technologies. The service is comprised of four partners; National Institute for Health & Care Excellence (NICE), Medicines and Healthcare products Regulatory Service (MHRA), Health Research Authority (HRA) and Care Quality Commission (CQC). You can contact this service at: Regulations and guidance for developers - AI and Digital Regulations Service for health and social care (innovation.nhs.uk)

Using AI for Research

- Health Research Authority (HRA) approval is required for research studies that take place in the NHS in England and Wales. The HRA AI and Digital Regulations Service' can provide guidance for NHS AI adopters, and digital health innovators.
- Review by an NHS Research Ethics Committee (REC) is required, as well as an assessment of regulatory compliance and related matters undertaken by dedicated HRA staff.
- If you are planning to develop an AI research programme within the NHS, the Research and Innovation function will be able to provide advice and guidance on how to apply for research ethics and approvals via the Health Research Authority.

Defining Purpose and Legal Basis for Research AI

- AI research must have a clearly defined purpose which aligns with NHS Long-term plan and objectives outlined within the document
- Data should be anonymised wherever possible.
- AI models must be validated for "fit for research use".
- Data used for AI model training must be assessed for potential bias.

Reporting and Transparency

- Maintain a public register of AI research initiatives.
- Any concerns about AI systems in research must be reported via Datix.

Freely Available Artificial Intelligence Apps and Services

AI is a feature of many applications currently used by staff including smart technology enabled applications (Apps) within MS Teams or other Microsoft Office products. 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.

DBTH 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.

Patient and Public Engagement in AI Use

To ensure ethical and transparent use of AI within the Trust, it is essential to engage patients and the public in meaningful dialogue about how their data may be used and to identify and address any concerns they may have. Any communication must be inclusive, accessible and culturally sensitive, ensuring all voices are heard particularly any underrepresented or vulnerable groups.

Care must be taken to ensure AI algorithms don't exacerbate inequalities or introduce new discrimination. Equality Impact Assessments should be used to mitigate risks of discrimination and exacerbating health inequalities.

Preparation for Healthcare Workforce for AI

Colleagues may be reluctant to adopt AI technologies if they feel threatened, if they are worried about the safety of their role, worried about the risks of using AI, or they do not see enough evidence of effectiveness. Colleagues need to be brought onboard with any use of AI so that those who are worried feel empowered to shape how the technology can be used to support them.

Nationally procured AI functions

When considering the use of nationally procured / implemented AI functions such as those within Microsoft, please consider the following:

- Is the IG and Cyber team aware of such implementation and system function?
- Has NHS England procured such function and is offering this to Trusts to use?
- Is there any assurance document in place associated with the AI functions e.g. a **Data Protection Impact Assessment**?
- Are there any national guidance provided on how to use and implement such tools?

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 Digital/ Technical & Business Intelligence Teams
- You are **legally required** to complete a **Data Protection Impact Assessment** (DPIA), the service area and the supplier must engage with this process.
- You must 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
- If the AI is associated with healthcare provision (such as image reading) a Digital Technology Assessment Criteria must be completed (DTAC).
- As part of the DPIA and DTAC processes any associated biases, or ethical concerns must be documented and addressed; potential societal impact and ethical implications of AI deployments should be carefully assessed and mitigated.
- If the AI is associated with research, you must obtain approval from the Health Research Authority (HRA).
- The Clinical Safety Officer (or their nominated representative) and the 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.

- You must 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.
- AI outcomes or outputs must be reviewed 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.
- There must be an agreed process to flag any concerns regarding the output of any AI products.
- If there are concerns which have led to an incident this must be reported as per the IG Incident Reporting Policy.
- Incident response plans should be established to handle security incidents, including data breaches, unauthorised access, and system failures.
- Use of AI must be 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 in plain English without abbreviations or specialised terms.
- Data must be collected and processed in a lawful and ethical manner following all recommendations from:
- AI and data protection risk toolkit with appropriate consent and anonymisation measures in place.
- Data access and sharing must be strictly controlled, and data must be stored securely throughout its lifecycle.
- You should 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.
- If the use of AI involves service change, then prior to the implementation of any AI programme, formal consultation must take place with employees and their trade union representatives in accordance with the organisational change policy.
- You must be assured that any product mitigates against bias and discrimination.
- AI systems should be continuously monitored for suspicious activities, anomalies, and potential security breaches.
- AI systems should address potential biases, ensure fairness, and promote transparency in AI decision-making processes

PATIENTS LACKING CAPACITY

Patients where there is reason to doubt Mental Capacity:

There may be occasions when a patient requires care under the scope of this policy, and they are unable to make the decision for themselves. In such cases, decisions must be made in line with the principles of the Mental Capacity Act (2005).

The five statutory principles of the Mental Capacity Act are:

1. **Presumption of capacity:** Every adult has the right to make their own decisions and must be assumed to have capacity, unless it is established otherwise through formal assessment.
2. **Support to make decisions:** Individuals must be given all practicable help and support to make their own decisions before concluding that they lack capacity.
3. **Right to make unwise decisions:** People have the right to make decisions that may seem unwise to others, provided they have capacity to do so.

4. **Best interests:** Any act done, or decision made, on behalf of someone who lacks capacity must be done in their best interests.
5. **Least restrictive option:** Any decision or action taken on behalf of someone who lacks capacity, should be the option that least restricts their rights, and freedoms. Individuals who lack capacity must not be treated in a discriminatory manner.

There is no single definition of "best interests." Best interests' decisions must be decision specific and be determined on a case-by-case basis, taking into account, the individual's circumstances. This process should follow a multidisciplinary approach and consider all factors relevant to the decision in order to conclude what is best for the individual.

Where appropriate and safe, an advocate should be offered, and those who know the patient well—such as family members or friends—should be consulted. Please refer to Section 5 of the MCA Code of Practice for further details.

The latest versions of the Mental Capacity Assessment and Best Interests proformas can be found on the MCA page within the Hive, these should be used to record assessments concerning mental capacity, and any decisions made on behalf of someone who lacks decision making ability. Other useful resources and policies can also be found on the Hive MCA page.

For further guidance, please see: **PAT/PA 19 – Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS).**

6 LEARNING/SUPPORT

Learning requirements for colleagues will be determined by their role and the competencies required to work safely and effectively. These requirements include national, local and role-specific mandatory learning and are set in line with Trust and professional standards.

Role-specific learning will be defined by the relevant subject matter expert or topic lead and coordinated through the Trust's agreed governance arrangements.

All mandatory and role-specific learning requirements, completion status and competency records will be held in the colleague's personal Electronic Staff Record (ESR).

For further guidance, please see: **CORP/EMP 66 – Mandatory Learning Policy and DBTH Mandatory Learning Framework**

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Effectiveness and completeness of policy	Task and Finish Group of Authors and relevant parties	Review to commence 6 months following publication	Outcome will be disussed at Information Governance and Cyber Group

8 DEFINITIONS

Artificial Intelligence (AI) and Generative Artificial Intelligence - The theory and development of computer systems able 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. 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.

DBTH* – Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. An NHS foundation trust that provides services at Doncaster Royal Infirmary, Bassetlaw District General Hospital, Montagu Hospital and Retford Hospital.

Data Protection Impact Assessments (DPIA) - A Data Protection Impact Assessment (DPIA) is a process to help identify and minimise the data protection risks of a project. DBTH 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 and approve DPIAs and advise of requirements and recommended actions as necessary.

Digital Technology Assessment Criteria (DTAC) - Developed by the NHS, the DTAC is a criterion required during the commissioning of digital health technologies across the NHS and social care services to ensure they meet the baseline minimum standards in multiple areas. 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.

Federated Learning: A machine learning approach that trains algorithms across multiple decentralised devices or servers, promoting data privacy and security.

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.

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 prioritise 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.

Research-Driven AI: AI used to identify patterns, support decision-making, and predict outcomes within clinical research and innovation.

Synthetic Data: Artificially generated data that mimics real data but does not include real patient information, used to train AI models without privacy risks.

TRUST/The Trust – Also as at DBTH*

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/COMM 31 Communications and Media Policy
CORP/ICT 2 IMT Security Policy
CORP/ICT 3 Information Management Systems (Registration) Policy

CORP/ICT 7 Data Protection Policy
CORP/ICT 8 Safe Haven Guidelines
CORP/ICT 9 Information Governance Policy
CORP/ICT 10 Confidentiality Code of Conduct
CORP/ICT 29 Acceptable Use Policy – IT

11 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the Trust, please refer to our Privacy Notices and other information which you can find on the Trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12 REFERENCES

AI Regulation Bill Artificial Intelligence (Regulation) Bill [HL] - Parliamentary Bills - UK Parliament

Health Research Authority Artificial Intelligence and Digital Regulations Service Artificial Intelligence and Digital Regulations Service - Health Research Authority

Information Commissioner's Office – What are the accountability and governance implications of AI? What are the accountability and governance implications of AI? | ICO

NHS England, Artificial Intelligence (AI) and machine learning NHS England » Artificial intelligence (AI) and machine learning

NHS England Digital, AI knowledge repository AI knowledge repository - NHS England Digital

NHS England Transformation Directorate, Artificial Intelligence Artificial Intelligence - NHS Transformation Directorate

DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems - NHS England Digital

Understanding healthcare workers' confidence in AI

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Artificial Intelligence (AI)	DIGITAL	Glynn Beech	New Policy	April 2026

1) Who is responsible for this policy? Name of Division/Directorate: DIGITAL

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? Trustwide

3) Are there any associated objectives? Legislation, targets national expectation, standards: Save time, save money

4) What factors contribute or detract from achieving intended outcomes? – Lack of support and adoption

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken] No

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: May 2028

Checked by: Roy Underwood Date: April 2026