

Guidance for Care Homes Completing their first Information Governance (IG) Toolkit

What is the Information Governance (IG) Toolkit?

The IG Toolkit draws together the legal rules and guidance, and presents them as a single suite of information governance requirements supported by central guidance that helps all Health and Social Care organisations to work to the same rules enabling sharing of information.

Why do Care Homes have to complete the Information Governance Toolkit?

All organisations that have access to NHS patient data must use the IG Toolkit to evidence practising good information governance, achieving and maintaining a satisfactory rating of level 2 in all requirements. Care Homes complete the IG Toolkit for one or two purposes:

- a. To provide IG assurances to the Department of Health or to NHS commissioners of services, this may be linked to contractual obligations;
- b. To provide IG assurances to HSCIC as part of the terms and conditions of using national systems and services including N3, E-Referrals, and NHS Mail etc.

Specific guidance for those applying for NHS Mail is included in Appendix 1.

Register and Complete the IG Toolkit for the first time

Step 1 – Nominate an IG Toolkit Organisation Administrator

To access to the IG Toolkit you need to nominate an Organisation Administrator who will be responsible for registration, completing and publishing the annual IG Toolkit assessment.

Step 2 - Register with the IG Toolkit website

Follow the steps in the 'How to Register on the IG Toolkit' help guide at: <https://www.igt.hscic.gov.uk/resources/UserGuide-HowToRegister.pdf>.

Care Homes should be registered for the 'Voluntary Sector' view of the IG Toolkit, unless they are providing services under an 'Any Qualified Provider' contract.

Step 3 – Completing your first IG toolkit.

Detailed guidance on completing an online assessment is available via [GPs, Pharmacies, Eye Care Services, Dental Practices, Community Pharmacies/Dispensing Appliance Contractors and Voluntary Sector Organisations'](#)

Completing a self-assessment

The objective is to work towards and then maintain level 2's against all the requirements by maintaining supporting evidence for each question. For your first assessment you may find that you have some level 0's or 1's, this could be regarded as acceptable for an initial baseline assessment. Where NHS Mail considerations have been made, these should be at least level 1 to help safeguard the NHS Mail

Help & support?

For any issues with registering or using the IG Toolkit, contact the IG Toolkit Helpdesk via the 'Contact us' page at: <https://www.igt.hscic.gov.uk/ContactUs.aspx>

Service). You may even find some requirements are not relevant to your organisation e.g. 304 – Smartcards

Important considerations are director’s / senior managers implementing an IG Toolkit to ensure appropriate oversight of the IG Toolkit assessment and to have an improvement plan to achieve and maintain the required IG Toolkit satisfactory status.

Some commissioners may require level 2’s across in all requirements. We encourage commissioners to be flexible and supportive where care homes are demonstrating their willingness to improve their Information Governance as this is clearly in the interest of improving care.

Example of assessing a requirement

This example is based on requirement 114 – Responsibility for Information Governance has been assigned to an appropriate member or members of staff. And assumes guidance material has been read.

Req Level	Key question / Evidence	What does this mean?
1	Responsibility for Information Governance has been assigned and an IG improvement plan has been developed.	This describes what you have to do for a level 1
1a	Responsibility has been assigned for Information Governance	One of your senior managers has been given the task of leading on Information Governance and possibly other members of staff have some responsibilities. They have received training and can demonstrate that. You have a plan that shows the status of each requirement and what activity is needed to improve or maintain that status.
1b	The named IG staff have been provided with sufficient training to carry out their role.	
1c	There is an IG improvement plan that documents both the current level of compliance with the NHS IG requirements and the targets identified to progress to the next level of compliance	
2	The IG improvement plan has been approved by a senior member and is being implemented	This describes what you have to do for a level 2
2a	The IG improvement plan has been signed-off by a senior staff member	Your senior management team has reviewed and agreed your IG improvement plan and you are working through the activity you said you would do.
2b	The IG improvement plan has been implemented and gaps or weaknesses in current IG arrangements are being addressed	

Pointers:

- The IG lead should consider completing the IG training as early as possible as this may aid understanding when assessing your organisation against the IG Toolkit requirements.
- Aim to submit your baseline assessment within 4 weeks.
- If you identify activity needed, record this in your improvement plan.
- If you find you’re not at a level you thought you were don’t worry, just record your actual level in the toolkit and ensure your improvement plan reflects any required activity.
- Review the FAQ in appendix 2.

Requirements List – Appendix 1

Req No	Description	Level 1 Summary of Requirements	Level 2 Summary of Requirements	Care Home Comments
Information Governance Management				
114	Responsibility for Information Governance has been assigned to an appropriate member, or members, of staff	Named & Trained IG Lead and Lead clinician/care professional	Current IGT Assessment & Improvement Plan	May find an IG specific policy and IG training for those with a key role are required NHS Mail considerations: <ul style="list-style-type: none"> This should include a named contact for NHS Mail within the organisation
115	There is an information governance policy that addresses the overall requirements of information governance	Staff have access to full range of required policies and procedures but these have not been agreed by the management team	Staff have access to full range of required policies and procedures agreed by the management team	May find that you have some existing policies which will need reviewing and acknowledge as part of IG framework. NHS Mail considerations: <ul style="list-style-type: none"> ICT Policy and Procedures Mobile Device Policy Information Sharing Policy
116	All contracts (staff, contractor and third party) contain clauses that clearly identify information governance responsibilities	All staff contracts are IG compliant	All staff and all external contractor contracts are IG compliant	Existing staff contracts may contain sufficient confidentiality clauses but may need to review relationships with contractors such as cleaners and building maintenance
117	All staff members are provided with appropriate training on information governance requirements	Majority of staff have been trained on IG basics as required by role	All staff have been trained on IG basics and induction for new staff includes IG training	Existing training may support this requirement. Check against the requirement first and consider your policies and procedures within your IG Framework. Use this link https://www.igt.hscic.gov.uk/igte/index.cfm and follow the 'Take the guest tour' for access to some training material
Confidentiality and Data Protection Assurance				

Req No	Description	Level 1 Summary of Requirements	Level 2 Summary of Requirements	Care Home Comments
202	Confidential personal information is only shared and used in a lawful manner and objections to the disclosure or use of this information are appropriately respected	Plan for ensuring all confidential data usage or sharing has a legal purpose	All flows and uses of confidential personal information have been identified and documented with a legal basis	May find that you have some information that address this requirement but don't have a single flow mapping register for the whole organisation. NHS Mail considerations: <ul style="list-style-type: none"> Users must also agree to the NHS Mail Terms of Use. This is part of the NHS Mail account registration process.
209	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines			Your Information flow mapping activity should identify any information flows outside of the UK. This requirement can be marked Not Relevant if no overseas processing takes place.
213	There is a publicly available and easy to understand information leaflet that informs patients/service users how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records	Basic information about the use of personal data is made available to service users via a leaflet	Staff have been informed about the communication material and there is more comprehensive information available to service users that require it	You may find you already provide sufficient information to patients / service users but check against the IG Toolkit guidance. NHS Mail Considerations: <ul style="list-style-type: none"> Organisation procedures and material should be updated to reflect use of NHS Mail
214	There is a confidentiality code of conduct that provides staff with clear guidance on the disclosure of personal information	Confidentiality code of conduct for staff available	The code has been made available at appropriate points in the organisation and all staff members have been informed about the need to comply with it.	You may already have material in place it's just known by a different name. If you do, then it's beneficial to reference this in your IG policy.
215	All new processes, services and systems are developed and implemented to comply with information security, information quality and confidentiality and data protection requirements	A procedure for ensuring that IG requirements are taken into account before new changes to organisational processes are introduced.	Staff understand and follow the procedure	Consider how you manage change in your organisation and what you may need to review to include IG considerations.

Req No	Description	Level 1 Summary of Requirements	Level 2 Summary of Requirements	Care Home Comments
216	There are appropriate confidentiality audit procedures to monitor access to confidential personal information	Documented confidentiality audit procedures in place	Staff understand and the procedure has been implemented	Consider how you would implement monitoring and auditing access to confidential personal information.
Information Security Assurance				
304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	An RA plan or procedure has been developed	The plan/procedure has been implemented	This Requirement can be marked Not Relevant if NHS national application Smartcards are not used by any of your staff.
316	There is an information asset register that includes all key information, software, hardware and services	The Care Home has a comprehensive register of its information assets	All information assets have been risk assessed and steps taken to ensure they are secure	May find that you have some information that address this requirement but don't have a single Information Asset register for the whole organisation. NHS Mail Consideration: <ul style="list-style-type: none"> Assess the use of NHS Mail and any impacts on information risk
317	Unauthorised access to the premises, equipment, records and other assets is prevented	The Practice has undertaken a risk assessment on its premises	The Practice premises have been made as secure as practicable	May find you already have a number of controls in place but check these against the guidance and identify any improvements.
318	The use of mobile computing systems is controlled, monitored and audited to ensure their correct operation and to prevent unauthorised access	There is a record of all staff members that use mobile computing equipment and they have been issued with basic guidelines on the confidentiality and security risks of using mobile computing equipment.	Procedures and processes to control the use of mobile computing systems have been implemented, and there is comprehensive guidance for staff on the use of mobile computing systems.	This requirement can be marked as Not Relevant if personal information is NOT recorded, viewed, transferred or stored on tapes (including any back-up tapes), PDAs, laptops, mobile phones, memory sticks. Assess how your organisation would comply with section 10

Req No	Description	Level 1 Summary of Requirements	Level 2 Summary of Requirements	Care Home Comments
319	There are documented plans and procedures to support business continuity in the event of power failures, system failures, natural disasters and other disruptions	There has been an assessment of the risks to all systems where information critical to the running of the organisation is held.	There is a business continuity plan that has been approved by senior management. All staff are aware of their roles and responsibilities.	<p>May find you already have business continuity material in place but check it against the guidance and ensure this is kept up to date.</p> <p>NHS Mail consideration:</p> <ul style="list-style-type: none"> Business Continuity Plans should cover alternative processes in the event NHS Mail is unavailable.
320	There are documented incident management and reporting procedures	Responsibility for leading on the management and reporting of information incidents has been assigned to an appropriate member of staff.	Incident management and reporting procedures have been implemented and staff have been informed of how to report incidents and near-misses.	<p>You should already have these procedures in place for managing incidents. But should be reviewed against the guidance to make sure any IG specifics and use of the IG SIRI reporting tool is included.</p> <p>NHS Mail considerations:</p> <ul style="list-style-type: none"> Procedures should include reporting security incidents to NHS Mail Helpdesk e.g. phishing emails. If you utilise an IT support company consider if this should be part of their reporting processes.
321	There are appropriate procedures in place to manage access to computer-based information systems	There is documented procedure for allocating and managing access to computer-based information systems.	The procedures have been implemented and access to the computer-based information systems is restricted to authorised users only and all staff are aware of their responsibility to appropriately use the system.	If your organisation is not computerised then it's possible you can request an exemption if your care records are held in paper format only and computers are not used to store any patient identifiable information.

Req No	Description	Level 1 Summary of Requirements	Level 2 Summary of Requirements	Care Home Comments
325	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	Responsibility for network security has been assigned to an individual who undertakes reviews of information security risks	The approved controls and procedures for network security in respect of all ICT networks controlled by the organisation have been implemented.	<p>This applies to the systems and applications using the network as well as the information passing through it.</p> <p>NHS Mail considerations:</p> <ul style="list-style-type: none"> Procedures are reviewed to ensure Antivirus / malware software is kept up to date and overall status reported on.
Clinical Information Assurance				
412	Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the provision of care, support and advisory services	There are documented and approved procedures to ensure the accuracy of service user information on all systems and/or records that support the provision of care, support and advisory services.	Data collection and validation activities are regularly monitored. All staff collecting and recording data are effectively trained to do so and dedicated staff take appropriate action where errors and omissions are identified.	This requirement can be marked Not Relevant if the Care home does not create or hold its own service user records and is only able to view and/or update confidential personal information that is held by another organisation that is itself responsible for ensuring accuracy.

FAQ – Appendix 2

No.	Question?	Answer		
1	I can't get new material approved in time before I have to make a submission?	<p>When IG Toolkit requirements ask for approval of material, senior management meetings held infrequently can sometimes cause issues especially when approaching submission time. If you recognise this scenario then it may be appropriate to accept an email providing authorisation from the chair or most senior person of that meeting.</p> <p>If you take this approach include at your next meeting an update indicating what was approved via email to ensure minutes reflect your business approvals.</p>		
2	I'm being asked to do my first IG Toolkit submission so I can access HSCIC services but I don't have level 2's on all my requirements?	<p>Depending on when you started, your first assessment should be regarded as a baseline submission i.e. your start point. Requirements not up to level 2 may be considered acceptable as long as your improvement plan details the activity needed to achieve level 2 within a reasonable timeframe.</p> <p>See also FAQ No. 3</p>		
3	My commissioner has told me I have to do a IG Toolkit submission and want level 2's on everything?	<p>We would ask commissioners to be flexible and supportive where the organisation is demonstrating their willingness to improve their Information Governance as this is clearly in the interest of improving care.</p> <p>See also FAQ No. 2</p>		
4	Is it mandatory to upload evidence?	<p>Uploading evidence is not currently mandated for care homes. However, it's advisable to upload evidence and where necessary add supporting comments to aid understanding of your submission during any reviews undertaken by the HSCIC otherwise you may be asked to supply additional supporting material.</p>		
5	IG Toolkit Submission Tips	<p>Your submission should reflect what you have in place and your improvement plan details activity you have planned. The following are some simple tips to ensure you're comments or uploads clearly support your achievements.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Tips to include:</p> <ul style="list-style-type: none"> • Saying 'This is met by...', 'Attainment score is'; • Approved, active material, material showing participation by senior management like a report or minutes of meeting; • If material you are relying on is from another organisation providing you services. Include comments or minutes explaining where and how your organisation accepts and makes available / enforces that material </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Tips to avoid:</p> <ul style="list-style-type: none"> • Saying 'plan to do', 'will be approved'; • Referencing or using drafts, unapproved / superseded material; • No supporting material and / or comments against a level you claim you are meeting; </td> </tr> </table>	<p>Tips to include:</p> <ul style="list-style-type: none"> • Saying 'This is met by...', 'Attainment score is'; • Approved, active material, material showing participation by senior management like a report or minutes of meeting; • If material you are relying on is from another organisation providing you services. Include comments or minutes explaining where and how your organisation accepts and makes available / enforces that material 	<p>Tips to avoid:</p> <ul style="list-style-type: none"> • Saying 'plan to do', 'will be approved'; • Referencing or using drafts, unapproved / superseded material; • No supporting material and / or comments against a level you claim you are meeting;
<p>Tips to include:</p> <ul style="list-style-type: none"> • Saying 'This is met by...', 'Attainment score is'; • Approved, active material, material showing participation by senior management like a report or minutes of meeting; • If material you are relying on is from another organisation providing you services. Include comments or minutes explaining where and how your organisation accepts and makes available / enforces that material 	<p>Tips to avoid:</p> <ul style="list-style-type: none"> • Saying 'plan to do', 'will be approved'; • Referencing or using drafts, unapproved / superseded material; • No supporting material and / or comments against a level you claim you are meeting; 			

No.	Question?	Answer
6	I'm a single handed organisation and don't have management teams?	<p>The IG Toolkit draws together the legal rules which will still apply to you irrespective of your organisations size as you or your organisation remain legally accountable for its actions. The wording in some requirements can imply a structure an organisation larger than yours would reasonably be expected to already have in place.</p> <p>In this scenario it would be advisable when completing your assessment to add comments explaining how you meet the requirement or why you feel it doesn't apply to you. These will be considered during any review undertaken by the HSCIC.</p> <p>If you feel a whole requirement doesn't apply to you then there are options to request and exemption from HSCIC. Refer to the help section on the IG Toolkit for further information.</p>