

Impact Assessment Screening Tool

Name of policy or process:	Complaints and Feedback about the GOC
Purpose of policy or process:	This policy outlines the way you can raise a complaint or provide feedback about the GOC policies, processes, employees, members or others working for the GOC. It explains how we will handle your complaint and what to expect during the process.
Team/Department:	Compliance, Governance
Date:	23 August 2016
Screen undertaken by:	Philippa Mann, Compliance Manager
Approved by:	Nicola Ebdon, Head of Governance
Date approved:	4 October 2016

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.	

Please put commentary below about your Impacts ratings above:

Overall, low risk impacts.

Training material has been written by Compliance Manager, and links with previous customer service training and training for managers completing investigations. It has now been rolled out with the operational teams.

The old process meant that the Compliance Manager and Chief Executive and Registrar deal with handling, investigating and responding to complaints. This approach will require resource across the organisation to take an increased role in handling, investigating and responding to complaints – supported by the Compliance team. This will have a positive effect on the workload of the Chief Executive and Registrar.

The potential risk is that employees try to answer concerns which are not within their remit – this has been included as part of the training.

The policy will need to be translated into Welsh as well as the guidance created – **completed** and the policy has been published on our Welsh website.

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 (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	
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; 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.	
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	

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	
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Please put commentary below about reasons for Information Governance ratings:

Further training is being written to include all parts of complaint handling – from phone conversations, to storing complaints information, basic redaction and confidentiality expectations. Within this training Retention will also be covered.

We will need to restrict access to personal complaints (against employees or members), which can be achieved with CRM.

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 a 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 is 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 the team.	
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	
	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 RA 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.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:

The policy and process will be reviewed after one year – which will enable consultation with policy users so that we can assess how the policy is being applied. There is a quality assurance process of decisions which should ensure that responses at 2nd and 3rd stages are balanced and outcomes are comparable.

Training will include elements regarding the process, Welsh Language Scheme, Big Word, vulnerable people, as well as appropriate redress. Another key element will be communication. Those conducting investigations will be required to undertake Unconscious Bias training.

Accessibility to the public: we have drafted an easy-read guide, a leaflet and the policy – using appropriate wording (benchmarking this with a number of other regulators and public bodies). We have not checked our easy-read guidance with an appropriate body – which is a recommended **action**.

We will be ensuring that the policy is clearly available on our website (including the Welsh website pages).

Policy – Impact AssessmentStep 1: Scoping the IA

Name of the policy/function:	Complaints and Feedback
Assessor:	Compliance Manager
Date IA started:	August 2016
Date IA completed:	October 2016
Date of next IA review:	January 2017
Purpose of IA:	To reveal hidden impacts that changing our complaints policy might have
Approver:	
Date approved:	

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:

Set out how we handle complaints, encourage complaints to be submitted and improve how we handle complaints

Key aims of the new policy are that we want to identify complaints quicker, handle complaints at an appropriate level, ensure that we learn from mistakes, that we take action when required and that these are communicated to all relevant employees/members and our process is reviewed along with the quality of our responses.

Purpose and Outcome:

This policy outlines the way you can raise a complaint or provide feedback about the GOC policies, processes, employees, members or others working for the GOC. It explains how we will handle your complaint and what to expect during the process.

Who will benefit:

General public, registrants and GOC

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
• Consultation
• Accessibility
• Training and Process

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
<p>We have compared a vast number of complaint policies and good practice guides. These include SPSO, PSA, GDC, GMC, GPHC, HCPC, Public Services Ombudsman for Wales, GOOSC, NMC, PHSO, a review of the NHS Hospital Complaints System, ICO, PPO, TPO, GCC, Effective complaint handling by Cosmo Graham, NHS England, LGO, CQC, Patients Association.</p> <p>We have also considered all of the points raised by ARC and Council since 2013, and lessons learnt since November 2015 when processing all types of complaints.</p> <p>Currently having 4 different (non-FTP) complaints policies, it is clear that we need a simpler model for handling complaints. It is also clear that we need to use our resources more effectively and ensure that the complaints are handled at the most appropriate level, dependant on their nature, risk, complexity and seriousness.</p> <p>Since Complaints moved to the Compliance Team, there have been opportunities to use all of the four complaints policies which has provided a good understanding of them and led to the decision to merge all four into one policy, to simplify the process, ensure that employees are able to recognise and handle all complaints consistently with an appropriate escalation and appeal process.</p> <p>Having experienced all of these complaint processes within the last six months, we have identified a number of limitations with our current processes:</p> <ol style="list-style-type: none"> 1.1 The current policies generally determine that the Chief Executive and Registrar responds to all complaints which means that the appeal is heard outside of the Executive (to the ARC). This may not always be the most appropriate or efficient way of reviewing the complaint or managing the response. 1.2 The number of complaint policies is confusing to manage and explain to others, especially when two complaint processes are required at one time.

1.3 Sometimes individuals want to provide feedback but strongly object to their views being logged as a complaint. This can discourage them from telling us their views, which is detrimental to our continuous learning.

We will monitor and report on:

- the number of complaints and feedback recorded;
- completion times;
- quality of responses (assessed by Compliance Team and number of stage 3 complaints);
- quality and effectiveness of interactions (i.e. how many were not able to be resolved at stage one); and
- lessons learnt which includes feedback about the complaints process.

5. Evidence gaps

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

If yes, note them here:

No. We believe we will have enough information to gauge the impact of the policy with the metrics included in this assessment.

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:

Management Forum (Sept 2016)

Audit and Risk Committee (to take place in Oct 2016)

Council (to take place Nov 2016)

Summary of the feedback from consultation:

Management Forum – overall the group felt the policy was clear, some minor comments regarding wording clarity (which have now been updated), and also questions raised over whether we need to be clear about what redress we can offer. It was decided not to include this as each case is different and we wouldn't wish to muddy expectations – instead we can explain potential outcomes to the complainant when we speak to them – this will also be included in the training.

Management Forum were content that the Compliance Team would act as the gatekeeper – which will improve consistency, quality assure responses and oversee timelines for completion.

Link to any written record of the consultation to be published alongside this assessment:

Council Paper and minute November 2016

How engagement with stakeholders will continue:

Over the next year we will record any feedback given to us about the process from employees and complainants.

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.

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Consultation	Risk that our process is not clear to the public	<ul style="list-style-type: none"> • The policy and process will be reviewed after one year. During this time we will collate feedback from policy users so that we can assess how the policy is being applied.
Accessibility	Risk that the policy and leaflets will be hidden on the website	<ul style="list-style-type: none"> • The policy and leaflets will be put in a very accessible area on the website (Welsh and English versions) – to be completed 2017/18. • We will do a ‘click check’ to test how many clicks are required to reach the policy and attempt to reduce it to 3. • Policy to be translated into Welsh – completed.
Process/ Training	Risk that employees will not be equipped to handle complex complaints	<ul style="list-style-type: none"> • Training rolled out to cover the key topics, more advanced training will be given to certain roles (as defined in the training matrix), including handling written complaints. – completed.

Step 3: Monitoring and review

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

<p>We will monitor and report on:</p> <ul style="list-style-type: none"> • the number of complaints and feedback recorded • completion times • quality of responses (assessed by Compliance Team and number of stage 3 complaints) • quality and effectiveness of interactions (i.e. how many were not able to be resolved at stage one) • lessons learnt which includes feedback about the complaints process.
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Please provide a review date to complete an update on this assessment- **date: February 2017**

Review completed on 15 February 2017.

Next review due January 2018.