Digital Remote Access Policy

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DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
CIO		Digital Security & Resilience Manager
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
1.0	Feb 2013	Approved by Executive Management Team
2.1	March 2015	Reviewed by A Marrs
2.2	July 2018	Approved by Information Governance Group

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
3.0	March 2019	Approved by Management Assurance Group
4.0	June 2019	Approved by MAG
V4.1	December 2022	Circulated to Digital senior management team for comments
V4.1	March 2023	Recommended by Information and Governance Group
V5.0	June 2023	Approved by Compliance and Risk Group

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Document Reference	POL054
	Directorate: Digital
Recommended at Date	Information Governance Group
	16 March 2023
Approved at Date	Corporate Risk Group
	19 June 2023
Valid Until Date	June 2025
Equality Analysis	March 2023
Linked procedural documents	Electronic Information Security Policy
Dissemination requirements	All staff
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers,

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casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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Contents

Paragraph   **Page**

Appendices

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1.   Introduction

Remote Access refers to any technology that enables you to connect users in geographically dispersed locations to files and Trust systems. Often business processes rely on easy and reliable access to corporate information systems. In practice, the benefits of securing remote access are considerable – business can be conducted remotely with confidence and sensitive corporate information remains confidential.

This policy covers all types of remote access:

- Travelling users (e.g. Staff working temporarily based at other locations)
- Home workers (e.g. IM&T support, Corporate Managers, Clinicians)
- Non NHS staff (e.g. contractors and other 3rd party organisations)

2.   Purpose

This document sets out the policy for remote access and includes a set of common controls, which can be applied to reduce the risks associated with a remote access service.

The objectives being:

- To provide secure and resilient remote access to the Trust's information systems
- To preserve the integrity, availability and confidentiality of the Trust's information and information systems
- To manage the risk of serious financial loss, loss of client confidence or other serious business impact which may result from a failure in security
- To comply with all relevant regulatory and legislative requirements (current data protection legislation and to ensure that the Trust is adequately protected under computer misuse legislation

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3. Duties

3.1 Head of Live Services

Is ultimately responsible for ensuring that remote access by staff is managed securely.

3.2 All Digital Live Services staff

Will maintain policy, standards and procedures for remote access to ensure that risks are identified and appropriate controls implemented to reduce those risks.

3.1 All remote access users

Are responsible for complying with this policy and associated standards. They must safeguard corporate equipment and information resources, notify the Trust immediately of any security incidents and breaches.

3.4 Consultation and Communications with Stakeholders

Consultation will be via the departmental and staff representatives on the Information Governance Group, and when agreed will be communicated to all staff.

4 Definitions

Remote Access – see section 1

Perimeter Security – External facing technical solutions designed to prevent unauthorised access to Trust resources.

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5   Development

5.1   Prioritisation of Work

This policy is required as part of the Trust's wider security requirements, and details the requirements outlined in the Information Security and Digital Operational Security policies.

5.2   Identification of Stakeholders

Stakeholders are all Trust staff.

5.3   Responsibility for Document's Development

The development of this document is the responsibility of the Digital Security and Resilience Manager, in conjunction with other senior technical managers.

6   Connectivity

6.1   Perimeter Security

The Infrastructure Team will be responsible for ensuring perimeter security solutions are in place and operating properly. Perimeter security solutions will control access to critical network applications, data, and services.

Remote Access solution(s) must be secure, therefore when connected all traffic must be via the Trust network and clients must not be able to access local resources. Authentication must be two factor, of which one factor must be a user account, and the other a unique dialer account.

6.2   Security Monitoring

Network vulnerability systems will be used to identify areas of weakness, and intrusion detection systems to monitor and reactively respond to security events as they occur.

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6.3 Remote Diagnostic Services and 3ʳᵈ Parties

Suppliers of central systems/software that require remote access to systems will be permitted subject to it being initiated by the computer system and all activity monitored.

Each supplier or Trust user requiring remote access will be required to commit to maintaining confidentiality of data and information and only using qualified representatives.

Each request for remote access will be authorised by approved Digital staff, who will only approve access when satisfied of the need.

7 Equality Impact Assessment

This is attached, Executive Summary is in Appendix A

8 Dissemination and Implementation

8.1 Dissemination

This policy will be held in the document library and advertised in line with the Trust policy on dissemination of procedural documents.

It will be circulated within Digital via the senior management team

8.2 Implementation

Technical and environmental implementation is currently in place in line with this policy, current legislation and best practice.

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9 Process for Monitoring Compliance and Effectiveness

Audits will be conducted periodically to ensure these procedures and protocols are being adhered to, failure to comply with these procedures and/or protocols will be deemed as a failure to comply with the policy and may therefore be treated as a disciplinary matter.

All security weaknesses and incidents must be reported to the Digital Security & Resilience Manager through the IT Service Desk, and logged on the Trust's incident management system.

10 Standards/Key Performance Indicators

Audits will be conducted periodically to ensure these procedures and protocols are being adhered to, failure to comply with these procedures and/or protocols will be deemed as a failure to comply with the policy and may therefore be treated as a disciplinary matter.

11 Associated Documents

Electronic Information Security Policy

Digital Operational Security Policy

Appendices

A   Equality Impact Assessment

B   Monitoring Table

C   Policy checklist

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Appendix A - Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Digital Remote Access Policy
Is the process new or existing? If existing, state policy reference number	POL054
Person responsible for process/policy	Digital Security & Resilience Manager
Directorate and department/section	Digital
Name of assessment lead or EIA assessment team members	Digital Security & Resilience Manager
Has consultation taken place? Was consultation internal or external? (please state below):	Via email
Internal	Chief Information Officer

The assessment is being made on: Please tick whether the area being assessed is new or existing.		X
	Written policy involving staff and patients	
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state) Training programme.	

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Equality Analysis
What is the aim of the policy/procedure/practice/event? Defines the policy for remote access.
Who does the policy/procedure/practice/event impact on? Nobody **Race** ☐   **Religion/belief** ☐   **Marriage/Civil Partnership** ☐ **Gender** ☐   **Disability** ☐   **Sexual orientation** ☐ **Age** ☐   **Gender re-assignment**   **Pregnancy/maternity** ☐
Who is responsible for monitoring the policy/procedure/practice/event? IT Security & Resilience Manager
What information is currently available on the impact of this policy/procedure/practice/event? None
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples: **Race** ☐   **Religion/belief** ☐   **Marriage/Civil Partnership** ☐ **Gender** ☐   **Disability** ☐   **Sexual orientation** ☐

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Age ☐	Gender re-assignment ☐	Pregnancy/maternity ☐

Please provide evidence:

No

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

Race ☐	Religion/belief ☐	Marriage/Civil Partnership ☐
Gender ☐	Disability ☐	Sexual orientation ☐
Age ☐	Gender re-assignment ☐	Pregnancy/maternity ☐

Please provide evidence:

No

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

None required

Evaluation Monitoring Plan/how will this be monitored?

Who

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How

By

Reported to

There is zero impact on any "characteristic" therefore there is no need to monitor.

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Appendix B: Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Status and integrity of remote connections	Infrastructure team	Technical management tools	Daily	System logs	Via Digital management team	To be agreed by the Digital management team as appropriate	All changes will be documented on the call logging system and a report sent to the Digital management team.

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