General Optical Council

Impact Assessment Screening Tool

Name of policy or process:	Speaking up guidance for registrants
Purpose of policy or process:	To provide additional advice to registrants on their duty to speak up about patient/public safety issues.
Team/Department:	Policy and Standards
Date:	28 August 2020; updated 26 October 2021
Screen undertaken by:	Natalie Michaux
Approved by:	Marie Bunby
Date approved:	26 October 2021
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is **not** required, put you reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people & equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	N/A
8. Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:
Reputation and media: Speaking up and whistleblowing is a fairly newsworthy topic generally but particularly within healthcare settings as a result of national scandals and the consequent public inquiries. There has also been a particularly high-profile GOC Fitness to Practise case relating to a business registrant's failures to properly identify and manage concerns raised appropriately, which has been an impetus to produce guidance in this area. This is something that we have been aware of in producing initial drafts of the guidance and in our early communications with key stakeholders, and have continued to be mindful of as the work progresses. We will ensure that we communicate the guidance to all stakeholders through a press release and through the registrant eBulletin, encouraging CPD providers to produce CPD in this area for registrants.

B) Information Governance	High Risk	Medium Risk		Low Risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	N/A
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	N/A
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	N/A
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	N/A
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	N/A
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	N/A
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

B) Information Governance	High Risk	Medium Risk		Low Risk	? or N/A
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG.	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	N/A

Please put commentary below about reasons for Information Governance ratings:
Data: As part of this policy, we have given guidance as to how to contact the GOC if there is a speaking up concern that is serious enough to refer to the regulator. This will be through an email address only accessible to relevant staff within the organisation. Where appropriate, a referral may be passed to the Fitness to Practise team who will deal with any data in line with their normal processes.

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees or members	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected).

No, no decisions are required. | N/A |
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	N/A
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	N/A
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision-makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	N/A
Training for all involved	Less than 50% of those involved have received EDI training in the last 12	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12	N/A

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
	months; and there is no further training planned			months, which is recorded.	
Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	N/A
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	N/A
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	N/A
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	N/A
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	N/A
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	N/A
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available.	N/A
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	N/A

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:
Our consultation feedback points out the amount of workplace discrimination and suggested that there are many barriers to speaking up and that this is more likely to be the case with people with protected characteristics under the Equality Act 2010. We will update the speaking up guidance to include recognition of these barriers and to encourage businesses to create a culture where people feel comfortable to speak up and are not discriminated against or victimised, setting out the consequences where this occurs.

As part of the consultation feedback, one organisation commented: "It may also be helpful for the GOC to consider whether there are likely to any EDI implications of encouraging registrants to speak up with regard to raising complaints or concerns about fellow registrants. There is research demonstrating that BAME registrants are often more likely to be the subject of complaints and FTP proceedings, so it is possible that this could have an impact in this area. It may be helpful for the GOC to consider how or whether to reference this within the guidance, along with any research in this area or how they might address any possible impacts." Our Senior Management Team considered whether to include wording about BAME registrants being more likely to be the subject of complaints and FTP proceedings, but decided against it because we didn't want it to be interpreted that you could not make a complaint against someone from a BAME background or that if we had a complaint we wouldn't take it seriously. Nevertheless, we are committed to fair processes and encourage people of all backgrounds to speak up in the first place – we will add sections about barriers to speaking up and feel that this will cover the points made. We will consider how we can gather data of people who are raising concerns with us and who it is about, so that we can consider what action to take if there is evidence that the complaints are heavily biased towards people of a particular background.

Decision-makers (i.e. those in the Fitness to Practise team that decide whether or not to progress concerns raised) receive regular unconscious bias training, which is one of our safeguards against concerns being raised unfairly against BAME registrants. |

Policy – Impact Assessment

Step 1: Scoping the IA

Name of the policy/function:	Speaking up guidance for registrants
Assessor:	Natalie Michaux
Date IA started:	28 August 2020
Date IA completed:	3 September 2020; updated 26 October 2021 following consultation
Date of next IA review:	October 2022
Purpose of IA:	To assess potential impact of new guidance (pre-publication)
Approver:	Marie Bunby
Date approved:	26 October 2021

Q1. Screening Assessment
- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
    - ☐ Impacts
    - ☐ Information Governance (Privacy)
    - ☐ Human Rights, Equality & Inclusion
    - ☐ None have been completed

Q2.About the policy, process or project
- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aims: To publish guidance for GOC registrants to help them understand when, how and why they should speak up about patient/public safety and propriety concerns they have.
Purpose and Outcome: Purpose – to build registrant confidence in this difficult area and reinforce expectations Outcome – to reduce the likelihood of Fitness to Practise hearings identifying issues with registrant knowledge, understanding and implementation of expectations around public protection.
Who will benefit: Patients and the public, all registrants, the GOC (from a reputational perspective and easing burden on staff), other healthcare professionals where teams are multidisciplinary

Q3. Activities or areas of risk or impact of the policy or process
- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Activity/Aspect
• Drafting the guidance
• Consultation
• Feeding back to stakeholders post-consultation

Q4. Gathering the evidence
- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact
Initial scoping has come from desk-based research of existing guidance/information provision about speaking up, and from informal conversations with key stakeholder bodies. Majority of evidence needed to identify impact and appropriately mitigate has come from consultation with stakeholders. We also have evidence from various sources that BAME registrants are more likely to have concerns raised about them (see above).

Q5. Evidence gaps
- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:
Due to take place via a primarily quantitative survey with qualitative questions. Consultation will be open to and marketed at multiple audiences including patients and the public, all registrants, others affiliated with the GOC, other healthcare professionals that work closely with optical professionals, key stakeholder bodies and relevant charities/government organisations.
Summary of the feedback from consultation:
There were mixed views from respondents on the draft guidance, revealing general support for the guidance in principle but a great deal of hesitance and nervousness around speaking up about potential harm which was only partly allayed by the guidance.

Full details can be found in the GOC response to the consultation available on our consultation hub (see link below).	

Link to any written record of the consultation to be published alongside this assessment:
https://consultation.optical.org/standards-and-cet/speaking-up/

How engagement with stakeholders will continue:
We have given advance notification to professional/representative bodies about publication of the guidance. We will continue to engage with them around promotion of the guidance and with CPD providers to encourage CPD sessions on speaking up.

Step 2: Assess impact and opportunity to promote best practice
- Using the evidence you have gathered what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Drafting	Risk that draft guidance may be incompatible or clash with existing guidance in the optical sector	• Seeking input from key stakeholder bodies at an early stage (pre-consultation); scope of guidance only covering existing lacunae in relation to speaking up
Consultation	Risk that insufficient information regarding potential impacts provided by respondents	• Careful drafting of survey questions to promote response and engagement (with compulsory questions only used where necessary); structured promotion of consultation and why it's important to participate
Publication	Risk of poor awareness of guidance having impact on patient/public safety	• We will share the guidance with all relevant stakeholders, issuing a press release and mentioning in the registrant eBulletin.
Implementation	Risk that certain stakeholder groups with protected characteristics are	• Reinforcement and implementation activities to focus on when to speak up and being mindful of EDI throughout.

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	disproportionately impacted by speaking up, and existing disparities (disproportionate BAME registrants at FTP) are exacerbated	• Engage with CPD providers to encourage CPD in speaking up principles.

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Continued engagement (formal and informal) with relevant stakeholders, seeking input regularly and in a targeted way via Council, SMT and the Committee structure.
We already produce a report with other healthcare regulators on whistleblowing complaints and will also monitor statistics for reports of speaking up that fall outside of this.

Please provide a review date to complete an update on this assessment.
Date: 28 October 2022 (one year from publication)