IT ACCEPTABLE USE POLICY

To ensure all users access Hospice computer resources and the Internet in a professional, lawful and ethical manner

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Authorised by	INFORMATION GOVERNANCE SUB COMMITTEE
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Contents

1.   Introduction

The IT Acceptable Use Policy is intended to provide a framework for what is deemed appropriate use of the IT resources at Dr Kershaw's Hospice. This policy should be applied to all existing and future technologies and their uses, which may not be explicitly referred to within this policy.

Staff (including volunteers) must note that any breaches of this policy may be treated as misconduct under the hospice's Conduct (Disciplinary) Policy up to and including dismissal. Breaches of this policy where personal data is compromised, could also result in fines from the Information Commissioners Office for the member of staff.

2.   Scope

This policy applies to all staff members and all other users (including honorary, volunteers, students, visitors, contractors and others).

The term "Hospice Network" is used to define all computing, telecommunication, and networking facilities provided by the Dr Kershaw's Hospice; with particular reference to all computing devices, either personal or hospice-owned, connected to systems and services supplied. This policy applies to the entire Hospice Network.

3.   Purpose

The purpose of this document is to set out a clear policy framework for maintaining and improving acceptable use of the Hospice Network. Through this IT Acceptable Use Policy, the Hospice will:

- Provide guidance on acceptable and unacceptable use of the Hospice Network
- Provide a consistent approach to managing Acceptable Use within the Hospice
- Ensure that all members of staff fully understand their responsibilities and the reporting structure
- Ensure that all members of staff are aware of, and fully comply with relevant legislation, codes of practice and hospice policy

4.   Responsibilities

4.1   Chief Executive

Overall accountability for Acceptable Use across the organisation lies with the Chief Executive, who has responsibility for establishing and maintaining an effective management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

4.2   SIRO

The SIRO is accountable to the CEO and will be expected to understand how the strategic business goals of the organisation may be impacted by information risk, including the risks associated with acceptable/unacceptable use.

4.3   Data Protection Officer

The Data Protection Officer will provide advice and guidance regarding Acceptable Use with regard to personal data, and will ensure compliance with the Data Protection Act 2018, General Data Protection Regulation and the Data Security and Protection Toolkit.

4.4   IT Support (Foresight)

Dr Kershaw's Hospice outsources it's IT Support to Foresight. Foresight will take responsibility for Acceptable Use with regard to the Hospice Network, and will ensure compliance with all associated IT policies.

4.5   Senior Management Team

The Senior Management Team will be accountable for ensuring that the IT Acceptable Use Policy is implemented within their department or team.

4.6   All Staff (including Volunteers)

Every trustee, member of staff and volunteer must:

• Comply with the requirements of the Legislation.
• Comply with the IT Acceptable Use Policy, including all supporting guidance.
• Consult the Data Protection Officer regarding acceptable use of personal data.
• Consult with Foresight regarding acceptable use of the Hospice Network.

A breach of the Legislation or of other Hospice policies could result in disciplinary proceedings, up to and including dismissal and/or prosecution of the Hospice or the individual.

5.   Acceptable Use

The Hospice Network is provided to facilitate the requirements of the organisation and should be primarily used for that purpose e.g. managing data, records and resources, and facilitating communications.

Some reasonable personal use is allowed where it does not interfere with hospice duties, the functionality of the hospice or the functionality of the Hospice Network. Personal use should

be restricted to non-work time or breaks and should not include operating a business, campaigning for, promoting or soliciting funds for any personal purpose, and must comply with the provisions of this policy.

Dr Kershaw's has no liability for any personal loss or damage suffered by a member of staff through personal use of hospice IT facilities. When using the Hospice Network for personal use Dr Kershaw's Hospice does not provide a guarantee regarding the privacy or security of your data, and is not responsible for any consequences you may experience, including any access, financial or data loss.

6.   Unacceptable Use

The Dr Kershaw's IT facilities must not be used for downloading, creation, manipulation, transition, storage or dissemination of:

a) unlawful data or material
b) material which advocates or promotes any unlawful act
c) offensive, obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images or material
d) material which promotes discrimination on the basis of race, gender, religion or belief, disability, age or sexual orientation
e) material that is defamatory, threatening, discriminatory, extremist or which has the potential to radicalise themselves or others
f) material which is subsequently used to facilitate harassment, bullying and/or victimisation
g) any general or targeted unsolicited "nuisance" communications via post, fax, telephone, text, email or social media
h) material with the intent to defraud or which is likely to deceive a third party
i) material that infringes the copyright/intellectual property rights or privacy rights of a third party, or that is in breach of a legal duty owed to another party
j) material that brings Dr Kershaw's Hospice into disrepute

The Dr Kershaw's IT facilities must not be deliberately used by a user for activities having, or likely to have, any of the following characteristics:

a) intentionally wasting staff effort or other Hospice resources
b) corrupting, altering or destroying another user's data without their consent
c) disrupting the work of other users or the correct functioning of the network
d) denying access to the Dr Kershaw's IT network and its services to other users

Where the hospice IT facilities are being used to access another network, any abuse of the acceptable use of that network will be regarded as unacceptable use of the Hospice Network.

Users shall not:

e) introduce anything into the network that could impact the efficacy of Hospice data and network security measures
f) introduce data-interception, password-detecting or similar software or devices to the Hospice Network
g) seek to gain unauthorised access to restricted areas of the Hospice Network;
h) access, or try to access, data where the user knows, or ought to know, that they should have no access
i) carry out any activities that could be interpreted as hacking
j) intentionally or recklessly introduce any form of spyware, computer virus or other potentially malicious software into the IT systems
k) use the hospice telephones for making personal phone calls, without good reason
l) use a personal e-mail account to conduct hospice business
m) No new software/application should be used or installed on any hospice owned device without getting permission from the Senior Management Team

No new device should be used or connected to the Hospice Network without getting permission from the Senior Management Team.

Any breaches of this policy (for example; accidental access of inappropriate material on the internet, opening an e-mail attachment on what a SPAM e-mail or being notified of a computer virus/malware) should be reported to IT Support and your Line Manager as soon as possible.

7. Exceptions

Should unacceptable use be required for hospice-related activities the user must seek the prior permission of the Hospice SIRO, or a member of the Senior Management Team.

8. Monitoring

The use of the Hospice Network, including any personal devices that are attached to it, may be monitored. This is to ensure legal compliance and facilitate troubleshooting, but may be used as evidence of unacceptable use. The systems monitored include:

- Office 365 services (e-mail, SharePoint, Teams, One Drive, etc.)
- Internet access
- Computer access
- Software/Application access
- Data and file access

Analysis and use of monitoring data will be restricted to IT Support. Unusual activity will be escalated to the SIRO and the relevant member of the Senior Management Team for further investigation where appropriate.

9.   Implementation Plan

This policy will be reviewed and ratified by the Information Governance Sub Committee and disseminated by the Clinical Data / Quality Manager. The policy will be available on Vantage for all users to access.

10.   References

Legislation

- Computer Misuse Act 1990 Data Protection Act 2018
- General Data Protection Regulation

Appendix 1 - Equality Analysis Checklist

To ensure relevant equality and equity aspects of policies have been considered and addressed in the document to give assurance that the policy will be legal, fair and equitable.

POLICY TITLE/NAME	IT ACCEPTABLE USE POLICY		
POLICY AUTHOR	ADELE DOHERTY	DATE OF ISSUE	MAY 2014

		YES	NO	What impact do you assess there may be?
1	Does the proposal affect one group more or less favourably than another on the basis of:			
	• Age		X	
	• Pregnancy and Maternity		X	
	• Sex		X	
	• Gender or Gender Re-Assignment		X	
	• Marriage or Civil Partnership		X	
	• Religion or belief		X	
	• Sexual orientation (L.G.B.T.Q)		X	
	• Nationality/Race		X	
	• Disability (including physical and mental health problems)		X	
2	Will the proposal have an impact on lifestyle? (e.g. diet and nutrition, exercise, physical activity, substance use, risk-taking behaviour, education and training).		X	
3	Will the proposal have an impact on social environment? (e.g. social status, employment (either paid or not), social/family support, stress, low income, homeless).		X	
4	Will the proposal have an impact on physical environment? (e.g. living conditions, working conditions, pollution or climate change, accidental injury, public safety, transmission of infectious disease).		X	
5	Will the proposal affect access to or experience of services? (E.g. health or social care, transport, housing services, education).		X	

Equality Impact Assessor	Georgie Flint	Date of assessment	8th June 2023
Job Title	Clinical Data / Quality Manager		