

Impact Assessment Screening Tool

Name of policy or process:	Investigation Policy
Purpose of policy or process:	<p>To provides a framework for carrying out internal formal investigations regarding allegations against GOC employees, members or those working on our behalf, in a fair and consistent manner.</p> <p>The aim of an investigation is to establish the facts of the allegation, consider any failings in process, procedure or conduct and hold an independent review of those facts.</p>
Team/Department:	Compliance Team
Date:	27 May 2016
Screen undertaken by:	Robert Mannall, Information Governance Specialist
Approved by:	Philippa Mann
Date approved:	18 July 2016
Date last reviewed:	February 2017
Instructions:	<ul style="list-style-type: none"> • 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	N/A
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 Internal communications for employees surrounding this policy will be completed by HR and Compliance, to explain the purpose behind the policy. Members will be informed of the policy via a newsletter/bulletin. However, this policy will be launched at the same time as the Speaking Up policy – which requires much more communication from a senior level in order to establish the purpose and explain the GOC commitments to treating everyone fairly and encouraging people to raise their concerns. **Completed.**
- Investigation training will be required – It is likely that the training required for this policy will overlap the attendees and requirements for the Speaking Up policy, which will reduce the costs. We are currently in the process of sourcing training providers, or alternative may develop internal investigation training. **Action: HR source investigation training for new managers, to be completed in 2017/18.**

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	

¹https://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 refreshed by the Compliance Team and this information will be included within the schedule and the Information Asset Register. – **Completed.**
- Data will be anonymised when noted in internal reports to ARC and SMT. The information will be simplified to ensure that confidentiality of the investigation is kept with those involved. **Action to consider:** a description or template of the report that will be sent would provide more reassurance to those who have been involved in an investigation about the use of the monitoring information. **Action reviewed, and will be reported internally in line with DPA.**
- 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. The training for managers and HR involved in this policy will refresh knowledge about confidentiality and IG expectations. **Action: HR** to ensure IG and confidentiality is included in the investigation 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:

- The criteria for serious allegations which may need review at a formal hearing are included within the conduct and disciplinary policy; these policies are due to be reviewed which will help to clarify and merge the introduction of this new policy.
- EDI training would need to be considered as part of the Investigation training. **Action: HR** to ensure EDI & unconscious bias is included in the Investigations training. **This training is being completed separately.**
- Although the policy does not specifically mention reasonable adjustments, it does give contacts for support – such as HR and Governance, the EAP and external support such as ACAS and the Samaritans.
- The policy does not recognise informal investigations or enquiries for serious allegations. This is because it is harder to ensure the right information gathering process is consistently applied. The responsible manager will complete an initial assessment (as per the Speaking Up policy, or any 'starter' policy) and will then decide if it can be resolved by them, or requires escalation. Escalation will often mean a formal investigation (which would be able to be closed with no case to answer fairly quickly). This is an area which has had further discussion via informal consultation, to allow for people to air any concerns and resolve them. Management Forum have raised no concerns in this area and recognised the reasons why it might be simpler to have informal enquiries. This was discussed at ARC who considered the policy to be proportionate. **Action: Completed.**
- The timescales for investigation have been significantly reduced to reduce unnecessary delay which causes increased anxiety and unhappiness of all involved. The timescales are reasonable and investigation work would be expected to be prioritised above most other activities. The timescales were well received in the Management Forum. **Action: timescale review ongoing.**
- Consultation has been completed with Management Forum and ARC, and is planned with Council in July 2016. 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.
- Notice for interviews is 24 hours, however meetings can be flexible around individual needs, including the possibility to conduct an interview over the phone or by video link. The meeting rooms might change, however the importance of the Administrator and the Investigator being organised, selecting the appropriate meeting room with the appropriate facilities has been included in the policy. This will also be included in the investigation training. **Action: ensure this is included in the Investigations training.**
- Although there is no internal review or appeal process in the Investigations policy, this is captured in the Grievance and Disciplinary policies regarding outcomes to hearings. Consideration completed regarding the possibility of a second review of the investigation if the Investigation Commissioning Manager decides there is not a case to answer to. This is deemed unnecessary at Investigation stage – **completed.**

Policy – Impact Assessment

Step 1: Scoping the IA

Name of the policy/function:	Investigations Policy
Assessor:	Robert Mannall
Date IA started:	27 May 2016
Date IA completed:	24 June 2016
Date of next IA review:	October 2016
Purpose of IA:	To review the new Investigations Policy
Approver:	Philippa Mann
Date approved:	18 July 2016

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
 - x Impacts
 - x Information Governance (Privacy)
 - x 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?

<p>Aims:</p> <p>1.1 We are committed to thoroughly, fairly and consistently investigating all allegations in order to establish the necessary facts, identify any failings in process, procedure or conduct, and collect relevant evidence upon which to make appropriate decisions.</p> <p>1.2 We hope that most matters can be resolved informally, as outlined in our Speaking Up in the GOC policy, before they become serious. We encourage all employees and members to talk about any concerns with their line managers as soon as possible. Managers are expected to act promptly on hearing of the concerns, including understanding the concerns in more detail and acting appropriately to resolving them or escalating the matter.</p>
<p>Purpose and Outcome:</p> <p>1.1 This policy provides a framework for carrying out internal formal investigations regarding allegations against GOC employees, members or those working on our behalf, in a fair and consistent manner.</p>

<p>1.2 The purpose of an investigation is to:</p> <p>1.2.1 establish the nature of the allegations;</p> <p>1.2.2 gather evidence to enable a decision to be taken on whether there is a case to answer;</p> <p>1.2.3 gather evidence of any mitigating circumstances; and</p> <p>1.2.4 consider if the matter should proceed to a formal hearing.</p> <p>1.3 The aim of an investigation is to establish the facts of the allegation, consider any failings in process, procedure or conduct and hold an independent review of those facts</p> <p>1.4 Outcomes include: a fair, transparent and effective approach to managing investigations about serious allegations (defined in the policy). Improving the quality and fairness of investigations and the speed with which the matters are concluded.</p>
<p>Who will benefit: Employees, members and the GOC as an organisation.</p>

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
• Training and Understanding
• Consistency in decisions and of the approach
• Confidence in policy and support

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) equality, 2) human rights and 3) information governance and privacy.

Available evidence – used to scope and identify impact
<ul style="list-style-type: none"> • Due to the recent results from a staff survey, it appears that there is little confidence in the internal HR procedures. This is why the Investigations policy will be launched at the same time as the Speaking Up policy and is being lead from the SMT. • The current HR policies have a number of different processes to conducting investigations. There are many contradictions and it is not clear what should be managed through a formal process.

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.
 - 3) Equality implications; and
 - 4) Human Rights implications.

If yes, note them here:

No current requirement for further information.

Q6. Involvement and Consultation

<p>Consultation has taken place, who with, when and how:</p> <p>HR were involved in the design of the policy.</p>
<p>Summary of the feedback from consultation:</p> <p>HR provided feedback regarding the policy, which has been incorporated (wording, key roles and responsibilities, process etc).</p>
<p>Link to any written record of the consultation to be published alongside this assessment:</p> <p>n/a – all current feedback has been included within the policy.</p>
<p>How engagement with stakeholders will continue:</p> <p>Future consultation is planned with Management Forum, SMT, ARC and Council.</p>

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.
Consistency in decisions and of the approach	Risk that there is no method of a second review of the Investigation, if they decided there was no case to answer	<ul style="list-style-type: none"> Although there is no internal review or appeal process in the Investigations policy, this is captured in the Grievance and Disciplinary policies regarding outcomes to hearings. Action: consideration needed regarding the possibility of a second review of the investigation if the Investigation Commissioning Manager decides there is not a case to answer to. – Completed: not required as this is a middle process. Links to speaking up policy.
Consistency in decisions and of the approach	Risk that a number of allegations are referred for formal investigation without enough detail.	<ul style="list-style-type: none"> The policy does not recognise informal investigations or enquiries for serious allegations. This is because it is harder to ensure the right information gathering process is consistently applied. The responsible manager will complete an initial assessment (as per the Speaking Up policy) and will then decide if it can be resolved by them, or requires escalation. Escalation will often mean a formal investigation (which would be able to be closed with no case to answer fairly quickly). Action: This is an area which will need further discussion via informal consultation, to allow for people to air any concerns and resolve them. Completed and part of employee engagement work.
Consistency in decisions and of the approach	Risk of duplications of policies, which raise inconsistency.	<ul style="list-style-type: none"> The explanation of serious allegations is included within the policy and standards of conduct are specifically listed in the conduct policy. These policies are due to be reviewed, but consideration must be given to ensure clarity in definitions and no duplication with this policy.
Training and Understanding	Risk that those involved in investigations are inadequately trained or skilled in investigations.	<ul style="list-style-type: none"> Investigation training will be required – which can either be designed internally by the Compliance Manager, or externally through the HR budget for all managers involved. It is likely that the training required for this policy will overlap the attendees and requirements for the Speaking Up policy, which will reduce the costs.
Training and Understanding	Risk that individual needs are not	<ul style="list-style-type: none"> Notice for interviews is 24 hours, however meetings can be flexible around individual needs, including the possibility to conduct an interview

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	considered during the interviewing process.	over the phone or by video link. The meeting rooms might change, however the importance of the Administrator and the Investigator being organised, selecting the appropriate meeting room with the appropriate facilities has been included in the policy. This will also be included in the investigation training. Action: Compliance and HR to ensure this is in Investigations training.
Training and Understanding	Risk that bias affects the Investigator or the Investigation Commissioning Manager.	<ul style="list-style-type: none"> • EDI training would need to be considered as part of the Investigation training. Action: Compliance and HR to ensure EDI & unconscious bias is included in the Investigations training – being completed separately.
Training and Understanding	Risk of inconsistency and disregard for individual privacy rights.	<ul style="list-style-type: none"> • 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. The training for managers and HR involved in this policy will refresh knowledge about confidentiality and IG expectations. Action: Compliance and HR to ensure included in the training.
Confidence in policy and support	Risk that there is low confidence in the policy and fear of the policy.	<ul style="list-style-type: none"> • 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 Speaking Up policy. Action: to create the comms plan in conjunction with the speaking up policy launch and the staff survey – completed.
Confidence in policy and support	Risk that privacy rights are not adhered to through reporting	<ul style="list-style-type: none"> • Data will be anonymised when in internal reports to ARC and SMT. The information will be simplified to ensure that confidentiality of the investigation is kept with those involved. Action: to consider a description, breakdown or template of the report that will be sent would provide more reassurance to those who have been involved in an investigation about the use of the monitoring information. Completed.
Confidence in policy and support	Risk that individuals involved in the policy are not supported.	<ul style="list-style-type: none"> • The policy includes contacts for support – such as HR and Governance, EAP, and external support such as ACAS and the Samaritans.

Step 3: Monitoring and review

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

It is possible that, alongside the Speak Up policy, there may be an improvement within the appropriate sections of the staff survey.

Verbal or written feedback from individuals who have gone through the process will be obtained by HR, in order to provide information about impact.

Analysis will be completed about the number of no case to answer – to review the impact of not having an ‘initial enquiry’ stage.

The compliance with timelines will be measured to check if the process is being followed and prioritised as it should be. Failure to complete the investigation in the timeframe will have an impact on the feedback from individuals who have gone through the process.

Number of grievances and investigations will be considered.

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: October 2016 – completed.

Further review completed in February 2017.

Next review due February 2020.