Data Security and Protection Toolkit 2024-25

CAF aligned DSPT - Overview and background

This session is being recorded and will be uploaded to the CAN workspace

NHS England 04 July 2024



Welcome and agenda for today

Housekeeping

- The session is being recorded and is a one-way broadcast, please use the Q&A function to ask any questions
- The slides and recording will be uploaded to the CAN workspace after the session
- If you experience any technical issues, please leave and re-join the call

Agenda for today

- 1. Overview and background session
- 2. Demonstration of the new user interface
- 3. Question and answer session

Webinar content

Session 1 – overview and background

- Introducing the CAF-aligned DSPT, health and care overlay
- > Things that stay the same audits, SIRO sign-off, support inbox for queries
- 'Essential functions' scoping exercise
- Explaining the 'standards met' profile for year 1
- How to collaborate between teams to manage toolkit submission
- How to write supporting statements
- How to provide evidence
- Demo of the new user interface
- > Q&A session

What is happening and why?

What you need to know

- In September 2024 the DSPT will be changing to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance.
- This change will lead to NHS Trusts, CSUs, ALBs and ICBs seeing a different interface when they log in, which sets out CAF-aligned requirements in terms of Objectives, Principles and Outcomes.
- The goal of the CAF is to set out broad principles to drive good decision-making, rather than a "compliance checklist" of good practices.
- Expectations for cyber security and IG controls should remain at a reasonably comparable level to the current DSPT, tightening only in areas where NHSE and DHSC believe the higher standard to be a necessary obligation.
- Guidance will be produced and webinars have been stood up to help organisations understand the content, approach and expectations of the CAF-aligned DSPT.

Context

Data Security and Protection Toolkit (DSPT)

- Progress since 2018
- Cohesion
- Forecasting
- Responsiveness
- Adoption of Cyber Assessment Framework ("CAF")

Why is the DSPT changing?

The goals of moving to the CAF-aligned DSPT are to:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at the local organisation level where those risks can most effectively be managed
- Support a culture of evaluation and improvement, as organisations will need to understand the effectiveness of their practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box
- Create opportunities for better practice, by prompting and enabling organisations to remain current with new security measures to meet new threats and risks

Staged approach for DSPT

| Summer 2023 | | | | | | | | |
|------------------------------|-------------------------------|---|--|--|--|--|--|--|
| | Summer 202 | 4 | | | | | | |
| 'Staff training' | | Summer 202 | 5 | | | | | |
| requirement changed to an | Large NHS | | | | | | | |
| outcome | organisations moved to CAF | Large private | Future | | | | | |
| | view | sector organisations moved to CAF view | Other organisations' requirements derived from CAF | | | | | |
| | Engagement | t and consultation | | | | | | |
| | | | - | | | | | |

Understanding the CAF

"Pure CAF" structure

Objective A Managing security risk

Objective B Protecting against cyber attack

Objective C Detecting cyber security events

Objective D Minimising the impa

Minimising the impact of cyber security incidents

Principle: B6 Staff Awareness and Training

Staff have appropriate awareness, knowledge and skills to carry out their organisational roles effectively in relation to the security of network and information systems supporting the operation of essential functions. Outcome Indicators of B6.a Cyber Security Culture Good Practice You develop and maintain a positive cyber security culture. Not Achieved Partially Achieved Achieved At least one of the following All the following statements are All the following statements are statements is true true true People in your organisation Your executive management Your executive manageme don't understand what they understand and widely clearly and effectively contribute to the cyber security communicate the importance of communicates the organisation's of the essential function. a positive cyber security culture. cyber security priorities and Positive attitudes, behaviours objectives to all staff. Your People in your organisation and expectations are described organisation displays positive don't know how to raise a for your organisation. cyber security attitudes, concern about cyber security. behaviours and expectations. All people in your organisation People believe that reporting understand the contribution People in very organisation

CAF profiles

- Organisations are not expected (ever) to reach 'Achieved' on every outcome
- A 'CAF profile' sets the expectation for each outcome, for a given year:

| Principle | Outcome | NA | PA | Α |
|---------------------------------------|---|-----------------------|----|---|
| [] | [] | | | |
| C2 Proactive Security Event Discovery | C2.a System Abnormalities for Attack Detection | r Attack NA ery NA | | |
| | C2.b Proactive Attack Discovery | NA | | |
| D1 Response and Recovery Planning | D1.a Response Plan | | PA | |
| | D1.b Response and Recovery Capability | | | А |
| | D1.c Testing and Exercising | | | А |
| [] | [] | | | |

The role of 'Partially Achieved'

B2.b Device Management

You fully know and have trust in the devices that are used to access your networks, information systems and data that support your essential function.

| Not Achieved | Partially Achieved | Achieved |
|---|--|---|
| [] | [] | [] |
| NA#3 You have not gained assurance in the the security of any third-party devices or networks connected to your systems. [] | PA#3 You have sought to understand the security properties of third-party devices and networks before they can be connected to your systems. You have taken appropriate steps to mitigate any risks identified. | A#2 You obtain independent and professional assurance of the security of third-party devices or networks before they connect to your systems [] |
| | [] | |

Implementing the CAF in health and care



Health and care 'CAF overlay' (1)

Objective A Managing risk

Objective B Protecting against cyber attack and data breaches

Objective C Detecting cyber security events **Objective D** Minimising the impact of incidents

Objective E Using and sharing information appropriately

Health and care 'CAF overlay' (2)

| Objective | Principle | Contributing outcome |
|--|---|--|
| | | |
| A - Managing security risk: Appropriate organisational structures, policies and processes in place to understand, assess and systematically manage security risks to the network and information systems information, systems and networks supporting essential functions. | A1 Governance: The organisation has appropriate management policies and processes in place to govern its approach to the security of information, systems and networks network and information systems. | A1.a Board Direction and accountability: You have effective organisational security information assurance management led at board level and articulated clearly in corresponding policies. A1.b Roles and Responsibilities: Your organisation has established roles and responsibilities for the security and governance of information, systems and networks of network and information systems at all levels, with clear and well-understood channels for communicating and escalating risks. A1.c Decision-making: You have senior-level accountability for the security and governance of information, systems, and delegate decision-making authority appropriately and effectively. Risks to information, systems related to the operation of essential functions are considered in the context of |
| | A2 Risk Management: The organisation takes appropriate steps to identify, assess and understand security risks to the security and governance of information, systems and networks network and information systems supporting the operation of essential functions. This includes an overall organisational approach to risk management. | other organisational risks. A2.a Risk Management Process: Your organisation has effective internal processes for managing risks to the security and governance of information, systems and networks of network and information systems related to the operation of essential functions and communicating associated activities. This includes a process for data protection impact assessments (DPIAs). A2.b Assurance: You have gained confidence in the effectiveness of the security of your technology, people and processes relevant to essential functions. |

Health and care 'CAF overlay' (3)

| E - Using and sharing information appropriately: The organisation ensures that information is used and shared lawfully and appropriately. | E1 Transparency: The organisation is transparent about how it collects, uses, shares and stores information. Privacy notices are clear and easy for members of the public to access. E2 Upholding the rights of individuals: The organisation | E1.a Privacy information: Your organisation follows best practice for the drafting and publication of its privacy information to ensure that all individuals have a reasonable understanding of their rights and how their information is being used. E2.a Managing data subject rights under UK GDPR: Your |
|---|--|---|
| | respects and supports individuals in exercising their information rights | organisation appropriately assesses and manages information rights requests. |
| | | E2.b Consent: Your organisation has a good understanding of the common law duty of confidentiality and uses it to manage consent. |
| | | E2.c National data opt-out policy: A robust policy and system is in place to ensure opt-outs are correctly applied to the information being used and shared by your organisation. |
| | E3 Sharing information: Your organisation shares information appropriately. | E3.a Information sharing for direct care: Your organisation facilitates lawful and appropriate sharing of information for direct care. |
| | | E3.b Information sharing for other purposes: Your organisation facilitates lawful and appropriate sharing of information for purposes outside of direct care. |
| | E4 Records management: Your organisation manages records in accordance with its professional responsibilities and the law. | E4.a Managing records |
| | | E4.b Clinical coding: Your organisation is committed to regularly evaluating and improving its coded clinical data. |

What is staying the same?

DSPT functionality - not changing (1/2)

| | Name | and URL | Dea | dlines | |
|-------------------------------|-----------------|--|----------------------------|------------------|-----------------------------------|
| | To Web addre | / and Protection oolkit ss unchanged <u>sptoolkit.nhs.uk/</u> | Final Publicati | ion 30 June 2025 | |
| Standards | s Met | Requirem | ent for Audit | SIRC |) sign off |
| Organisation I expectation | | | ce being updated with DSPT | | formal sign off vel for 24-25. |

DSPT functionality - not changing (2/2)

Interim Assessment

Interim Publication by 31 December 2024

Improvement Plan

Organisations not meeting expectation complete Improvement plan

Access to history

Previous years DSPT assessments can be accessed Not transferred over though **Organisation Search**

DSPT Status in public domain Search for other organisations DSPT Status

Support

Exeter Helpdesk

Webinars

Guidance

What is Changing?

DSPT functionality - what's changing

Exemptions

No exemptions for NHS Mail or Cyber Essentials + certification

Data Security Standards

Cyber Assessment framework replacing the 10 Data Security Standards

| Evidence |
|----------|
|----------|

Ability to upload any evidence type to any outcome **Respond at Outcome**

Higher level than evidence item

Likely to need input from Cyber, IT operations and IG **Standards Exceeded**

Not available for 24-25 To be considered for 25-26

'Essential functions'



'Essential functions'



Standards Met in 2024-25



Continuity of expectations

- 1. DSPT evidence items mapped to CAF outcomes
- 2. Coverage for each CAF outcome
- 3. 'Legacy' CAF profile (right)
- 4. Proposed 'year 1' profile, intended to be *no less stringent than current DSPT*

| DSPT/CAF outcome | | | Legacy profile (DSPT v6 'Cat1' mapping) | | | | | | |
|----------------------|---------------------------------|----|---|----------|---|--|--|--|--|
| Principle | 1 | NA | PA | Α | | | | | |
| Objective A - Managi | ng risk | | | | | | | | |
| Governance | A1.a Board Direction | | | | | | | | |
| | A1.b Roles and Responsibilities | | | | | | | | |
| | A1.c Decision-making | | | | | | | | |
| Risk Management | A2.a Risk Management Process | | | < | | | | | |
| | A2.b Assurance | | | | < | | | | |
| Asset Management | A3.a Asset Management | | | | | | | | |
| Supply Chain | A4.a Supply Chain | | m | m< nm | | | | | |

Step 1 – DSPT to CAF mapping

| SPT V6 (23-2 | 4, publication | on v1.4) | mapped against CAF v3.1 | | | CAF | *india | ates ci | nly esta | nt in Info | Gov | overlag | y 🗌 | | | | | |
|--------------|----------------|----------|--|---|---------------|---|---------|---------|----------|------------|-------|---------|------|--------|---------|-------|------------|-------|
| | | | | | | Use filter: | s (by c | utcor | ne) to | identi | fy ma | pped | DSP1 | l evid | ence il | ems | | |
| | | | | | | # | 3 | 4 | 3 | 4 | 5 | 9 | 13 | 3 | 5 | | 5 1 | 3 |
| ssertion | v6 23- | Chang | 2023 (new) Evidence Text - | 2023 (new) Tool Tips - NHS Trusts, CSU, ALB | Mandat | Filter: | A1.a | A1.b | A1.c | A2. | A2. | A3. | A4. | B1.a | B1.b | B2. E | 32. B | 2. E |
| | 24 | e | NHS Trusts, CSU, ALB and ICBs (Category 1) | | ory (Cat1) | (bold for primary match of multiple) | | | | a | b | а | а | | | a | | 6 |
| | • | Ŧ | | • | | |] 🔽 | - | - | - | - | - | - | - | - | - | - [| Ŧ |
| | 4.5.3 | None | enforced on all remote access | The national MFA policy requires that organisations must enforce MFA on all remote access, and on all prvileged accounts on external systems, and should enforce MFA on privileged accounts on internal systems. If you rely on any of the specific exceptions allowed by the policy, you must provide (within your response to this assertion) a summary | Yes | B2.a B2.c | | | | | | | | | | B2.a | B | 2.c |
| | | | | of your internal approvals and your plans to minimise or eliminate those exceptions. Full detail is given in the [policy](https://test) and [explanatory guidance](https://test). If your explosition is an IT supplier, then tick of write "Not applicable" in the comments box. | | | | | | | | | | | | | | |
| | 4.5.4 | None | Passwords for highly privileged system accounts, social media accounts and infrastructure components shall be changed from default values and should have high strength. | Your policy / procedure should direct that passwords for system accounts, social media accounts and infrastructure components are changed from their default values and replaced with secure passwords in line with the organisation's password policy. | Yes | B2.c B2.d B4.b | | | | | | | | | | | B | 2.c E |

Step 1 – DSPT to CAF mapping



Step 1 example – A1.c Decision-making

DSPT assertions

1.3.3

SIRO responsibility for data security has been assigned.

1.3.4

There are clear documented lines of responsibility and accountability to named individuals for data security and data protection.

1.3.5

Your organisation operates and maintains a data security and protection risk register (including risks from supply chain) which links to the corporate risk framework providing senior visibility.

| | Achieved |
|---------------|--|
| | All the following statements are true |
| 1.3.3 / 1.3.5 | Senior management have visibility of key risk decisions made throughout the organisation. |
| 1.3.4 | Risk management decision-makers understand their responsibilities for making effective and timely decisions in the context of the risk appetite regarding the essential function, as set by senior management. |
| 1.3.4 | Risk management decision-making is delegated and escalated where necessary, across the organisation, to people who have the skills, knowledge, tools, and authority they need. |
| 1.3.5 | Risk management decisions are periodically reviewed to ensure their continued relevance and validity. |
| 1.3.5 | Risk decisions are joined up between different departments. |

Step 2 – CAF to DSPT mapping

| https://www.ncsc.gov.uk/collect | ion/caf | | | | |
|--|--|--|---------------|---|--|
| Red text indicates proposed addit | tions/amendments to the CAE as part of the DSPT 'information govern | ance CAF overlay' (taken as at 26 Sep 2023; updated for likely clinica | Looding outer | ome) | |
| | | | | | oping only extant in InfoGov overlay |
| Objective | Principle | Contributing outcome | Indicators | DSPT V6 | Likely coverage of CAF outcome |
| - | - | - | - | () weak ma | [|
| ttack and data breaches: Proportionate security measures | B1 Service Protection Policies and Processes: The organisation defines, implements, communicates and enforces appropriate policies and processes that direct its overall approach to securing informationn, systems and data that support operation | B1.a Policy and Process Development: You have developed and continue to improve a set of information assurance cyber- security and resilience policies and processes that manage and mitigate the risk of adverse impact on the essential function. | RAG | 1.3.1 1.3.2 1.3.7* | PA fully met (no non-mand) |
| nformation, systems and networks the networks and nformation systems supporting essential functions from cyber attack and data breaches. | of essential functions. | B1.b Policy and Process Implementation: You have successfully implemented your information assurance security policies and processes and can demonstrate the security benefits achieved. | RAG | 1.3.1 1.3.2 3.2.2 5.1.1 5.2.1 | PA partially met (key issues is PA#2 integration with other organisational policies) (no non-mand) |
| | B2 Identity and Access Control: The organisation understands documents and manages access to information, systems and networks network and information systems supporting the operation of essential services. Individuals Users (or automated functions) that can access data or systems are appropriately verified, authenticated and authorised. | B2.a Identity Verification, Authentication and Authorisation: You robustly verify, authenticate and authorise access to the information, systems and networks networks and information systems supporting your essential function. | RAG | 4.1.1 4.2.1 4.2.2 4.2.4 4.3.2 4.5.1-3 4.5.5 9.1.1 9.1.2 9.5.8 9.6.2 | PA fully met (no change for non-mand) |
| | | B2.b Device Management: You fully know and have trust in the devices that are used to access your information, systems and networks networks, information systems and data that support your essential function. | RAG | 4.3.2 4.4.2 4.4.3 9.3.8 9.3.9 | PA partially met (key issue is PA#2 requiring dedicat mgt devices; also PA#1 corporate managed EUDs if non-mand not met (no change for non-mand) |
| | | B2.c Privileged User Management: You closely manage privileged user access to networks and information systems supporting the essential function. | RAG | 4.1.2 4.2.4 4.3.1-3 4.4.2 4.4.3 4.5.3-5 9.1.1 9.1.2 9.3.9 | PA partially met (key issue is PA#3 monitoring and PA permissions) (A partially met with non-mand, exce for PA#3 monitoring) |

Step 3 – DSPT coverage of CAF outcome

CAF v3.1 mapped against DSPT V6 (23-24, publication v1.4)

https://www.ncsc.gov.uk/collection/caf

Red text indicates proposed additions/amendments to the CAF as part of the DSPT 'information governance CAF overlay' (taken as at 26 Sep 2023; updated for likely clinical coding outcome).

* indicates mapping only extant in InfoGov overlay Objective Principle Contributing outcome Indicators DSPT V6 Likely coverage of CAF outcome -Ŧ () weak ma ×. B1 Service Protection Policies and Processes: The B1.a Policy and Process Development: You have developed RAG PA fully met B - Protecting against cyber 1.3.1 attack and data breaches: organisation defines, implements, communicates and enforces and continue to improve a set of information assurance cyber-132 (no non-mand) Proportionate security measures appropriate policies and processes that direct its overall approach security and resilience policies and processes that manage and 1.3.7* to securing informationn, systems and data that support operation mitigate the risk of adverse impact on the essential function. are in place to protect information, systems and of essential functions. B1.b Policy and Process Implementation: You have RAG 1.3.1 PA partially met networks the networks and successfully implemented your information assurance security 132 (key issues is PA#2 integration with information systems supporting policies and processes and can demonstrate the security benefits 3.2.2 other organisational policies) essential functions from cyber achieved. 5.1.1 (no non-mand) attack and data breaches. 6 2 4 B2 Identity and Access Control: The organisation understands, B2.a Identity Verification, Authentication and Authorisation: RAG 4.1.1 PA fully met 421 (no change for non-mand) documents and manages access to information, systems and You robustly verify, authenticate and authorise access to the networks network and information systems supporting the information, systems and networks networks and information-4.2.2 operation of essential services. Individuals Users (or automated systems supporting your essential function. 4.2.4 functions) that can access data or systems are appropriately 4.3.2 verified, authenticated and authorised. 4.5.1-3 4.5.5 911 9.1.2 9.5.8 9.6.2 B2.b Device Management: You fully know and have trust in the RAG 4.3.2 PA partially met devices that are used to access your information, systems and 4.4.2 (key issue is PA#2 requiring dedicated networks networks, information systems and data that support your 4.4.3 mot devices; also PA#1 corporate essential function. 9.3.8 managed EUDs if non-mand not met) 939 (no change for non-mand) B2.c Privileged User Management: You closely manage RAG 4.1.2 PA partially met privileged user access to networks and information systems 4.2.4 (key issue is PA#3 monitoring and PA#4 4.3.1-3 supporting the essential function. permissions) 4.4.2 (A partially met with non-mand, except 4.4.3 for PA#3 monitoring) 4.5.3-5 9.1.1 9.1.2 9.3.9

Step 4 – 'Legacy' CAF profile from DSPT

| D | | ofile Cat1' J) | | | | |
|---|---|----------------------|------|----------|---|--------|
| Principle | Outcome | | NA | PA | Α | |
| Objective B - Protect | ing against cyber attack and data bre | a | ches | | | |
| Service Protection Policies and Processe | B1.a Policy and Process Development | | | | | |
| | B1.b Policy and Process Implementation | | | < | | |
| Identity and Access Control | B2.a Identity Verification, Authentication and Authorisation | | | | < | l |
| | B2.b Device Management | | | < | | e e |
| | B2.c Privileged User Management | | | < | < | |
| | B2.d Identity and Access Management (IdAM) | | m | m< nm | | |

< means level partially met

m means DSPT mandatory items

nm means DSPT non-mandatory items

Step 5 – increased outcomes and gap analysis

| DSPT/CAF outcome | | Legacy profile (DSPT v6 'Cat1' mapping) | | Proposed 'Year 1' profile for larger NHS organisations and <u>non-CNI</u> -operating arm's length bodies (NHS trusts and foundation trusts, integrated care boards, commissioning support units, and non-CNI arm's length bodies) | | | | | |
|---|---|---|----------|--|---|-------------|---|--|-----------|
| Principle | Outcome | NA | PA | Α | | Level | Remarks | Gap analysis (to increase to at least PA) | Challenge |
| Objective B - Protecting against cyber attack and data breaches | | | | | | | | | |
| Service Protection Policies and Processes | B1.a Policy and Process Development | | | | | (as legacy) | | - | - |
| | B1.b Policy and Process Implementation | | < | | V | PA | Why increase: gap analysis (right) shows low challenge to increase to PA. | Integration with other organisational policies (PA#2) | Low |
| Identity and Access Control | B2.a Identity Verification, Authentication and Authorisation | | | | | (as legacy) | | - | - |
| | B2.b Device Management | | | | | (as legacy) | G p analysis (right) shows significant challenge to increase to PA. | Corporately managed EUDs (PA#1 - for discussion; views welcomed re. BYOD and cf. PA#3) and dedicated devices for management functions (PA#2) | Moderate |
| | B2.c Privileged User Management | | < | < | | (as legacy) | Gap analysic (right) shows significant challenge to increase to PA. | Monitoring (PA#3) and specific permissions (PA#4) | Moderate |
| | B2.d Identity and Access Management (IdAM) | m | m< nm | | | PA | Why increase: gap analysis (right) shows low challenge to increase to PA. | Least privilege (PA#1) | Low |
| | | | | | | | | | |

Proposed increase over legacy profile

No proposed change over legacy profile (reasons vary)

Step 5 example – A2.a Risk Management Process

Legacy: NA (some PA)

Proposal: PA

Gap analysis: Link from risk assessment to controls (PA#1,3)

Challenge: Low

| | Not Achieved | Partially Achieved | Achieved |
|----|---|---|--|
| | At least one of the following statements is true | All the following statements are true | All the following statements are true |
| ht | Risk assessments are not based on a clearly defined set of threat assumptions. Risk assessment outputs are too complex or unwieldy to be consumed by decision-makers and are not effectively communicated in a clear and timely manner. Risk assessments for critical systems are a "one-off" activity or not done at all. The security elements of projects or programmes are solely dependent on the completion of a risk management assessment without any regard to the outcomes. There is no systematic process in place to ensure that identified security risks are managed effectively. | Your organisational process ensures that security risks to networks and information systems relevant to essential functions are identified, analysed, prioritised, and managed. Your risk assessments are informed by an understanding of the vulnerabilities in the networks and information systems supporting your essential function. The output from your risk management process is a clear set of security requirements that will address the risks in line with your organisational approach to security. | Your organisational process ensures that security risks to networks and information systems relevant to essential functions are identified, analysed, prioritised, and managed. Your approach to risk is focused on the possibility of adverse impact to your essential function, leading to a detailed understanding of how such impact might arise as a consequence of possible attacker actions and the security properties of your networks and information systems. Your risk assessments are based on a clearly understood set of threat assumptions, informed by an up-to-date understanding of security threats to your essential function and your sector. |
| | | Significant conclusions | |

reached in the course of your Vour rick accessments are

Step 5 example – A4.a Supply Chain

Legacy: Mandatory: NA Non-mandatory: PA

Proposal:

PA

Gap analysis:

Contracts (PA#3), assurances (PA#4,6) and consideration of incidents (PA#5)

Challenge: Moderate

| Not Achieved | Partially Achieved | Achieved |
|---|---|--|
| At least one of the following statements is true | All the following statements are true | All the following statements are true |
| You do not know what data belonging to you is held by suppliers, or how it is managed. Elements of the supply chain for essential functions are subcontracted and you have little or no visibility of the sub-contractors. You have no understanding of which contracts are relevant and / or relevant contracts do not specify appropriate security obligations. Suppliers have access to systems that provide your essential function that is unrestricted, not monitored or bypasses your own security controls. | You understand the general risks suppliers may pose to your essential functions. You know the extent of your supply chain for essential functions, including sub- contractors. You understand which contracts are relevant and you include appropriate security obligations in relevant contracts. You are aware of all third-party connections and have assurance that they meet your organisation's security requirements. Your approach to security incident management considers incidents that might arise in your supply chain. You have confidence that information shared with suppliers that is necessary for the operation of your essential function is appropriately protected from well-known attacks and known | You have a deep understanding of your supply chain, including sub- contractors and the wider risks it faces. You consider factors such as supplier's partnerships, competitors, nationality and other organisations with which they sub- contract. This informs your risk assessment and procurement processes. Your approach to supply chain risk management considers the risks to your essential functions arising from supply chain subversion by capable and well-resourced attackers. You have confidence that information shared with suppliers that is essential to the operation of your function is appropriately protected from sophisticated attacks. You understand which contracts are relevant and you include appropriate security obligations in relevant contracts. You have a proactive approach to contract management which may include a |
| | vulnerabilities. | contract management plan for |

relevant contracts.

Expectations for Standards met:

Objective A - Managing risk

| CAF element | | | Profile | | |
|-----------------------------|---------------------------------|----|---------|---|--|
| Principle | Outcome | NA | РА | Α | |
| Objective A - Managing risk | | | | | |
| Governance | A1.a Board Direction | | | А | |
| | A1.b Roles and Responsibilities | | | А | |
| | A1.c Decision-making | | | А | |
| Risk Management | A2.a Risk Management Process | | PA | | |
| | A2.b Assurance | | | А | |
| Asset Management | A3.a Asset Management | | | А | |
| Supply Chain | A4.a Supply Chain | | PA | | |

Expectations for Standards met:

Objective B - Protecting against cyber attack and data breaches

| CAF element | | | Profile | | | |
|---|---|----|---------|---|--|--|
| Principle | NA | РА | Α | | | |
| Objective B - Protecting against cyber attack and data breaches | | | | | | |
| Service Protection Policies and Processes | B1.a Policy and Process Development | | PA | | | |
| | B1.b Policy and Process Implementation | | PA | | | |
| Identity and Access Control | B2.a Identity Verification, Authentication and Authorisation | | PA | | | |
| | B2.b Device Management | NA | | | | |
| | B2.c Privileged User Management | NA | | | | |
| | B2.d Identity and Access Management (IdAM) | | PA | | | |
| Data Security | B3.a Understanding Data | | PA | | | |
| | B3.b Data in Transit | | PA | | | |
| | B3.c Stored Data | | PA | | | |
| | B3.d Mobile Data | | PA | | | |
| | B3.e Media / Equipment Sanitisation | | PA | | | |
| System Security | B4.a Secure by Design | | PA | | | |
| | B4.b Secure Configuration | | PA | | | |
| | B4.c Secure Management | | PA | | | |
| | B4.d Vulnerability Management | | PA | | | |
| Resilient Networks and Systems | B5.a Resilience Preparation | | PA | | | |
| | B5.b Design for Resilience | NA | | | | |
| | B5.c Backups | | | А | | |
| Staff Awareness and Training | B6.a Cyber Security Culture | | PA | | | |
| | B6.b Cyber Security Training | | | А | | |
Expectations for Standards met:

Objective C - Detecting cyber security events

| CAF element | | | Profile | | |
|---------------------------------------|---|----|---------|--|--|
| Principle | Outcome NA PA | | | | |
| Objective C - Detecting of | cyber security events | | | | |
| Security Monitoring | C1.a Monitoring Coverage | | PA | | |
| | C1.b Securing Logs C1.c Generating Alerts C1.d Identifying Security Incidents | | PA | | |
| | | | PA | | |
| | | | PA | | |
| | C1.e Monitoring Tools and Skills | NA | | | |
| Proactive Security Event Discovery | C2.a System Abnormalities for Attack Detection | | | | |
| | C2.b Proactive Attack Discovery | NA | | | |

Expectations for Standards met:

Objective D - Minimising the impact of incidents

| CAF element | | | Profile | | |
|-----------------------------------|---|----|---------|---|--|
| Principle | Outcome | NA | PA | Α | |
| Objective D - Minimising | the impact of incidents | | | | |
| Response and Recovery Planning | D1.a Response Plan | | PA | | |
| | D1.b Response and Recovery Capability | | | А | |
| | D1.c Testing and Exercising | | | А | |
| Lessons Learned | D2.a Incident Root Cause Analysis | | | А | |
| | D2.b Using Incidents to Drive Improvements | | | А | |

Expectations for Standards met:

Objective E - Using and sharing information appropriately

| | CAF element | | | | |
|--|---|-------------------------|-------------------------------|-----------------|--|
| Principle | Outcome | Not Achieved (NA) | Partially Achieved (PA) | Achieved (A) | |
| Objective E - Using and | sharing information appropriately | | | | |
| Transparency | E1.a Privacy and transparency information | | PA | | |
| Upholding the rights of individuals | E2.a Managing data subject rights under UK GDPR | | | А | |
| | E2.b Consent | | | А | |
| | E2.c National data opt-out policy | | | А | |
| Using and sharing information | E3.a Using and sharing information for direct care | | | A | |
| | E3.b Using and sharing information for other purposes | | | А | |
| Records management | E4.a Managing records | | | А | |
| | E4.b Clinical coding | | | А | |

Planning for DSPT in 24-25

Completing the DSPT 24-25 – Initial Review

Scoping Exercise

- Based on essential function
- For nearly all NHS organisations this will be the full organisation
- Should include all information, systems and networks which support essential function
- Are there any parts of your organisation which do not support the delivery of the essential function?
- If there are, these can be deemed out of scope of the DSPT assessment
- Specific guidance available

Allocate Ownership

- Review the outcome and decide who is best to own the outcomes.
- This may change once you get into the detail of the Indicators of good practice
- Some of them are clear, others will need a team effort

Initial Assessment

- Owners review indicators of good practice
- Make an initial assessment of where, based on existing practices your organisation sits on the achievement levels
- You must be able to meet all of the indicators of good practice unless you can justify that you have achieved the outcome by different means.
- Guidance available for each outcome

Completing the DSPT 24-25 – Planning to deliver

Review against Profile

- Profile sets out expectations to achieve Standards met
- Compare organisations position to the profile
- Speak to wider team and peer review responses if appropriate
- Take this down to Indicators of Good Practice level within the outcomes

Gap Analysis

- Produce a gap analysis of where you are against the expected achievement level to be Standards met
- Produce this as a report to share internally to show readiness for DSPT 24-25.

Work off plan

- For each outcome you will have a plan to reach the achievement level (i.e. Partially achieved/Achieved)
- This should be down to Indicators of good practice level.
- This may take some time during the year.

Planning for DSPT in 2024-25

Allocating Owners

Each Outcome can be allocated an owner

Owner must be a user on the DSPT

This links to the filters

Owners and admins can Save as complete

Objective B Protecting against cyber-attack and data breaches Proportionate security measures are in place to protect information, systems and networks supporting essential functions from cyberattack and data breaches. Progress 4 of 20 outcomes completed Filters Principle B1 Policies, processes and procedures Owner The organisation defines, implements, communicates and No Owner (16) enforces appropriate policies, processes and procedures that You (1) direct its overall approach to securing information, systems and data that support operation of essential functions. Christopher Searle (1) Contributing Outcomes Jim McDonald (1) Timir Goswami (1) B1.a Policy, process and procedure development PARTIALLY ACHIEVED You have developed and continue to improve a set of ▲ Back to the top information assurance and resilience policies, processes and procedures that manage and mitigate the risk of adverse impact on your essential function(s). Owner: No Owner (Assign Owner) B1.b Policy, process and procedure implementation You have successfully implemented your information assurance policies, processes and procedures and can demonstrate the benefits achieved. Owner: Christopher Searle (Change) Principle B2 Identity and access control The organisation understands, documents and manages access to information, systems and networks supporting the operation of essential functions. Individuals (or automated functions) that can access data or systems are appropriately verified, authenticated and authorised. Contributing Outcomes NOT ACHIEVED B2.a Identity verification, authentication and authorisation You robustly verify, authenticate and authorise access to the information, systems and networks supporting your essential function(s) Includes policy requirement Owner: You (Change) ACHIEVED B2.b Device management You fully know and have trust in the devices that are used to access your information, systems and networks that support vour essential function(s). Owner: Timir Goswami (Change)

Each Outcome has a reference number and a separate page

| | pectation | oulcome b | Achieved |
|---------|--|-----------|---|
| | e on how to assess your organisation ag | | |
| 0. | at scheved | | chieved |
| At les | at one of the following statements | All th | e following statements are true |
| NA#1 | The security and governance of information, systems and networks related to the operation of easential functions is not discussed or reported on regularly at board-level. | A#1 | Your organisation's approach at policy relating to the security an governance of information, syst and networks supporting the operation of essential function() owned and manaped at board it |
| NA#2 | Board-level discussions on the security and governance of information, systems and networks are based on partial or out-of-date | | These are communicated, in a meaningful way, to risk manage decision-makers across the organisation. |
| NA#3 | information, without the benefit of expert guidance. The security and governance of information, systems and networks supporting your assemblal functions are not driven effectively by the | A#2 | Regular bosed discussions on II security and governance of information, systems and networs supporting the operation of your essential function take place, to on timely and accurate information and informed by expert guidance |
| NA#4 | direction set at board level. Senior management or other pockets of the organisation consider thermalives esempt from some policies or expect special accommodulions to be made. | A#3 | There are board-level individual who have overall accountability the security and governance of information, systems and netwo (these may be the same person who drive regular discussion at board level. |
| | | A#4 | Direction set at board level is translated into effective organizational practices that die and control the security and governance of information, syst and reilvecks supporting your exaential function(x). |
| his sho | orting statement any extra information about what your or will include examples of what you are do electrostestestestestestestestestest | | |

Each Outcome has a reference number and a separate page

The expected achievement level is emphasised



Each Outcome has a reference number and a separate page

The expected achievement level is emphasised

Each Outcome has a link to the guidance



Each Outcome has a reference number and a separate page

The expected achievement level is emphasised

Each Outcome has a link to the guidance

The achievement level has indicators of good practice with reference numbers



Each Outcome has a reference number and a separate page

The expected achievement level is emphasised

Each Outcome has a link to the guidance

The achievement level has indicators of good practice with reference numbers

The outcome must have a Supporting Statement



Supporting Statement

Each Outcome requires a supporting statement to enable you to Save as Complete

Should justify your decision on achievement level

Should help your SIRO, an auditor, DHSC/NHS England or your team understand the decision

Cross reference to evidence and include details of decision makers

The achievement level has indicators of good practice with reference numbers

Example supporting statements will form part of guidance materials



Evidence the assessment

For every outcome you can include:

Uploaded documents Internet/Intranet links Text

Uploading documents is optional and you can Save as complete without uploading any documents

| Evidence | |
|---|--|
| You should upload, link or provide details of any relevant evidence if appropriate using one of the | |
| methods below: | |
| Text file - Copy.txt Remove | |
| | |
| | |
| Upload a document if: | |
| | |
| The document is not available online and you want the document to be easily accessible as part of your assessment. | |
| You want to keep a historical record of documents every time you publish your | |
| assessment. | |
| Documents are securely stored in an encrypted format. They cannot be viewed by users from other organizations. They are available to authorised NHS England staff and authorised | |
| external viewers. | |
| Uploaded documents will be disclosable under the Freedom of Information Act (FOI) unless | |
| an exemption applies. | |
| Upload a document using the box below. | |
| | |
| Drag and drop documents supporting your chosen achievement level, or click to browse.@ | |
| L | |
| | |
| | |
| Reference a previously uploaded document if: | |
| | |
| The document has already been uploaded by you or a colleague. | |
| You want any future changes to the document or it's content to be applied to all the | |
| outcomex referencing the document. | |
| Show documents | |
| | |
| | |
| | |
| Specify an intranet or internet link if: | |
| Specify an initialier of internet link it. | |
| The document is already available online. | |
| You already version control your online content. | |
| The link is a stable link: changing your web site structure may cause existing links to no longer work. | |
| - | |
| Provide a link (Url) to the document. | |
| | |
| | |
| | |
| | |
| Enter text describing a document's location if: | |
| | |
| The document is not available online and there are legal or valid security reasons why you do not wish to upload a copy of the document. | |
| You only have access to a hard copy of the document. | |
| You want a textual history of what documents your organisation had every time you publish an assessment. | |
| | |
| Provide a description of where the document is located. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| How would you like to save your response? | |
| Only administrators and outcome owners can "Save as complete" | |
| C Save as draft | |
| O Save as complete | |
| | |
| Save and continue | |

Evidence the assessment

Use evidence to justify your decision on achievement level

Should help your SIRO, an auditor, DHSC/NHS England or your team understand the decision

Securely stored and NOT releasable under Freedom of Information

| ta below: | Remove |
|---|---------------------------------|
| | |
| pload a document if: | |
| | |
| The document is not available online and you want the do as part of your assessment. | |
| You want to keep a historical record of documenta every assessment. | time you publish your |
| currents are securely stored in an encrypted formal. They | cannol be viewed by users |
| en other organisations. They are available to authorised NH Jernal viewers. | IS England staff and authorized |
| cloaded documents will be disclosable under the Freedom of exemption applies. | of Information Act (FOI) unless |
| pload a document using the box below. | |
| | |
| Drag and drop documents supporting your chosen achievemen | |
| | |
| | |
| eference a previously uploaded docu | ument if: |
| The document has already been uploaded by you or a co | |
| You want any future changes to the document or it's cont outcomes referencing the document. | ent to be applied to all the |
| | |
| Show documents | |
| | |
| | |
| pecify an intranet or internet link if: | |
| The document is already available online. | |
| You already version control your online content. The link is a stable link: changing your web site structure | may cause existing links to no |
| longer work. | |
| rovide a link (Url) to the document. | |
| | |
| | |
| nter text describing a document's lo | eation if: |
| A coouncil a coouncil s los | |
| The document is not available online and there are legal you do not wish to upload a copy of the document. | or valid security reasons why |
| You only have access to a hard copy of the document. | |
| You want a lextual history of what documents your organ publish an assessment. | ixation had every lime you |
| rovide a description of where the docum | ent is located. |
| | |
| | |
| | |
| | |
| | |
| | |
| would you like to save your response? dministrators and outcome owners can "Save as complete" | |
| eministrators and outcome owners can "Save as company" | |
| we as complete | |
| | |
| e and continue | |

Saving the assessment as you go

For each outcome you can :

Save as draft or Save as complete

You cannot publish until all outcomes are marked as Save as complete

| You should upload, link or provide details of any relevant evidence if appropriate using one of the sethods below. | |
|--|--|
| Text file - Copy tot Retrove | |
| | |
| Upload a document if: | |
| The document is not available online and you want the document to be easily accessible as part of your assessment. | |
| You want to know assistantiani, econd of documents every time you publish your accessment. | |
| Documents are securely stored in an encrypted format. They cannot be viewed by users from other organizations. They are available to authorised NHS England staff and authorised external viewers. | |
| Uploaded documents will be disclosable under the Freedom of Information Act (FOI) unless an exemption applies. | |
| Upload a document using the box below. | |
| Drag and drap documents supporting your chosen achievement level, or cloit to browse $\boldsymbol{\theta}$ | |
| | |
| Reference a previously uploaded document if: | |
| The document has already been uploaded by you or a colleague. You want any fulner changes to the document or it's content to be applied to all the outcomes referencing the document. | |
| Show documents | |
| | |
| Specify an intranet or internet link if: | |
| The document is already available online. You already vention control your oriline content. The link is a stable link: changing your web site alreadure may cause exhibing links to no | |
| longer work. Provide a link (Url) to the document. | |
| | |
| | |
| Enter text describing a document's location if: | |
| | |
| The document is not available online and there are legal or valid security reasons why you do not wish to upload a copy of the document. | |
| You only have access to a hard copy of the document. You want a leatual history of what documents your organisation had every time you cubint an assessment. | |
| Provide a description of where the document is located. | |
| | |
| | |
| | |
| | |
| | |
| ow would you like to save your response? | |
| Inly administrators and outcome owners can "Save as complete" | |
|) Save as draft) Save as complete | |
| | |
| Save and continue | |

Evidence

Seeing who last updated the outcome

For each outcome you can :

See who last updated it

And

When it was last updated

| 1 | Test file - Copy - Copy.txt | | Remove |
|---|---|---|---------------|
| | | | |
| Upload | d a document if: | | |
| as part • You wa | ocument is not available online and you rt of your assessment. rant to keep a historical record of document | | |
| | isment. s are securely stored in an encrypted fo organisations. They are available to au | | |
| external vie Uploaded d | ewers. documents will be disclosable under th | | |
| | tion applies. a document using the box | below. | |
| | rag and drop documents supporting your chose | | browse. |
| Refere | nce a previously upload | ed document if: | |
| | | | |
| You wa | ocument has already been uploaded by rant any future changes to the document mes referencing the document. | / you or a colleague. It or it's content to be appli | ed to all the |
| 🕒 <u>Sh</u> | now documents | | |
| | | | |
| longer | nk is a stable link: changing your web s r work. e a link (Url) to the docume | | |
| Enter t | text describing a docum | ent's location if: | |
| You do You on You was | ocument is not available online and the o not wish to upload a copy of the docu nly have access to a hard copy of the d rant a textual history of what documents h an assessment. | ment. | |
| Provide | e a description of where th | e document is loca | ated. |
| | | | |
| | | | 11 |
| | | 1945 | 11 |
| (john.hodson | | | 11 |
| (john.hodson OW WOUR | n@nhs.net) In you like to save your res | ponse : | 1 |
| (john.hodson OW WOUIR nly administra Save as dr | n@nhs.net) IO YOU IIKE IO SAVE YOUI TES ators and outcome owners can "Save a traft | ponse : | 11 |
| (john.hodson OW WOUID nly administra | n@nhs.net) IO YOU IIKE IO SAVE YOUI TES ators and outcome owners can "Save a traft | ponse : | 11 |

Evidence

Specific Data Collections

In a few specific areas, the CAF will be bolstered by explicitly-worded data collections which users will need to provide to meet an outcome

These are in Unsupported systems, and Top 3 Data Security Risks

You cannot Save as complete until the data collection is complete



Policy Collections

In a few specific outcomes, the DSPT will be bolstered by explicitly-worded policy requirements

These are in Audit, Multi-Factor Authentication and Responding to a cyber alert

You cannot meet the outcome achievement level without meeting the policy requirement

You cannot Save as complete until the policy requirement is answered

| Contributing outcome A2.b | | |
|---|---|---|
| Assurance | | |
| You have gained confidence in the effe | | |
| governance of your technology, peopl | e, and processes relevant to your | |
| essential function(s). | | |
| | | |
| Mandatory policy require | nent | |
| To achieve this contributing outcome the organisa | ation also needs to meet this policy requirement. | |
| Policy Summary | | |
| An independent audit of your organisat | ion's Data Security and Protection Toolkit | |
| has taken place and results have been | reported to the Board. | |
| | | |
| The audit must cover the mandatory au | | |
| Assurance Independent Assessment G | ulde". | |
| This evidence item is 'read only' and w | ill be marked complete once you have | |
| provided audit details. | a be marked complete once you have | |
| | | |
| View full policy (opens in a new tab) | | |
| | | · • |
| Has your organisation met this po | blicy? | |
| ⊖ Yes | | |
| No | | |
| \ | | |
| Expectation | | |
| Expectation | | |
| | | |
| The baseline expectation for this contributing | outcome is Achieved | |
| | | |
| | | |
| Guidance on how to assess your organisation ag | ainst this outcome (opens in a new tab) | |
| | | |
| How is your organisation perform | ing against this outcome? | |
| Organizations must be complicat with | the mandatory policy requirement to po | rtially achieve or achieve this outcome |
| organisations must be compliant with | the mandatory policy requirement to pa | ruany acmeve of acmeve this outcome. |
| | | |
| Not achieved | Achieved | |
| At least one of the following statements is true. | All the following statements are true. | |
| | A#1 You validate that the security and | |
| NA#1 A particular product or service is seen as a "silver bullet" and vendor | governance measures in place to protect information, systems and | |
| claims are taken at face value. | networks are effective and remain | |
| NA#2 Assurance methods are applied | effective for the lifetime over which | |
| without appreciation of their | they are needed. | |
| strengths and limitations, such as the | A#2 You understand the assurance methods available to you and choose | |
| risks of penetration testing in | | |

Guidance



Approach (1/2)



- pointing toolkit users to practices they are already doing under the current DSPT regime, highlighting where those practices fall in the new CAF-based framework
- highlighting areas where the CAF-based requirements go beyond the current DSPT regime
- providing brief summaries of key concepts where relevant, such as risk assessments, key data protection and security roles (but not going into great detail, ensuring specific decisions are left to judgment of organisations)

Mapping to the 23-24 DSPT framework

Under the previous 23-24 DSPT framework, your organisation was required to perform activities that help meet the expectations of this contributing outcome.

For more detail on what these activities were, see the <u>mapping exercise</u> published by NHSE and DHSC.

Verifying users

(This is an increase in requirements for 2024-25 'Standards met')

You should conduct pre-employment checks to appropriately identify individuals before allowing access to information, systems and networks.

When establishing a person's identity, you should consider:

whether certain roles should require

contractor, you should gain sufficient

identity proofing procedures

See NCSC guidance on identity and access

 the baseline checks you need to perform before allowing people to access your systems – health and care organisations undertaking the CAF-aligned DSPT should already be vetting all staff members to NHS Employment Check or Baseline Personnel Security Standards

Monitoring policies, processes and procedures

or security clearances - the more sen stronger the case for performing high procedures are being followed by staff members.

• the reliance you are placing on the as example, if equipment maintenance is Spot checks should form part of your policy, process and procedure monitoring activities. Areas could include, but should not be limited to:

- joiner / mover / leaver processes
- change management (e.g. gathering staff members' feedback on procedural changes)
- asset management (e.g. checking whether new assets and data flows are being appropriately registered)
- information sharing (e.g. Subject Access Request responses, recording of ad hoc disclosures for purposes other than direct care)

Approach (2/2)



- suggesting evidence for toolkit users to upload to support their responses
- giving interpretations of specific terms within the indicators of practice
- linking to external guidance from • authoritative sources such as NCSC and ICO

Supporting evidence

To support your response, you can review and upload (or link to) any of the below which best demonstrate your achievement of the contributing outcome:

- Minutes from relevant meetings and groups
- Monitoring reports
- Policy, process, procedure or strategy documents .
- Communication chains between departments •
- Training needs analysis •
- Details of actions taken to improve levels of policy compliance .

This is not an exhaustive list. You are welcome to provide other types of evidence if you feel they are relevant to the contributing outcome.

| provides justification for your acr | Interpretin | indicato | ors of go | ood practice |
|---|---|--|--|--|
| relevant page numbers. You sho | Indicator(s) of good practice | Term | Interpret | ation |
| | PA#7 A#6 Your approach to authenticating users, devices and systems follows up to date best | " <u>up</u> to date best practice" | should be access m and cons emergen | g up to date best practice means that you e able to justify the technical and physical nanagement controls you have in place, ider practical improvements based on the ce of new technologies and knowledge vith other professionals in your network. |
| Additional guidance For additional guidance, see: National Cyber Security Centre CAF gu National Cyber Security Centre Cloud transit protection NHS England Universal information gu NHS England The secure email stand | security guida | nce - Principle | | |

Stakeholder review (A Big Thank You) NHS

Group: Frontline professionals, wider NHS & external stakeholders **Consulted on:** Clarity and overall approach of the CAF-aligned DSPT guidance **Result:** Sections added, clarification on key concepts & terms

Stakeholders involved:

| National Data Guardian | Information Commissioner' s Office | Health Research Authority | Care Quality Commission | NHS Privacy, Transparency, Trust team | National Cyber Security Centre | NHS Counter Fraud Authority |
|--|---|--|---------------------------------------|---|--------------------------------------|-----------------------------------|
| Meds & Hlthcare Products Reg Agency | Human Fert'tion and Embryology Authority | National Institute for Health & Care Excellence | NHS Business Services Authority | DSPT Working Group | UK Health Security Agency | Human Tissue Authority |
| NHS Resolution | NHS Blood & Transplant | T&F frontline professionals | | | | |

Demonstration



Question and answer session



Next webinars

| Date and time Topics to be covered | |
|--|---|
| Tuesday 9th July 10:00 – 11:30 | Objective A – managing risk |
| Thursday 18th July 10:00 – 11:30 | Objective B – Protecting against cyber attack and data breaches |
| Wednesday 31st July 10:00 – 11:30 | Objective E – Using and sharing information appropriately and update on DSPT audits |
| Thursday 8th August 14:00 – 15:30 | Objective D – Minimising the impact of incidents |
| Wednesday 14th August 14:00 – 15:30 | Objective C – Detecting cyber security events |

Please use the link below to register for the webinar series: <u>CAF-aligned DSPT 2024-25 webinar series | NHS England Events</u> You can ask any questions in advance of the webinar using <u>this form.</u> If you are interested



Thank You

@nhsengland



company/nhsengland



england.nhs.uk