Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria University Hospital NHS Trust

Policy Title: Print Policy (Joint)

Reference	POL/COR/013
Version	1.0
Date Ratified	25/07/2019
Date published	05/07/2019
Next Review Date	July 2022
Accountable Director	Executive Director of People and Digital
Policy Author	IT Business & Service Manager

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Policy On A Page

SUMMARY & AIM

- To ensure that staff have access to appropriate print, fax, scan and copy facilities.
- To provide a framework for ensuring these services are provided economically and represent value for money.
- To support a consistent approach to the management and use of all print, fax, scan and copy services and devices.

TARGET AUDIENCE:

All Staff including contractors & volunteers with a need to print, scan or copy.

TRAINING:

The IT Department will provide guidance on using the devices.

Technical support is available from the manufacturers and the IT service desks.

KEY REQUIREMENTS

- Keep printing to a minimum.
- Only print in colour when it is essential.
- Ensure print jobs are completed and any jams are cleared.
- Place any printout found lying on a device into confidential waste. Do not leave it on the device.
- Report all faults.
- Contact the IT Department if requirements change.
- Do not use the devices for production of personal materials.

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1. INTRODUCTION

This print policy applies to all staff employed by the trusts including contractors, volunteers and temporary staff who requiring print, scan, photocopy and fax functions whilst working on trust sites.

The majority of Trust printers are on a managed print service contract. This contract includes a fixed rental charge plus a charge for each page printed. Departments are recharged for their usage.

There are a small number of legacy devices across both trusts. These are not covered by any service agreement. To reduce and control costs in line with Trust objectives all devices should be on the managed print service contract. These devices will not be replaced should they fail.

2. PURPOSE

- To ensure that staff have access to appropriate print, fax, scan and copy facilities.
- To provide a framework for ensuring these services are provided economically and represent value for money.
- To support a consistent approach to the management and use of all print, fax, scan and copy services and devices.

3. POLICY DETAILS

3.1 Device Acquisition & Configuration

The size and nature of the managed service contract means it will normally be for at least three years. When the contract is renewed the IT Department and Procurement Team will work with staff across the trust to specify, procure and implement the most appropriate solution.

Acquisition of print devices outside the managed service contract and agreed print strategy will not normally be supported. Installation of such a device and/or the associated software drivers will only be permitted in cases where there is a legitimate & demonstrable business need that cannot be met through the managed service contract.

Requests for desktop printers will only be considered in exceptional circumstances.

In line with national guidance no new or replacement fax machines will be purchased.

The size of the site, layout of the site, number of users and specific requirements will dictate the actual type and numbers of MFD's and/or printers that will be provided and where they are located, but the following principles will normally be adhered to:

- All Multi-Functional Devices (MFDs) will be networked and configured to provide print, copy and scan functions to all users
- Individuals will not normally have exclusive use of a printer.
- Printers will not be allocated for the exclusive use of a specific team or department.
- Printers will not normally be located in consulting rooms. Any exceptions to this must be supported by the Chief Clinical Information Officer.

All new equipment will be configured so as to use financial and environmental resources economically. This will include:

- Appropriate power saving settings to reduce electricity consumption
- Duplex (double sided) printing by default
- Mono (black & white) printing by default

Single sided and colour printing should only be selected when absolutely necessary.

3.2 Device Estate Management

It is recognised that during the contract period requirements will change across the trusts.

Requests for additional/replacement devices or changes to requirements must be made via the IT Service Desk giving clear business justification and supported by the relevant directorate lead. This will be reviewed in line with but not limited to the print strategy, the managed print service, service contract and affordability before a decision is made.
The IT Department will work with the managed service supplier to move devices within the estate to ensure their use is optimised. This will, on occasion, mean devices are moved so as to be used to better effect elsewhere. All staff must cooperate with this process.

The managed print service supplier will manage the process to move, add, change and dispose of devices in conjunction with the Trust. Staff must not move devices themselves.

3.3 Device Operation and Usage

Secure printing will be enabled as default to ensure only the person requesting the print can access the document. All devices will be configured to only release print jobs when the user enters their PIN.

To aid the maintenance of security any print jobs not released within 48 hours of being sent will need to be re-printed.

All device usage is recorded and may be audited

Faults with Multi-Functional Device's / Printers must be reported to the relevant supplier as indicated on the device

The IT departments are not responsible for supplying or funding paper departments / building managers must make local arrangements.

3.4 Staff with Additional Needs

In cases where a member of staff experiences difficulty using a device for reasons of health and/or disability the IT Department will work with the individual to make reasonable adjustment. Advice will be sought from the trust's occupational health advisors or others as appropriate.

4. TRAINING AND SUPPORT

This policy requires no formal training. Advice and guidance regarding the use of devices will be provided in line with standard IT Support Processes.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Request for additional device(s)	Formal request via the service desk. Reviewed by the business liaison team.	IT Support and Business Manager	IT Operational Group	Ad-hoc
Usage	Usage reports will be provided to department heads	Individual department heads	Digital Healthcare Leadership Meeting	Monthly
Confidentiality	Monitor incidents of breach of confidentiality via Ulysses	Information Governance Performance Manager	IG Performance Group	Ad-hoc

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Digital Healthcare Leadership Meeting minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. ASSOCIATED DOCUMENTATION:

Secure disposal policy
Fax policy
Scanning Policy

7. DUTIES (ROLES & RESPONSIBILITIES):

7.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

7.2 Caldicott Guardian

The Caldicott Guardian is the Medical Director with overall responsibility for protecting the confidentiality of Patient Identifiable Data. They play a key role in ensuring that the organisation and partner organisations abide by the highest level for standards for handling PID and adherence to the Caldicott Principles. The role:

- Is advisory.
- Is the conscience of the organisation.
- Provides a focal point for patient confidentiality and information sharing issues.
- Is concerned with the management of patient information.

Further information can be found in the Trust Confidentiality Policy POL-002-038.

7.3 SIRO (Senior Information Risk Owner)

The SIRO is the Director of Finance, and Estates. The SIRO is an executive Board member with allocated lead responsibility for the Trust's information risks and provides a focus for the management of information risk at Board level. The SIRO chairs the Information Governance Board and the role:

- Is accountable.
- Fosters a culture for protecting and using data.
- Provides a focal point for managing information risk and incidents.
- Is concerned with the management of all information assets.

7.4 Information Governance (IG) Lead

The IG Lead is the Head of Information Governance. The Head of IG is responsible for ensuring the organisation meets its statutory and corporate responsibilities and engender trust from the public in the management of their personal information. They are accountable for ensuring effective management, accountability, compliance and assurance for all aspects of IG.

7.5 Information Security

The Head of Information Technology (IT), with delegated responsibility to the IT Security Manager, are responsible for the provision and management of a high quality, customer

focussed, IT security advisory service using expertise to manage security issues, identifying best practice and making recommendations for local implementation.

7.6 Information Technology Departments

The Trust's IT Departments will centrally manage and coordinate the provision of print services, access codes/pins and devices. It is the responsibility of the eHealth IT Department to liaise with the print service provider to manage the contract and ensure the correct configuration of print devices based on Trust requirements.

7.7 Line Managers

Line managers are responsible for ensuring their staff understand and adhere to this policy. Managers will monitor print usage and check work areas to ensure no confidential information is visible while areas are unattended.

7.8 All Trust Employees

All Trust employees and anyone else working for the organisation (e.g. Agency staff, honorary contracts, management consultants etc.), who use and has access to Trust print devices must understand their personal responsibilities and comply with this policy.

For all print & copy devices staff are required to:

a) Work with IT to reduce the amount of print devices.
b) Keep printing to a minimum.
c) Only print in colour when it is essential.
d) Ensure print jobs are completed and any jams are cleared.
e) Any printout found lying on a device should be placed into confidential waste, and not left on the device.
f) Report all faults.
g) Contact the IT Department if their requirements change.
h) Staff must not use the devices for production of personal materials.

8. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
MFD	Multi-Functional Device. A machine capable of printing, copying, scanning and possibly faxing

TERM USED	DEFINITION
Duplex printing	Double-sided printing; this allows for a print job to be produced on both sides of paper
Managed Print Service	Centralised management of a print estate. This includes remote management and proactive support
Mono	Black and White; a mono device is capable of producing output in black & White only
The Trusts	Cumbria Partnership NHS Foundation Trust North Cumbria University Hospitals NHS Trust

9. APPENDIX 1:

Printer and Copier Guidelines for Staff

The Trust has a managed print contract for the provision of both printers and multi-function devices (MFDs).

All staff must:

- Reduce print volumes and colour printing in particular
- Not purchase printers or consumables directly.
- Support the IT department to ensure provision is appropriate and cost effective including where devices are to be relocated.
- Involve IT for any printer relocation

What you can expect

Staff should be assured that when working on trust premises they will have access to printing facilities.

When placing devices the IT department will consider both staff efficiency and value for money.

Each site will normally have at least one networked printer or MFD for all staff to use. The size of the site, layout of the site, number of users and specific requirement will dictate the actual type and number of devices that will be provided. The following principles will be adhered to:

- Individuals will not normally have exclusive use of a printer
- Devices must be made available to all staff. Teams / departments will not 'own' or have exclusive use of a device.
- Where staff are spread over more than one floor or in more than one building they will normally have a printer located on each floor or in each building.
- Staff will not normally be expected to walk more than 50m to collect any printed output and wherever possible devices will be located to support this.
- Reasonable adjustments will be made for any individual with additional needs.

Managing the Estate

All devices will be monitored and managed by the IT Department in conjunction with the supplier. Printers will normally remain in a location and not move unless:

- The room/building is no longer being used.
- It is apparent that there will be a significant change to the printing requirements.
- The device is being continually over / under utilised.

All queries about moves or changes to the estate must be raised with the IT Service Desk in the first instance. Devices must only be moved by IT Support Technicians or Ricoh Engineers.

Faults & Business Continuity

The managed service contract has a target fix time of 8 working hours. Therefore in most cases a faulty device will be repaired on the day it fails or the next working day. Managers must ensure there are arrangements in place to allow them to function whilst waiting for a repair. This may be as simple as ensuring all staff are aware that they can use an alternative printer and its location. The IT Department are unable to supply 'spare' printers whilst waiting for repair.

10. DOCUMENT CONTROL

Equality Impact Assessment Date	
Sub-Committee & Approval Date	Digital Healthcare Leadership Meeting 4th June

History of previous published versions of this document:

Trust	Version	Ratified Date	Review Date	Date Published	Disposal Date
CPFT - POL/002/103	1.0	01/10/2017	Apr 19	Oct 2017	

Statement of changes made from previous version

Version	Date	Section & Description of change
0.1	3rd June 19	• General review. Update to reflect joint working.
0.2	10/6/19	• Additional information added i.e. Exec Director
0.3	05/07/19	• Monitoring table amended

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Cathryn Readitt	IT Business Liaison Officer	29th May 2019