

Document Control

Title			
Redundant Equipment Procedure			
Author			Author's job title Facilities Contracts Co-ordinator
Directorate Facilities			Department Facilities
Version	Date Issued	Status	Comment / Changes / Approval
0.1	2006	Draft	Initial version for consultation
1.0	Aug 2006	Final	Approved by Executive Directors
1.2	March 2012	Revision	Change of Responsibilities
2.0	March 2012	Final	Approved by Director of Facilities on 20 th March
2.1	May 2012	Revision	Publishing checks by Corporate Governance to version numbering, approval, table of contents and headers and footers
2.2	October 2016	Revision	Change of author and main contact, Approved by Deputy Director of Facilities 28th October
2.3	October 2018	Revision	Put onto new template, added additional information about Warp-it.
3.0	Nov 2019	Final	Reviewed, changed approval to Divisional Director of Facilities.
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Superseded Documents			
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Consulted with the following stakeholders: (list all) <ul style="list-style-type: none"> • Facilities Team • Finance Department • Procurement Department 			
Approval and Review Process <ul style="list-style-type: none"> • Divisional Director of Facilities 			
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1. Purpose

- 1.1. The purpose of this document is to simplify the process whereby items can be removed from operational areas whilst still adhering to the fact that this has to be undertaken in a 'managed' way. The procedure applies to all Trust staff.
- 1.2. Implementation of this procedure will ensure that:
- 1.3. The equipment that this procedure relates to is that which is excess to normal every day working and that which the wards/department no longer have any need for. No new equipment should be purchased by a ward/department for a period of 12 months following disposal of any item that is deemed surplus to requirements.
- 1.4. The risk of the Trust becoming cluttered with redundant equipment is reduced. This process must be followed and the porters who will be the gatekeepers have been instructed that they can only remove or deliver equipment from storage that is redundant based on this process.

2. Definitions

- 2.1. This procedure applies only to furniture or equipment that an area has which is surplus to requirements on a permanent basis or the disposal of all items that are obsolete/damaged etc.

3. Responsibilities

Role of Facilities Contracts Co-ordinator

- 3.1. The Facilities Contracts Co-ordinator is responsible for:
 - Ensuring that the database is kept up to date.
 - Dealing with staff who are requesting furniture on the surplus list

Role of Maintenance Supervisor

- 3.2. The Maintenance Supervisor is responsible for:
 - Managing the disposal of broken/condemned equipment and making the decision on whether to repair broken according to value.
 - Ensuring that the Waste Electrical and Electronic Equipment Directive (WEEE) is adhered to and the waste is disposed of in accordance with this Directive.

Role of Portering staff

3.3. The Portering staff are responsible for:

- Ensuring that movement of redundant equipment is managed in line with this procedure.
- Ensuring the store is kept tidy and manageable and remove equipment, in conjunction with the Facilities Contracts Co-ordinator, when it has been in store over 2 months.

Role of Procurement

3.4. The Procurement department is responsible for

- Ensuring that departments do not order the same item within 12 months of disposal, if deemed surplus.

Role of Directorate/Departmental Staff

3.5. Directorate/Departmental staff are responsible for

- Ensuring that all staff understand the procedure and follow it as stated.

4. Procedure for Removal of Redundant Equipment

4.1. Once the Ward Sister/Departmental Manager has identified that equipment is either broken or surplus to requirements the following process should be followed, if the item is broken then an Equipment Disposal document needs to be completed.

4.2. This is a self-carbonated pad forming part of the controlled stationery that is available from Sodexo Helpdesk on level 2.

4.3. If the equipment is surplus to requirements the following process should be followed.

4.4. Log onto Warp it www.warp-it.co.uk/northdevonhealth and register. Once registered enter your item with as much detail as possible.

4.5. If after 7 days your item is not rehomed contact the Facilities Contract Co-ordinator to arrange for the item to be collected via the porters.

4.6. Complete an equipment disposal form. The white copy of the form is retained by department, the yellow & green parts should be sent to Facilities.

4.7. If the equipment is broken/ condemned Facilities will contact the porters for removal to the workshops for disposal.

5. The Development of the Procedure

Prioritisation of Work

- 5.1. A requirement was identified to improve assurance of best re-use of furniture and equipment, and ensuring that disposal is a last resort.

Document Development Process

- 5.2. As the author, the Facilities Contracts Co-ordinator is responsible for developing the procedure and for ensuring stakeholders were consulted with.
- 5.3. Draft copies were circulated for comment before approval was sought from the relevant committees.

6. Consultation and Approval Process

- 6.1. The author consulted widely with stakeholders, including:
- Facilities Team
 - Finance
 - Procurement
- 6.2. Consultation took the form of a request for comments and feedback via email. Hard copies were available on request.
- 6.3. Approval has been given by the Divisional Director of Facilities.

7. Review and Revision Arrangements including Document Control

Process for Reviewing the Procedure

- 7.1. The procedure will be reviewed every three years. The author will be sent a reminder by the Corporate Governance Manager four months before the due review date. The author will be responsible for ensuring the procedure is reviewed in a timely manner.
- 7.2. The reviewed procedure will be approved by the Divisional Director of Facilities.
- 7.3. All reviews will be recorded by the author in the Document Control Report.

Process for Revising the Procedure

- 7.4. In order to ensure the procedure is up-to-date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Any revisions will require final approval by the Divisional Director of Facilities.
- 7.5. If this procedure has been identified as required by the NHS Litigation Service (NHSLA), the author will ensure the Compliance Manager is sent an electronic copy.
- 7.6. All revisions will be recorded by the author in the Document Control Report

Document Control

- 7.7. The author will comply with the Trust's agreed version control process, as described in the organisation-wide Guidance for Document Control.

8. Dissemination and Implementation

Dissemination of the procedure

- 8.1. After final approval by the Divisional Director of Facilities, the author will provide a copy of the procedure to the Corporate Governance Manager to have it placed on the Trust's intranet. The procedure will be referenced on the home page as a latest news release.
- 8.2. Information will also be included in the weekly Chief Executive's Bulletin which is circulated electronically to all staff.
- 8.3. An email will be sent to senior management to make them aware of the procedure and they will be responsible for cascading the information to their staff.
- 8.4. In addition, staff will be informed that this procedure replaces any previous versions.

Implementation of the Procedure

- 8.5. Line managers are responsible for ensuring this procedure is implemented across their area of work.
- 8.6. Support for the implementation of this procedure will be provided by Facilities.

9. Documentation Control including Archiving Arrangements

Library of Procedural Documents

- 9.1. The author is responsible for recording, storing and controlling this procedure.
- 9.2. Once the final version has been approved, the author will provide a copy of the current procedure to the Corporate Governance Manager so that it can be placed on the Trust's Intranet site (Bob). Any future revised copies will be provided to ensure the most up-to-date version is available on the Trust's Intranet site (Bob).

Archiving Arrangements

- 9.3. All versions of this procedure will be archived in electronic format within the Facilities procedure archive. Archiving will take place by the Facilities Contracts Co-ordinator once the final version of the procedure has been issued.
- 9.4. Revisions to the final document will be recorded on the Document Control Report. Revised versions will be added to the procedure archive held by Facilities.

Process for Retrieving Archived Procedure

- 9.5. To obtain a copy of the archived procedure, contact should be made with the Facilities Team.

10. Monitoring Compliance with and the effectiveness of the Procedure

Process for Monitoring Compliance and Effectiveness

- 10.1. Monitoring compliance with this procedure will be the responsibility of the Facilities Contracts Co-ordinator. This will be undertaken as part of the Patient Led Assessment of the Care Environment Inspection (PLACE) where management will periodically check clinical areas to ensure that the system is working.
- 10.2. Where non-compliance is identified, support and advice will be provided to improve practice.

11. Equality Impact Assessment

- 11.1. The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	