Cambridgeshire and Peterborough
Clinical Commissioning Group (CCG)

FORENSIC READINESS POLICY
2019 - 2021

Approval Process

Lead Author: Information Governance Lead / Data Protection Officer

Reviewed by: Information Governance, Business Intelligence & IM&T Steering Group

Approved by: Information Governance, Business Intelligence & IM&T Steering Group

Ratified by: Integrated Performance and Assurance Committee

Date ratified: 28 May 2019

Version: 4.1

Review date: May 2021
(or earlier if significant change to local or national requiremer

Valid on: 28 May 2019
### Development and Consultation
Policy developed in consultation with the IG, BI and IM&T Steering Group and endorsed by the Integrated Performance and Assurance Committee on behalf of the Governing Body.

### Dissemination
All staff will be made aware of this policy through the staff bulletin and a direct link to the CCG website.

### Implementation
The SIRO is responsible for monitoring the application of the policy by ensuring that:
- The policy is brought to the attention of all employees;
- Directors as IAOs and Managers are aware of their responsibilities to implement the policy;
- Staff are informed as appropriate;
- Appropriate training and guidance is available to staff;
- Corporate business processes support the implementation of the policy.

### Training
Training is considered as part of the CCG’s ongoing processes.

### Audit
Implementation of the Policy is monitored on a regular basis.

### Review
This policy is reviewed two yearly, or earlier if there are changes in procedures or legislation.

### Links with other CCG Policies
The Policy should be read in conjunction with:
- CCG Code of Confidentiality
- CCG Information Security for Staff Policy
- CCG Safe Haven Policy
- CCG Removable Media Policy

### Equality and Diversity
The IG Administrator carried out an Equality Impact Assessment and concluded the policy is compliant with the CCG Equality and Diversity Policy. No negative impacts were found.

### Revisions

<table>
<thead>
<tr>
<th>Version</th>
<th>Page/ Para No</th>
<th>Description of change</th>
<th>Date approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Based on an approved example provided by CfH</td>
<td>April 2013</td>
</tr>
<tr>
<td>1.1</td>
<td>Links with other Documents</td>
<td>Updated policy list</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Whole document</td>
<td>Reviewed and ratified by CMET for 2015-17</td>
<td>July 2015</td>
</tr>
<tr>
<td>3.0</td>
<td>Whole document</td>
<td>Bi-annual review and update</td>
<td>April 2017</td>
</tr>
<tr>
<td>4.0</td>
<td>Whole document</td>
<td>Bi-annual review and update</td>
<td>May 2019</td>
</tr>
<tr>
<td>4.1</td>
<td>Section 6</td>
<td>Addition of examples when digital forensic evidence may be required.</td>
<td>October 2019</td>
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Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Information Governance (IG) Forensics Policy

1. Introduction
The Governing Body approved the introduction of IG forensic readiness into the business processes and functions of the CCG. This ensures the potential to use digital evidence whilst minimising the costs of investigation. This decision reflected the high level of importance placed upon minimising the impacts of information security events and safeguarding the interests of patients, staff and the CCG itself.

The Governing Body recognises that the aim of IG forensics is to provide a systematic, standardised and legal basis for the admissibility of digital evidence that may be required for formal dispute or legal process. In this context, IG forensics includes evidence in the form of log files, emails, back-up data, removable media, portable computers, and network and telephone records amongst others that is collected in advance of an event or dispute occurring.

The Governing Body acknowledges that IG forensics provides a means to help prevent and manage the impact of important business risks. IG evidence can support a legal defence, it can verify and should show that due care was taken in a particular transaction or process and could be important for internal disciplinary actions.

This policy is applicable to all areas of the CCG and adherence should be included in all contracts for outsourced or shared services.

2. Definitions
Key definitions are:

- **IG Forensic readiness**
  ‘The ability of an organisation to make use of digital evidence when required. Its aim is to maximise the organisation’s ability to gather and use digital evidence whilst minimising disruption or cost’.

- **IG Forensic readiness planning**
  ‘Proactive planning for a digital investigation through the identification of scenarios, sources of admissible evidence related monitoring and collection processes and capabilities, storage requirements and costs’.

3. Policy objectives
The IG Forensics Policy has been created to:

- Protect the CCG, its staff and its patients through the availability of reliable digital evidence gathered from its systems and processes;
- Allow consistent, rapid investigation of major events or incidents with minimum disruption to the CCG’s business;
- Enable the pro-active and comprehensive planning, gathering and storage of evidence in advance of that evidence being required;
- Demonstrate due diligence and good governance of the CCG’s information assets.
4. Policy scope
This policy is applicable to all areas of the CCG and adherence should be included in all contracts for outsourced or shared services. There are no exclusions.

5. Responsibilities and contacts

SIRO
The CCG’s Senior Information Risk Owner (SIRO) is responsible for coordinating the development and maintenance of IG forensic policy procedures and standards.

The SIRO is responsible for the ongoing development and day-to-day management of the IG forensic policy within the CCG’s overall Risk Management Programme.

The SIRO is kept informed of significant information governance issues.

The SIRO provides advice to the Governing Body on forensic readiness planning and provides exception reports as required.

IAOs
CCG Information Asset Owners (Directors are IAOs) ensure that IG forensic readiness planning is adequately considered and documented for all information assets where they have been assigned ‘ownership’. Goals for IG forensic planning include:

- Ability to gather digital evidence without interfering with business processes;
- Prioritising digital evidence gathering to those processes that may significantly impact the CCG, its staff and its patients;
- Allowing investigation to proceed at a cost in proportion to the incident or event;
- Minimise business disruptions to the CCG;
- Ensure digital evidence makes a positive impact on the outcome of any investigation, dispute or legal action.
- Forensic readiness plans that include specific actions with expected completion dates.

The IG, BI and IM&T Steering Group
The IG, BI and IM&T Steering Group monitor IG compliance through quarterly review of reported IG incidents and ensure the development and approval of all IG, BI and IM&T policies and procedures for endorsement by the Integrated Performance and Assurance Committee (IPAC) on behalf of the CCG Governing Body.
6. Forensic readiness procedure
In order to plan for a digital investigation, the CCG needs to know what sources of potential evidence are present on, or could be generated by, their systems and to determine what currently happens to the potential evidence data. When developing file structures (Information Assets) the following points should be considered:

- Define the type of business scenarios that may require digital evidence;
- Establish capability for securely gathering legally admissible evidence to meet the requirement;
- Establish secure storage and handling of potential evidence;
- Ensure monitoring is targeted to detect and deter major incidents;
- Specify circumstances when escalation to a full formal investigation (which may use the digital evidence) should be launched;
- Develop knowledge and awareness in relevant staff members, so that all those likely to be involved understand their role in the digital evidence process and the legal sensitivities of evidence.

The following scenarios are examples of when digital forensic evidence may be required:
- Employee misuse or abuse of the internet, social media, telephony or email; may also include digital evidence of bullying or harassment;
- Provision of evidence in relation to performance issues;
- Complying with legal or police requests for digital evidence;
- Support to work of CCG Fraud team;
- Examination of IT network logs, system audits, review of backups, storage media of any type etc. This may include gathering evidence of cyber or insider attacks;
- Other investigations where digital evidence will be useful in investigation and resolution of issues.

Communication
This policy is made available to all CCG staff and observed by all members of staff, both clinical and administrative.

Related policies/guidelines
- Code of Conduct for Employees in Respect of Confidentiality;
- Information Security for Staff Policy;
- Removable Media Policy.

Related legal and regulatory requirements
This Policy belongs to a suite of information governance policies and documents that collectively evidence the CCG’s annual Data Security and Protection Toolkit Assessment.
Annex A – Equality Impact Assessment Form

Equality Impact Assessment Form

Initial Screening

<table>
<thead>
<tr>
<th>Name of Proposal (policy/strategy/function/service being assessed)</th>
<th>CCG Forensic Readiness Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those involved in assessment:</td>
<td>Policy developed in consultation with the IG, BI and IM&amp;T Steering Group and for endorsement by the Integrated Performance and Assurance Committee.</td>
</tr>
<tr>
<td>Is this a new proposal?</td>
<td>No. Policy bi-annual review and update</td>
</tr>
<tr>
<td>Date of Initial Screening:</td>
<td>April 2017, updated May 2019</td>
</tr>
</tbody>
</table>

1. What are the aims, objectives? This Policy has been created to protect the CCG, its staff and its patients through the availability of reliable digital evidence gathered from its systems and processes. Allow consistent, rapid investigation of major events or incidents with minimum disruption to the CCG’s business. Enable the pro-active and comprehensive planning, gathering and storage of evidence in advance of that evidence being required. Demonstrate good governance of the CCG’s information assets.

2. Who will benefit? All CCG staff

3. Who are the main stakeholders? Staff, IG, BI and IM&T Steering Group

4. What are the desired outcomes? Staff awareness of the CCG Policy
5. What factors could detract from the desired outcomes? | Lack of awareness of the CCG Policy  
Failure to follow the Policy/procedure

6. What factors could contribute to the desired outcomes? | Knowledge of the policy and implementation

7. Who is responsible? | The CCG’s Associate Director of Corporate Affairs is responsible for coordinating the development and maintenance of forensic policy procedures and standards. They are responsible for the ongoing development and day-to-day management of the IG forensic policy within the CCG’s overall Risk Management Programme.

8. Have you consulted on the proposal? If so with whom? If not why not? | Policy developed in consultation with the IG, BI and IM&T Steering Group for approval and endorsement by the Integrated Performance and Assurance Committee.

9. Which protected characteristics could be affected and be disadvantaged by this proposal

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Consideration</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Elderly, or young people</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Physical, visual, aural impairment, Mental or learning difficulties</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Impact relevant to employment and/or training</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>Pregnancy related matter/illness or maternity leave related matter</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>Language and cultural factors, include Gypsy and Travellers group</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Practices of worship, religious or cultural observance, include non-belief</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Sex/Gender</td>
<td>Male and Female</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Know or perceived orientation</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
10. **What information and evidence do you have about the groups that you have selected above?**

The above protected characteristics will have no adverse impact as the Policy has been developed in accordance with new Data Protection legislation (ie General Data Protection Regulation May 2018).

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

<table>
<thead>
<tr>
<th>How might your proposal impact on the groups identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example, you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People</td>
</tr>
</tbody>
</table>

Examples of impact re given below:

a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc

b) Planning to extend access to contraceptive services in primary care without considering how services may be accessed by lesbian, gay, bi-sexual and transgender people.

c) Closure or redesign of a service that is used by people who may not have English as a first language and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive impacts (note the groups affected)</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Summarise the negative impacts for each group:

N/A
11. What consultation has taken place or is planned with each of the identified groups?

Policy was developed and approved in consultation with the IG, BI & IM&T Steering Group prior to endorsement by the Integrated Performance and Assurance Committee.

What was the outcome of the consultation undertaken?

Approval and Endorsement sought

12. What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

The Information Governance Team on behalf of the Associate Director of Corporate Affairs will be responsible for ensuring that this policy is implemented, including any supporting guidance and training deemed necessary to support the implementation, and for monitoring and providing Governing Body assurance in this respect.

12.1 Will the planned changes to the proposal? Please State Yes or No

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Lower the negative impact?</td>
<td>N/A</td>
</tr>
<tr>
<td>b) Ensure that the negative impact is legal under anti-discriminatory law?</td>
<td>N/A</td>
</tr>
<tr>
<td>c) Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?</td>
<td>N/A</td>
</tr>
</tbody>
</table>

13. Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

Business risks – The CCG’s Governing Body acknowledges that IG forensics provides a means to help prevent and manage the impact of important business risks.

14. What monitoring/evaluation/review systems have been put in place?

Monitoring will be undertaken by the Information Governance Team. The frequency of review will be every other year or as required.
15. **When will it be reviewed?**

<table>
<thead>
<tr>
<th>Date completed:</th>
<th>16 May 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature:</strong></td>
<td>IG Administrator</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Equality and Diversity Advisor</td>
</tr>
<tr>
<td>Date approved:</td>
<td>28 May 2019</td>
</tr>
</tbody>
</table>