

Printing Procedure

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1 Introduction

This print procedure applies to all staff operating and requiring print, scan to email and photocopy functions at the Trust's networked sites

2 Why we need this procedure

2.1 Purpose

This document sets out the approved methods of using print devices, and printing within the Trust, whilst maintaining cost-effectiveness and efficiency.

For the purpose of the procedure, production of printed materials will be through the following output equipment:

- Network printers;
- Multi-functional devices (MFDs); a combination of print, copy and scan functionalities.

2.2 Objectives

The objectives of this document are to:

- Explain the Trust procedure for printing via the managed print service. Altodigital are the managed Print Service provider
- Ensure that staff print in the most cost effective way
- To drive down printing costs by reducing the size of the device fleet, reduce the total amount of printing across all Trust sites and the proportion of colour print being produced compared to mono print.
- The purchase of all print devices and consumables will be through the contract and only approved and agreed models will be installed
- A business case will be needed if additional or specialist devices are required.
- All consumables (toners etc.) will be procured through the contract.
- All devices will be shared resources across service areas and will be stationed, where possible, where they can be easily accessed by all staff using that office area.
- Printing will be regularly monitored using print audit software. Heavily used devices will be relocated to more evenly distribute output across the fleet. Similarly, under-utilised devices may also be relocated. The locations of devices will be regularly monitored
- Regular management information meetings will take place to look at areas which are producing high volumes of print (in particular colour print) and of devices that are being over/under utilised.

3 Scope

3.1 Who this procedure applies to

Staff	Employees of the Trust
Students	Students training with or on assignment to the Trust
Volunteers	Volunteers working with the Trust
Line Managers	Managers employed by the Trust
Temporary Staff	Agency staff or anyone with TEWV network account that needs to print (e.g. social workers)

3.2 Roles and responsibilities

Role	Responsibility
Heads of Service	Accountable to the executive management team for ensuring Trust-wide compliance with procedure
Team Managers	Ensuring procedure implementation
Line Managers	Ensuring procedure implementation and compliance in their area(s).
All Staff/Volunteers/Students /Temporary Staff	Complying with this procedure
Alto Digital	Providing managed print service including toner supply, device repair and maintenance
Information Department	Information Service Desk 1 st Line Triage, SLA Management

4 Procedure

4.1 Multi-function devices (MFDs)

- These are networked to the Trust's IT infrastructure and configured to provide print, copy and scan functions. All MFDs are fitted with Scan to PDF capabilities. The scanned document will be sent as PDF file to the user's email address (Outlook mailbox).
- Access to the MFDs will be achieved by a 'tap and print' login at the device using the NHS Smart ID Card. Once you tap your card at a device, you are able to access the device's functions, print, copy, scan. The print job will be sent to a central queue Follow_me_print where it will be stored until you tap your card at one of the MFDs. Once this is done, a list of your print jobs only will be shown on the device screen. You can then select to print or delete the job thereby reducing wasted print. If print jobs are not collected after 72 hours they will be deleted. This means print that could contain confidential information is not left on machines uncollected.

4.2 Networked printers

- A small number of desktop printers shall be provided and networked to the Trust's IT Infrastructure.
- These will be considered on a case-by-case basis and specifically for individuals where accessibility to the MFD is difficult.

4.3 Printing and usage standards

- Duplex Printing: All devices will automatically default to double side printing. Single sided printing should only be used when and where operationally necessary
- All printing and copying should be mono. By exception colour printing should be only be used where this can be justified for operational reasons. Colour printing is more expensive and will be monitored and attributed to cost centres.
- Energy Saving: All new equipment are configured in Power Save or Auto Shut-off mode.
- Print Job Retention Period: To ensure maintenance of security, and to avoid print server storage issues, the maximum period a print job will be retained and available for printing is 72 hours after which time the print jobs will be deleted.
- Device out of paper / paper jam: If a device runs out of paper or jams while releasing a print or copy job, ensure that paper is reloaded or jam is cleared to complete the printing. If this is not done by the user, and later reloaded or cleared by a different user, the rest of the print job will be printed out to the visibility of this other user and possibly left lying on the print device for all to see. This poses a risk of confidential information lying around.

4.4 Consumables/media supply

- Paper supply is not part of this procedure. Supply of paper for the print devices will be provided by the local department(s) as usual and will ensure that the device is replenished with paper.

- The Managed Print Service devices will be monitored and the need for replacement toner cartridges will be automatically alerted. Altodigital will dispatch new toner cartridges to site with a clear label indicating the department, contact name and serial number of the device. Employees may fit replacement cartridges by following instructions provided
- Altodigital will provide the Trust with offices bins for Recycling spent toner cartridges
- Use of other suppliers, third party or refilled toner cartridges is not permitted.

4.5 Additional devices/relocation

- Requests for additional devices must be made via the Information Service Desk with a business case sponsored by the relevant directorate lead. This will be reviewed and authorised by the Technology Head of Service.
- Print devices outside the contracted Altodigital fleet will not be supported.
- Requests to relocate office printers should be submitted as a Service Request to the Information Service Desk. For Technical and Health & Safety reasons Trust staff must not attempt to relocate printers themselves.

4.6 Fault reporting

- Staff who encounter a fault during normal operation (e.g. paper jam) should attempt to rectify this using on-screen information. (Please do not walk away and leave the problem to the next user). If it is not possible to rectify the fault please contact the Information Service Desk 01642 283949.

4.7 Monitoring and performance

- All usage of the devices will be monitored. Staff are expected to refrain from using the devices for production of personal materials
- Costs will be assigned by Finance to the users cost codes when the quarterly invoice is received
- Monitoring - In order to manage the printer fleet The Trust Information Department will collect information on all print jobs. This will include Number of Pages, Duplex/Simplex settings, B&W/colour settings

4.8 Loss of smart card

- Loss of NHS smartcard is the responsibility of the staff member to follow normal Trust procedures and report loss of their card as soon as it happens.

5 Definitions

Term	Definition
MFD	Multi-Functional Device, capable of printing, copying and scanning
Mono	Black and White; a mono device is capable of producing outputs in black and white only
Duplex Printing	Double-sided printing; this allows for a print job to be produced on both sides of paper
Managed Print Service (MPS)	Centralised management of a print estate. This includes remote management and proactive support. Altodigital will provide a managed print service to the Trust
The Trust	Tees, Esk and Wear Valleys NHS Foundation Trust

6 How this procedure will be implemented

<ul style="list-style-type: none"> This procedure will be published on the Trust's intranet and external website.
<ul style="list-style-type: none"> Line managers will disseminate this procedure to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> All line managers who are responsible for the approval of access to the Trust's information systems must read and adhere to this procedure.
<ul style="list-style-type: none"> All potential and current users of the Trust's information systems must read and adhere to this procedure.

6.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Demonstration	15 minutes	Once

Training will be provided to users by Altodigital as the devices are deployed. User Guides and other relevant useful information will be available on the Trust's intranet site.

7 How the implementation of this procedure will be monitored

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or dept. responsible for the monitoring	Frequency of the monitoring activity	Group/committee which will receive the findings/ monitoring report
Request for additional device(s)	Formal request via the service desk	IT	Ad-hoc	Technology Team
Usage		TBA	Quarterly	MPS Contract Management Team
Confidentiality	Monitor incidents of breach of confidentiality; datix reporting		Ad-hoc	IG team

8 Dissemination/Circulation/Archiving

- The procedure will be reviewed by Senior Management within the Information Department.
- Once authorised, the Procedure Lead will communicate the procedure electronically via a Trust wide communication.
- The Procedure will be held electronically on the Trust's central Procedure site and reviewed every two years or more frequently should the need arise.
- The Trust Secretary will be responsible for archiving old versions of this document.

9 Document control

Date of approval:	01 November 2017	
Next review date:	01 November 2021	
This document replaces:	N/A	
Lead:	Name	Title
	Jane Dennis	Technology Development Manager
Members of working party:	Name	Title
	Carole Walker-Jones Andrea Shotton	Head of Digital Transformation Information Risk, Policy and Records Standards Manager
This document has been agreed and accepted by: (Director)	Name	Title
	Drew Kendall	Director of Finance and Information
This document was approved by:	Name of committee/group	Date
	Digital Transformation Board	11 October 2017
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	01 November 2017
An equality analysis was completed on this document on:	03 October 2017	

Change record

Version	Date	Amendment details	Status
1	01 Nov 2017	New document	Ratified
1	Jul 2020	Review date extended 6 months	Ratified
1	May 2021	Review date extended to 01 July 2021	Ratified
1	July 2021	Review date extended to 01/09/2021	Ratified
1	23 Aug 2021	Review date extended to 01/11/2021	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Procedure and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Information Department				
Name of responsible person and job title	Jane Dennis – Technology Development Manager				
Name of working party, to include any other individuals, agencies or groups involved in this analysis					
Procedure (document/service) name	Printing Procedure				
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>	Project
	Procedure/Guidance			X	Code of practice
	Other – Please state				
Geographical area covered	Trustwide				
Aims and objectives	This procedure sets out the approved methods of using print devices, and printing within the Trust, whilst maintaining cost-effectiveness and efficiency.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	03 October 2017				
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	17 October 2017				

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All Trust staff					
2. Will the Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	Yes	Gender (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>Multi-function devices may be located in areas where access is restricted or difficult for staff with a physical disability. In such cases, the individual needs will be considered and a desktop printer provided to the individual when appropriate.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>	<p>X</p>	<p>No</p>	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>This procedure will undergo Trust-wide staff consultation and Trust staff comprise all protected characteristics.</p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				
Empty space for future plans				

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, procedure, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	N/A	
	Are key references cited?	N/A	
	Are supporting documents referenced?	N/A	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
Signature:			