

**Cambridgeshire and Peterborough  
Clinical Commissioning Group (CCG)**

# **FORENSIC READINESS POLICY 2021-2023**

## **Approval Process**

Lead Authors:	Information Governance Lead / DPO Information Governance Manager
Reviewed by:	Information Governance, Business Intelligence & IM&T Steering Group
Approved by:	Information Governance, Business Intelligence & IM&T Steering Group – 22 <sup>nd</sup> April 2021
Ratified by:	Integrated Performance and Assurance Committee
Date ratified:	25 <sup>th</sup> May 2021
Version:	5.0
Review date:	May 2023 (or earlier if significant change to local or national requirements)
Valid on:	25 <sup>th</sup> May 2021

## Document Control Sheet

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: <ul style="list-style-type: none"> <li>• The policy is brought to the attention of all employees;</li> <li>• Directors as IAOs and Managers are aware of their responsibilities to implement the policy;</li> <li>• Staff are informed as appropriate;</li> <li>• Appropriate training and guidance is available to staff;</li> <li>• Corporate business processes support the implementation of the policy.</li> </ul>
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: <ul style="list-style-type: none"> <li>• CCG Code of Confidentiality</li> <li>• CCG Information Security for Staff Policy</li> <li>• CCG Safe Haven Policy</li> <li>• CCG Removable Media Policy</li> </ul>
Equality and Diversity	An Equality Impact Assessment was undertaken and the Equality and Diversity Adviser concluded that the policy was compliant with the CCG Equality and Diversity Policy. No negative impacts were found.

## Revisions

Version	Page/ Para No	Description of change	Date approved
1		Based on an approved example provided by CfH	April 2013
1.1	Links with other Documents	Updated policy list	
2.0		Reviewed and ratified by CMET for 2015-17	July 2015
3.0	Whole document	Bi-annual review and update	April 2017
4.0	Whole document	Bi-annual review and update	May 2019
4.1	Section 6	Addition of examples when digital forensic evidence may be required.	October 2019
5.0	Whole document	Biennial review and update	25 <sup>th</sup> May 2021

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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**

##### **Senior Information Risk Owner (SIRO)**

The CCG's 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 Readiness 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.

##### **Information Asset Owners (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

<b>Name of Proposal (policy/strategy/function/service being assessed)</b>	CCG Forensic Readiness Policy
Those involved in assessment:	Policy developed in consultation with the IG, BI and IM&T Steering Group and for endorsement by the Integrated Performance and Assurance Committee.
Is this a new proposal?	No. Policy bi-annual review and update
Date of Initial Screening:	April 2017, updated April 2021

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		Yes	No
Age	<u>Consider:</u> Elderly, or young people		x
Disability	<u>Consider:</u> Physical, visual, aural impairment, Mental or learning difficulties		x
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		x
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or_training		x
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		x
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		x
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		x
Sex /Gender	<u>Consider:</u> Male and Female		x
Sexual Orientation	<u>Consider:</u> Know or perceived orientation		x

**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.

**How might your proposal impact on the groups identified?  
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**

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.

<b>Summary</b>	
Positive impacts (note the groups affected)	Negative impacts (note the groups affected)
	N/A

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

a) Lower the negative impact?	N/A
b) Ensure that the negative impact is legal under anti-discriminatory law?	N/A
c) Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	N/A

**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?**

April 2023
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<b>Date completed:</b>	14 April 2021
<b>Signature:</b>	Information Governance Manager
<b>Approved by:</b>	Equality and Diversity Advisor
<b>Date approved:</b>	23 <sup>rd</sup> April 2021