Print and Fax Policy

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**Executive
Lead:**   Simon Marshall

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                Ratified by: IG Steering Group

                Review date: October 2020

History

Issue	Date Issued	Brief Summary of Change	Author
1	11th October 2017	New policy	Morné Beck IT Services Manager
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For more information on the status of this document, please contact:	
Policy Author	Morné Beck
Department/Directorate	Health Informatics Service
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Ratified by	Information Governance Steering Group
Audience	All Trust Staff

Executive summary

This document will set out the approved methods for using print, scan and faxing devices, and printing within ASPH NHS Foundation Trust, whilst maintaining cost-effectiveness, confidentiality, accountability and efficiency.

Related Policies

This policy should be read in conjunction with the following policies:
- Information Security Policy
- Confidentiality and Data Protection Policy
- Records Management Policy

Contents

Appendices

See also: **Any relevant trust policies/guidelines or procedures**

1. Introduction

This document will set out the approved methods of using print, scan and faxing devices, and printing within ASPH NHS Foundation Trust, whilst maintaining cost-effectiveness, confidentiality, accountability and efficiency.

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

- Network printers

- Multi-functional devices (MFDs); a combination of print, copy, scan and potentially fax functionalities

2. Scope

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

3. Purpose

3.1   To give clear guidance on the use of print, fax devices and output options

3.2   To avoid unnecessary purchase of print, fax devices and consumables

3.3   To encourage all users to consider whether printing is necessary or desirable, and think before printing

3.4   To provide the awareness, and reduce the risk of any IT Security and Information Governance breaches

3.5   To promote the awareness and understanding of the features of a managed print service

4. Explanation of Terms Used

4.1   **MFD** – means Multi-Functional Device, capable of printing, copying, scanning and possibly faxing

4.2 **Mono** – means Black and White; a mono device is capable of producing outputs in black & white only

4.3 **Duplex printing** – means double- sided printing; this allows for a print job to be produced on both sides of paper

4.4 **Managed Print Service** – means centralised management of a print estate. This includes remote management and proactive support. Konica Minolta will provide a managed print service to the Trust

4.5 **The Trust** – refers to Ashford & St Peter's Hospitals NHS Foundation Trust

4.6 **PID** – Patient Identifiable Data (although this term is specific, for the purposes of this policy it is assumed that the acronym refers to all sensitive or confidential information, such as patient identifiable data or confidential staff records)

5. Duties and responsibilities

5.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.

5.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.

5.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

5.4 All staff are responsible for complying with this policy.

6. Policy

6.1 Equipment Configuration & Features:

6.1.1 **Follow-Me printing (SafeQ printing)** – This will be the standard default on all multifunction devices (MFD's) and will be made available to all groups/departments.

6.1.2 **SafeQ scanning** – This will be the standard to replace scan-to-email to reduce the risk of PID being sent to the wrong recipient. Instead scans will be sent to a network drive to enable the staff member to

check documents before being e-mailed. The scanned document will be sent as PDF file to a network directory of the users' choice ie Home (H) or Departmental Drive (G) and will be stored in a folder called 'Scans'

6.1.3 **Fax (RightFax)** – This will be the standard replacement to the traditional portable fax machine. Right Fax provides a secure audited method of managing fax transmissions and will be available to all user groups and departments. There will be the following variants for transmitting and receiving faxes, Email to Fax, Fax to Email, and a Web based client or via a Konica MFD.

6.1.4 **Multi-Functional Devices (MFDs)** – These will be 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 Rightfax feature is an optional extra which a licence must be procured for via the Telecommunications Department as detailed in 6.4

6.1.5 **Networked Printers** – The printers will be networked to the Trust's IT infrastructure

6.1.6 **Power Save Auto Shut off** – all new equipment will be configured in Power Save Auto Shut off mode

6.1.7 **Duplex Printing** – all devices will automatically default to double side printing, where this feature is available

6.1.8 **Black & White Printing** – All devices will be standard black & white default printing unless otherwise specified by the department. All MFD's will be configurable for colour printing

6.1.9 **Tray configuration** – Each tray in a device will be set up for and loaded with a media type; e.g. plain paper, letterheads, label, etc. This will be in line with local operational processes and requirements

6.2 Printing Standards:

6.2.1 **All printing and copying is to be Black & White (mono).** Colour printing should be used only when and where critically and operationally necessary

6.2.2 **All printing will be set to double-sided prints as standard**. Single sided printing should only be used when and where critically and operationally necessary. Users have to manually select this option

6.2.3 **Fax machines must use plain paper printing and not that of older traditional thermal paper as images fade over a period of time**. All printing via any of the Rightfax features detailed in 6.1.3 must be via Konica Minolta MFD. All faxes that are transmitted, received and or printed via Rightfax service will be auditable

6.2.4 **Document scanning** will be performed as mentioned in 6.1.2 above. Any previously owned scanners (scan-only devices) can remain, but will have no technical support cover (not be supported by IT)

6.2.5 **All usage of the devices will be audited**. Staff are expected to refrain from using the devices for production of personal materials.

6.2.6 **Cost allocation / Charging**: The follow-me functionality will enable users to print from any follow-me enabled device, and not just their local devices. It is envisaged that the SafeQ management tool, integrated in the Konica Minolta solution, will provide informative usage reports that will enable Finance to charge the relevant users' departments accordingly for each device. Where / if this is not obtainable, devices will be charged back on a device level based on the department they reside in. A percentage of this charge will be passed to other areas based on the expected usage.

6.2.7 **Media Supply**: Supply of media (paper) for the print devices will be provided by the local department(s) as usual. The relevant key user will ensure that the device is replenished with paper.

6.3 Acquisition of non-standard Printers

6.3.1 Acquisition of print or fax devices outside the contracted Konica Minolta fleet and agreed print strategy will not be supported except where specifically agreed with the IT Department. Installation of such a device and/or the associated software drivers will not be permitted; this includes donated devices.

6.3.2 Charitable funds cannot be used to purchase devices and/or associated consumables.

6.3.3 Under no circumstances should printers be brought from home and used within the Trust.

6.4 Requisition Management for additional / replacement devices

6.4.1 Konica Minolta will manage the device list and move, add, change and dispose of devices in conjunction with the Trust.

6.4.2 Requests for additional devices have to be made via the Procurement Team via Trustnet - http://trustnet/departments/supplies/mfds.html - This will be reviewed and authorised by the Procurement Director.

6.4.3 A Konica MFD Order Form (click here) will have to be completed and 'signed off' by the Procurement Team.

6.4.4 Access to Rightfax services will be managed by the Trust's Telecommunications department.

6.4.5 Rightfax will be the only available option to replace a traditional portable fax machine. Replacement of traditional portable fax machines where a physical machine is still required will be via an existing or newly leased Konica Minolta MFD, see 6.4.2 and 6.4.3 for purchasing of additional devices and Rightfax services.

6.5 Retention of old devices

Old devices (current devices prior to deployment) will not be retained. Once a Konica Minolta device has been installed it will be tested after installation and the old device(s) will be removed once the new one is confirmed working. Old devices will not be moved to other offices/departments to be re-used. If a non-Konica Minolta device passes the age of 3 years it will not be supported by IT and should be replaced with a Konica Minolta device or a nearby MFD should be used.

Portable fax machines that are end of life, out of warranty or beyond economical repair will not be supported by the Telecommunications department and any replacement will be as detailed in 6.4

6.6 IT Security

6.6.1 **Loss of swipe card & risk of unauthorised access**: It is the responsibility of staff to follow normal Trust procedures and report loss of their card as soon as it happens. This is to avoid the possibility of unauthorised use of the card to access confidential print jobs.

6.6.2 **Print Job Retention Period**: To ensure maintenance of security, and to avoid print server overload, the maximum period a print job will be retained and available for printing is **24** hours.

6.6.3 **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 other users and possibly left on the print device. This poses a risk of confidential information lying around.

6.6.4 **Confidentiality**: Any printout found lying on a device should be handed over to the owner. If the owner is unknown, it should be dropped into confidential waste, and not left on the device. It is the responsibility of every Trust employee to secure their print jobs

6.6.5 **Access to the Rightfax** feature when used with a Konica MFD with the SafeQ feature active will be via SafeQ authentication.

6.6.6 **Faxing of PID** or confidential information must be via a secure or managed method as detailed under 6.7 Best Practice. The Trust's preferred option is that inbound faxes to the Rightfax service should be delivered to a nominated secure email address rather than automatically printing to the device

6.7 Best Practice

6.7.1 It is the responsibility of all Trust employees to manage print usage in a responsible manner.

6.7.2 It is the responsibility of all Trust employees to inform the local key contact of any noticed concerns or faults with a print device

6.7.3 The preferred communication and storage methods are electronic. Print only when necessary and in line with local operating procedures

6.7.4   Print only when necessary. Delete your print jobs from the print device, if no longer required.

6.7.5   Printing is set to default to mono. Use colour only when absolutely necessary. Colour printing is ten times (10x) more expensive than mono.

6.7.6   Printing is set to duplex as default; single-sided printing should only be used in exceptional situations.

6.7.7   Use multi-image-per-page printing where possible.

6.7.8   PowerPoint presentations are usually lengthy and require a large amount of network and printing resources to print.

6.7.9   Whenever possible, print in outline mode or hand-out mode with multiple slides on one page.

6.7.10   When designing PowerPoint presentations, use white backgrounds versus dark to reduce the amount of toner or ink needed to print. Use the Trust's corporate template wherever possible

6.7.11   For large documents with multiple pages, print to the MFDs located nearby. MFD costs are lower than those of desktop printers. Cheaper printing alternatives may also be available through external document printing providers.

6.7.12   Electronic records should be securely transferred by NHSmail, or the HSCIC Secure File Transfer service. See the appropriate Information & Technology policies on Trustnet for further information. Traditional Fax should only be used to send personal data where no better alternative is available.

6.7.13   Inbound faxes containing personal data that cannot be received as detailed in 6.6.6, must be managed by using the following protocols

- Via a fax machine located in a secure location, known as a **'safe haven'**, where incoming faxes cannot be picked up by unauthorised users.
- Contact the recipient in advance and ask them to confirm receipt, unless you are sending to a known unmanned safe haven fax machine.

- Send the minimum necessary information. Identifiers should be limited to NHS number, or another identifier such as hospital number. Where there is a risk of misidentification, an additional identifier such as date of birth or partial postcode may be included. Names, addresses and other personal data should not be transferred unless necessary for the purpose.
- Use a cover sheet, which should show the total number of pages, the intended recipient, and your own contact details in case of misaddressing. A template is available on Trustnet.
- Use pre-programed numbers where possible but when entering the number manually double check the number to be dialled.

6.7.14 Each fax machine should have a nominated person who will be responsible for the equipment. A list will be maintained by the Telecommunications Department.

7.   Training

Training will be provided to users by Konica Minolta and the Trust's Training team as the devices are deployed. User Guides and other relevant useful information will be available on the Trust's intranet site. (See Additional in section 14)

Training and support for Rightfax services will be provided by the Trust's Telecommunications team

8.   Stakeholder Engagement and Communication

The policy has been written by the Health Informatics Team in response to the requirements of current procurement recommendations and has been ratified by the Information Governance Steering Group.

9.   Approval and Ratification

This policy will be subject to audit by the Information Governance Steering Group every three years or sooner if legislation or change in procedures require it.

10.   Dissemination and Implementation

10.1 The policy will be available on Trustnet.

10.2 All new staff will be referred to this policy at Induction.

11.   Review and Revision Arrangements

This policy will be reviewed at three-year intervals, unless there are significant changes to guidelines, procedures, systems or requirements which may instigate an earlier review.

12.   Document Control and Archiving

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

13.   Monitoring compliance with this Policy

Standard / Process/ Issue	Monitoring and Audit		
	Method	By	Frequency
Request for additional device(s)	Formal Request via Trustnet	Steven Deller	Ad-hoc
Usage	SafeQ report on usage; Departments will be charged for usage; paper supply is responsibility of local departments and teams	Departmental Service Manager	Quarterly
Confidentiality	Monitor incidents of breach of confidentiality and report issues via Datix	All staff	Ad-hoc
Fax	Installation and configuration of RightFax	Stephen Deller and Darren Baber	Ad-Hoc

14.   Breaches of Policy

Any investigations of alleged abuse of use as described in this policy will be properly conducted by the IT Department in collaboration with line managers (escalating as appropriate). Training and support will be given where appropriate. Any consideration of disciplinary action will be instigated in accordance with the Trust's disciplinary procedures.

15.   Additional Information and Self-Help Material

- Request a new printer
- http://trustnet/departments/supplies/mfds.html

- Konica Minolta **C558** and **C368** user guide
    - http://manuals.konicaminolta.eu/bizhub-C658-C558-C458-C368-C308-C258/EN/index.html

- Konica Minolta **C287** user guide
    - http://manuals.konicaminolta.eu/bizhub-C287-C227/EN/index.html

- Konica Minolta **C3350 (1)** user guide
    - http://manuals.konicaminolta.eu/bizhub-C3851FS-C3851-C3351/EN/index.html

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Morné Beck
Policy: Print and Fax Policy

Background • Who was involved in the Equality Impact Assessment
Morné Beck
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The policy was examined and reviewed to ensure that no negative impact on equality would result from the policies.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no impact on equality
Conclusion • Provide a summary of the overall conclusions
The policy applies to all staff regardless of race, ethnic origin, gender, culture, religion or belief, sexual orientation and age. The policy has not been assessed for staff with disabilities and it is therefore recommended that staff should contact the IT Helpdesk for assistance should any issues arise.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
The policy should be approved

APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.
Title of the document: Print and Fax Policy
Policy (document) Author: Morné Beck
Executive Director:

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	**Policy**
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	Y	**All staff**
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	Y	**IG Steering Group review**
	Who was engaged in a review of the document (list committees/ individuals)?	Y	**IG Steering Group, Quality Dept., Workforce Dept.**
	Has the policy template been followed (i.e. is the format correct)?	Y	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are local/organisational supporting documents referenced?	Y	**See Executive Summary**
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	Y	**IG Steering Group**
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	Y	**IG Steering Group**
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Y	**TrustNet and Induction**
	Does the plan include the necessary training/support to ensure compliance?	N/A	
7.	**Process for Monitoring Compliance**		

		Yes/No/ Unsure/ NA	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Y	**Procurement Dept.**
8.	**Review Date**		
	Is the review date identified and is this acceptable?	Y	**3 years**
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	**IT**
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	**No impact**

Committee Approval (insert name of Committee) IG Steering Group			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Simon Marshall** **Director of Finance and Information**	**Date**	**11th October 2017**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: 11th October 2017 (Chair's action following offline review by IG Committee members following circulation by email)			