

Disposal of Obsolete Computer Equipment

Document Data	
Subject:	Disposal of Obsolete Computer Equipment
Document Type:	Policy
Document Status:	Approved
Executive Lead:	Director of Finance and Information
Document Owner:	Support Services Manager
Approval Authority:	Divisional Management Board
Document Reference:	[Procedural Document Reference]
Review Cycle:	36 Months
Next Review Date:	18/08/2017 Extended until November 2019
Estimated Reading Time:	8 Minutes

Document Abstract

The Trust requires a robust Policy to dispose of obsolete and/or broken IT equipment to ensure that all appropriate measures are taken to ensure the highly sensitive information does not get into the public domain. The disposal of IT equipment must be centrally managed within the Trust by IM&T thus ensuring a common approach is always maintained. Due to European legislation University Hospitals Bristol are not able to dispose of the equipment and are dependent on the third party company. This Policy summarises how the IM&T Department will cleanse and dispose of IT equipment as per UK and EU legislation and regulations in an environmentally friendly way.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
March 2009	3	Head of IM&T	Minor	Reviewed and converted
August 2014	4	Head of IM&T	Minor	Updated

Table of Contents

1.	Introduction	4
2.	Purpose and Scope	4
3.	Definitions	4
3.1	IT Equipment	4
3.2	Disposal	4
3.3	Cleanse	4
4.	Duties, Roles and Responsibilities	4
4.1	Key Responsibilities	4
4.2	Head of IM&T	5
4.3	Trust Computer Services Manager	5
4.4	Support Services Manager	5
5.	The Third Party Company	5
6.	Procedure for the removal of redundant equipment	5
7.	Costs	6
8.	Standards and Key Performance Indicators	6
9.	References	6
10.	Associated Documentation	7
11.	Appendix A – Monitoring Table for this Policy	8
12.	Appendix B – Dissemination, Implementation and Training Plan	9
13.	Appendix C – Document Checklist	10

1. Introduction

- 1.1 It is essential that the Trust have a robust policy in place to dispose of obsolete and/or broken IT equipment, given the amount of computer equipment currently and likely to be installed and following a number of recent cases within the United Kingdom, where highly sensitive information has got into the public domain
- 1.2 The disposal of equipment must be centrally managed within the Trust (by Information Management and Technology), thus ensuring that a common approach is always maintained. Due to European legislation University Hospitals Bristol are not in a position to dispose of the equipment and are, therefore, dependant on a 'third party' company.
- 1.3 Any company used to provide the service must comply with all current legislation and regulations (U.K. and E.U.) relating to health and safety; product liability; the handling and storage of chemicals and other dangerous goods and substances; the production; keeping; treatment or disposal of waste.
- 1.4 The IM&T department ensure that all equipment is appropriately cleansed prior to it leaving the Trust, given the sensitive nature of some information, which may be held on PCs.
- 1.5 Equipment should be disposed of in an environmentally friendly way. Disposal should be achieved in the most cost effective way for the Trust. The best possible financial return must be achieved for any working computer equipment deemed surplus to our requirements.

2. Purpose and Scope

- 2.1 This Policy provides University Hospitals Bristol with assurance that all IT equipment is appropriately cleansed prior to leaving the Trust and is disposed of as per UK and EU regulations.

3. Definitions

3.1 *IT Equipment*

- (a) Equipment that has been purchased and is supported by University Hospitals Bristol.

3.2 *Disposal*

- (a) To get rid of equipment in the most cost effective way for the Trust and in accordance with the current UK and EU legislation and regulations.

3.3 *Cleanse*

- (a) To destroy/remove all information held on the equipment.

4. Duties, Roles and Responsibilities

4.1 *Key Responsibilities*

An appropriate Manager must authorise the disposal of computer equipment. They must ensure that when they make the decision that it fits within the Trust Standing Orders and Standing Financial Instructions (see section 8 below).

Equipment must be made safe before it is sold. Once the equipment has been delivered to or collected by Information Management and Technology, IM&T will be responsible for ensuring that the third party resell the equipment in line with all current UK and EU legislation and regulations (see section 8 below).

4.2 Head of IM&T

- (a) Overall strategic responsibility for this Policy lies with the Head of IM&T who will assume responsibility on behalf of the Senior Information Risk Owner.

4.3 Trust Computer Services Manager

- (a) Responsible for the Implementation of the Policy.

4.4 Support Services Manager

- (a) Responsible for ensuring all equipment has been collected by IM&T and disposed of as per this Policy.

5. The Third Party Company

Any third party company used to dispose of computer equipment must be interviewed by Information Management and Technology Senior Managers to ensure that they are able to meet both internal and external requirements i.e. conform to all legislation. Two references should be sought from other company clients.

The following minimum requirements must be met:

- **Collection** ~ all equipment must be collected from a central point within UHBristol. The third party will be responsible for creating a log of all equipment removed.
- **Duty of Care** ~ the third party supplier shall be responsible for the security of any equipment from the moment that it starts the process of transferring equipment to the third party vehicle.
- **Disposal of equipment** ~ all items of equipment or components considered beyond economic refurbishment or repair, should be disposed of in an environmentally friendly way, satisfying all current U.K. and E.U. legislation, and a Disposal Certificate issued to the client. A cost may be incurred for equipment having no economic value to the company.
- **Data Cleansing** ~ The Trust will cleanse each disk/tape by means of a degaussing machine before it is collected for recycling.
- **Environmental Standards** ~ equipment that cannot be refurbished must be disposed of in line with appropriate standards. Where possible it should be recycled.
- **Legal Obligation** ~ the supplier shall indemnify and shall keep UHBristol indemnified against any failure on its part respectively to carry out its obligations.

6. Procedure for the removal of redundant equipment

All equipment will be disposed of through the Department of Information Management and Technology. All hospitals and departments will need to arrange with Information Management and Technology, to either have the equipment collected or arrange delivery.

This should be organised through the Information Management and Technology Helpdesk (extension 23939).

Once there is enough equipment to warrant a collection Information Management and Technology will contact the third party, who will undertake the following:

- In the first instance, the third party will remove and compile a collection log of equipment. They may undertake a quick assessment of which category the equipment may fall into:
 - The equipment has no residual value at all, and they will remove it and dispose of it in an environmentally friendly way if required, at an agreed price.
 - The equipment has sufficient value to cover all costs.
- Having assessed the equipment and reached agreement to proceed, the equipment will be catalogued by Information Management and Technology and/or the third party.
- Over the following 30 days the third party will:
 - Provide a list of equipment serial numbers to the Trust.
 - Dispose of any items, which have no value and issue UHBristol with a 'Certificate of Disposal'.
 - Refurbish/Redistribute the remainder of the equipment.
 - UHBristol may wish to audit the third party at any time throughout the procedures.

7. Costs

The associated costs incurred for the disposal of equipment will be retrieved as an additional charge against new equipment.

8. Standards and Key Performance Indicators

- 8.1 Disposal of all equipment will be in accordance to the current UK and EU legislation and regulations.

9. References

Visit The Department of Business Innovation and Skills website:

<http://www.bis.gov.uk/weee>. For further information regarding EC Directive on Waste Electrical and Electronic Equipment (WEEE) and EC Directive on the Restriction of the Use of Certain Hazardous Substances in Electrical and Electronic Equipment (ROHS).

Visit the Trust's Standing Financial Instructions and Orders (SFI's) website:

<http://connect/StaffAndLineManagersInfo/FinanceAndProcurement/UsefulInformation/Pages/default.aspx>

10. Associated Documentation

The Trust has a policy for the replacement of obsolete equipment, which also includes a statement regarding the replacement of broken equipment. Please see PC procurement Policy for further detail.

11. Appendix A – Monitoring Table for this Policy

11.1 Compliance with the Policy

Monitoring Disposal	When?	How?	By whom?	Monitoring Group	Follow up
Regularly review to ensure no breaches of the Policy	Quarterly	Review related documentation	Support Services Manager	Head of IM&T. Issues to be reviewed by IM&T Senior Managers	Pick up with appropriate staff

12. Appendix B – Dissemination, Implementation and Training Plan

12.1 The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Support Services Manager
This document replaces existing documentation:	Yes
Existing documentation will be replaced by:	Replacement of obsolete document
This document is to be disseminated to:	IM&T
Training is required:	No
The Training Lead is:	N/A

Additional Comments
None

13. Appendix C – Document Checklist

13.1 The checklist set out in the following table confirms the status of ‘diligence actions’ required of the ‘Document Owner’ to meet the standards required of University Hospitals Bristol NHS Foundation Trust Procedural Documents. The ‘Approval Authority’ will refer to this checklist, and the Equality Impact Assessment, when considering the draft Procedural Document for approval. All criteria must be met.

Checklist Subject	Checklist Requirement	Document Owner’s Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct (i.e. Strategy, Policy, Protocol, Procedure, etc.):	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation (e.g. ‘Personal Data’ as defined in the Data Protection Act 2000):	No
	All terms used are explained in the ‘Definitions’ section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The ‘target group’ is clear and unambiguous:	Yes
	The ‘purpose and scope’ of the document is clear:	Yes
Document Owner	The ‘Document Owner’ is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted:	IM&T
	Suitable ‘expert advice’ has been sought where necessary:	Yes
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	None
Equality	The appropriate ‘Equality Impact Assessment’ or ‘Equality Impact Screen’ has been conducted for this document:	No
Monitoring	Monitoring provisions are defined:	No
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	No
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

Additional Comments
[DCL - Additional Comments]