Impact Assessment Screening Tool

Name of policy or process:	Speaking Up (Whistleblowing) Policy
Purpose of policy or process:	To provide a framework for enabling concerns to be raised formally by those working for the GOC under the Public Interest Disclosure Act 1998.
Team/Department:	Governance Team
Date:	31 May 2016
Screen undertaken by:	Paul Johnston, Governance Manager
Approved by:	Compliance Manager
Date approved:	18 July 2016
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		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	
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.	

If you decide that a full impact assessment is **not** required for **section A**) '**Impacts**', please put the reasons why below:

- The Comms plan and roll-out will be prepared through the consultation with SMT, ARC and Council. The policy will be launched at the same time as the Investigations policy. This action will be completed and mapped out as the policy processes through the sign-off channels, and is due full implementation **in October 2016**. As this policy affects both members and employees it is important that both are considered within the roll-out plan. For members, the Head of Governance will be responsible for ensuring that the policy is rolled out, and for employees, the SMT and HR will need to support its implementation – as recommended by Management Forum. **The owner is still tbc. Governance Manager PJ** to oversee Comms plan completion**.**

- Training for handling concerns will be required **by September 2016** – this is set out in the Full Impact assessment below. Current options are that can either be designed internally by the Compliance Manager or Governance Manager, or externally soured through the HR budget for all managers involved and HR. It is likely that the training required for this policy will overlap the attendees and requirements for the Investigation policy, which will reduce the costs. **The owner is still tbc.**

- The topic has had high media focus with regards to improving the culture in the sector for raising concerns or speaking up. In addition, the results in the Employee Engagement Survey suggest this is an area for development, which hopefully this new policy will support and address some of the concerns raised by employees.

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	
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	
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	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website.[1]	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	
8. Where and in what format would the data be held?	Paper; new IT system, or provider, at home/off site; personal computer	Paper; Archive room; office storage (locked)	Scanned in; shared drive; personal drive;	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.	
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	

[1] https://www.optical.org/en/about_us/data-and-information/index.cfm

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	
13. Individuals handling the data have been appropriately training	No, some people have never trained by GOC in IG.	Yes, all trained in IG but not refreshed for over 12 months		Yes, all trained in IG in the last 12 months	

If you decide that a full impact assessment is **not** required for **section B**) '**Information Governance'**, please put the reasons why below:

- The retention schedule is currently being written and this information will be included within the schedule and the Information Asset Register. **Action: to confirm that this has been included in the two documents prior to implementation.**

- A confidentiality and transparency section is included within the policy. It explains about the sensitive nature of the information and the expectations of keeping the information secure – this is designed in part to ensure that individuals are confident in speaking up without anonymity but with confidentiality (which in turn facilitates investigation, support and resolution, whilst explaining the legal).

- The training for managers and HR involved in this policy will refresh knowledge about confidentiality and IG expectations – and to reiterate the point about anonymity and confidentiality. **Action: ensure included in the training.**

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. | |
	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.	
	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	
	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.	

Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	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 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 a team member.	
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is not very often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	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 religions' holidays considered	Main UK religions' 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).	
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	
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.	

If you decide that a full impact assessment is **not** required for **section C)** '**Human Rights, Equality and Inclusion'**, please put the reasons why below:
- Whilst only one individual (ordinarily the line manager of the worker) would make an initial assessment of concerns under this policy, there is recourse available to the individual if they are not satisfied with the original response.   - EDI training would need to be considered as part of the Investigation training. **Action: to ensure EDI & unconscious bias is included in the speaking up training.**   - Reasonable adjustments are included within the policy, as wlel as contacts for support, such as HR and Governance.   - Consultation is planned with employees and members, in the form of Management Forum, ARC and Council. As the Investigations Policy is being launched with the Speaking Up policy, it will be reviewed by employees at the same time. The Investigations Policy has been designed with input from HR. There is no external consultation planned as the document is for internal use, however a number of external documents have been used to consider other feedback, guidance and policies.

Internal whistleblowing policy: Equality Impact Assessment

Step 1: Scoping the EIA

Name of the policy/function:	Internal Raising Concerns (Whistleblowing) policy
Assessor:	Paul Johnston (Governance Manager)
Date EIA started:	April 2016
Date EIA completed	in progress
Date of next EIA review:	April 2019
Purpose of EIA: This EIA is being undertaken because it is, in view of the significant changes proposed, a substantially new policy, which involves our employees and organisation.	

Q1. **Has a screening assessment been used to assess which of the equality groups the policy is relevant to?**

No, screening has not been completed

(Note: If a screening has not been completed and your policy area is not obviously focused on one or more particular equality group, your assessment must consider all of the equality strands.)

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

Aims:
We are committed to ensuring all employees, members and those working on our behalf (collectively called 'workers') can actively contribute to the way in which the organisation is run, and are empowered to speak up and raise their concerns. We will take all concerns raised with us seriously.
The best way to resolve concerns is to report them promptly to the right person or people. Speaking up on day-to-day issues is considered 'business as usual' and is part of our organisational culture. Many concerns can be effectively addressed informally. There are a number of options for you to speak up and raise your concerns. For example, with your line manager, other managers, HR, peers or at meetings and workshops.
Purpose and Outcome:
This procedure gives workers an avenue to escalate concerns internally.
This procedure applies to all those working for and with the GOC, including those on temporary contracts of employment with the GOC and those working on a contractual basis with the GOC.
Outcomes include:
- Providing clarity about the actions workers should take if they witness or suspect wrongdoing at work;   - Providing clarity about potential avenues for guidance and support when considering and raising concerns;   - Setting the expectation that workers should report their concerns about wrongdoing.
Who will benefit: Our employees, members and those working on our behalf, and the public.

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

Activity/Aspect
• Victimisation
• Training (to support implementation of this policy)
• Access to and understanding of the processes within this policy
• Stress and mental health
• Fairness of policy
• Confidentiality

Q4. Gathering the evidence

List below available data and research that will be used to determine impact on the different equality groups

Available evidence- used to scope and identify impact
There are a number of external reports within which Whistleblowing in the NHS was investigated such as the Francis Inquiry and the Hooper review, which both demonstrate the need for GOC to have a whistleblowing policy and the importance to understanding the barriers to reporting. Whilst researching different organisations and regulator policies, including GDC, GMC, HCPC, GOsC, PPO, and governmental policies, there were few considerations for the barriers that specific groups may face. These include accessibility and reluctance to report. One key area was considering recent events in other healthcare regulators, where their culture or speaking up processes failed to ensure safe and appropriate working. We have referred to guidance from Public Concern at Work, the National Audit Office, learning reviews in the healthcare sector and other regulators' speaking up policies, and consider the draft policy to be in line with good practice and proportionate for an organisation of our size and risk profile. We have evidence in our Staff Engagement Surveys that suggest that how we raise and handle internal concerns could be improved, and will consult internally on the policy and the topic in general with our employees and members to consider their viewpoints.

Q5. Evidence gaps

Do you require further information to gauge the probability and/or extent of impact?

Yes: please explain how you will fill any evidence gaps**.**

Evidence gap	How will the evidence be collated	Individual or team responsible and timeframe
o Number of concerns raised under this policy with us, how we investigated them and how effective was the process. o Number of grievances raised due to poor handling of matters	We will only be able to fill this gap once the policy has been launched. We understand that, since the introduction of the current policy in 2013, there have been no speaking-up concerns raised. While this may suggest that the risk in this area is relatively low, it may also be attributable to lack of awareness of the policy or an organisational culture whereby workers do not feel able or willing to speak up and raise concerns.	**Governance Manager & HR** **Due: December 2016.**

Q6. Involvement and consultation

Consultation that has taken place, who with, when and how: We do not plan to undertake a formal external consultation. However, we will be consulting internally. We intend on consulting with employees and members, via team meetings or emails. The Governance Manager will manage this process. We will seek views from Management Forum (June), Audit and Risk Committee (July) and Council (July).
Consultation has taken place with the following stakeholders: Management Forum – June
Summary of the feedback from consultation: Management Forum – • raised concerns regarding the readability of the policy and the tone to encourage reporting, without overcomplicating the matter or using legalistic terms. – **Action: PJ** to review the wording used and the relevance of its content. Before submission to ARC **– completed.** • raised concerns regarding the glossary – **Action: PJ** to review the words and usefulness of a glossary – **completed.**
Link to any written record of the consultation to be published alongside this assessment: Not applicable.
How engagement with stakeholders will continue: This Impact Assessment will be reviewed and the policy will be reviewed in line with our policy review process – which is every three years or upon significant changes in legislation (which are not considered likely at this stage). Feedback collated will be considered at the review.

Step 2: Assessing impact and opportunities to promote equality

Look at the areas identified in question 3 as being relevant to equality (and any others identified during the evidence gathering or consultation stages) and document in the table below.

Q7: 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.

Q8: What can you do further to maximise opportunities to further promote equality. Please document below.

Step 3: Strengthening your policy

What can be done to remove or reduce any impact identified?

Topic *- Strand*	**Potential/Actual Impact**	**Strengthening actions to remove or reduce impact. For actions, include timeframes.**
Victimisation and fairness *- All*	If the bullying or harassment is in relation to an individual's age, disability, gender, gender reassignment, race, religion or sexual orientation, it could be very sensitive information and they could be concerned about victimisation in the future because they have raised a complaint.	We have included contact details of advice services in annex 1 to provide support and guidance to individuals, including the Samaritans contact details. We need to include our Employee Assistance Programme into the policy. **Action: Completed.** It is important that our employees and members are aware of the linked policies that are in place, such as the Grievance policy, which should be used when there is bullying and harassment. And that they are aware that the legislation PIDA protects workers who blow the whistle from victimisation (when linked to having blown the whistle), but that this is not often the most effective way of managing their concerns – which the Grievance policy may address. The Investigations Policy will be published and launched at the same time as this policy to ensure that there is appropriate handling of investigations and that these are done in a fair and timely manner.
Training *- All*	Poor understanding of the implications of this policy could result in its inadequate implementation.	Undertake a briefing with all GOC employees and members, and ensure everyone knows where the policy is kept. **PJ to complete via email and briefings, after Council approval.** HR and managers are trained to recognise concerns and dealing with them at an appropriate level. **PJ to source training prior to implementation.** HR and manager to receive awareness briefing on working with people in distress and mental health awareness. **Tbc**
Stress and Wellbeing *- Disability*	Individuals with mental health impairments could be adversely impacted by the stress associated with dealing with a whistleblowing procedure.	• The matter will be investigated in line with the policies and support will be provided where required to all those involved. Any person under investigation will be supported in the normal way, and provided a single point of contact to discuss concerns. **In place, as per investigations policy.** • HR and managers are trained to work with people in distress and mental health awareness. **Tbc**

Topic *- Strand*	Potential/Actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
		• The process will be reviewed for timeliness and effectiveness. **12 months from sign-off.** • The individual will be signposted to organisations who can provide support whilst we are processing the concern, if required. **Included in policy.**
Accessibility to the policies procedures *- All*	Risk that individuals will not know about the policy. Risk that the policy or its language is too complex to understand. Risk that individuals do not report.	• Include a glossary to clarify the meaning of terms used within policy documents. **PJ to amend terms to make relevant and clear.** • The policy will be available on the GOC website, and the intranet. **PJ to confirm.** • Appropriate font size and accessible documents will be used to ensure no one is excluded during communication of this policy. **On-going action, in place – PJ to ensure when published.** • Comparison with other regulators' policies has been **completed** see above. • Flowchart to be created for an individual to consider the process before raising a complaint. **PJ or ND to complete prior to submission to Council.**
Fairness	Risk that the policy is not applied fairly for each individual.	The impact assessment will be reviewed on a 12 monthly basis, if not earlier (for example if an issue arises). The policy will be reviewed every three years and outcomes reported. The Grievance policy allows for individuals to express concern or seek redress.
Confidentiality	Risk that individuals do not feel able to raise their concerns as distrust in confidentiality	Policy clearly lays out expectations of confidentiality, and breaches of this will be considered under CAP policy.

Step 4: Monitoring and review

Q10. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Regularly monitor both the implementation and outcomes of the Whistleblowing policy. This analysis will be reported to the Senior Management Team and ARC.
We will complete a full review three years after launch.
This EIA will be reviewed in twelve months' time when it will be clearer what the actual impact of this policy has been and how actions implemented as a result of this assessment have supported the successful implementation of this policy. We will use the review to assess any further risks or actions required.

Please provide a review date to complete an update on this assessment.
Date: July 2019.