

**Impact Assessment Screening Tool**

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| **Name of policy or process:** | Illegal Practice Strategy Review |
| **Purpose of policy or process:** | Update Illegal Practice Protocol |
| **Team/Department:** | Legal |
| **Date:** | 23 August 2021 |
| **Screen undertaken by:** | Claire Bond |
| **Approved by:** | Dionne Spence |
| **Date approved:** | 23 August 2021 |

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| **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. |

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| **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 |  |
| 1. 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 |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 |
| 1. 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. |  |

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| Please put commentary below about your Impacts ratings above: |
| **2) Budget**  Implementation of the revised protocol would raise additional cost in cases where a test purchase is deemed necessary.  Proof of an illegal sale would be compelling evidence should a prosecution be brought.  We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.  **5) Reputation and media**  Whilst there is very little coverage in the media, illegal practice is an area of great concern to our stakeholders. It is likely that that the review will be generally well received but some stakeholders will still think we could do more about non-UK businesses, namely that we should not rule out prosecutions against business based outside of our jurisdiction.  **8) Communication / Raising Awareness**  The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholders to determine the initial sector concerns.  Our Communications team are aware of the developing protocol and have agreed a consultation launch date of October 2021, subject to SMT / Council approval in August / September. A formal communication / raising awareness plan will be developed by the project and Communications teams once approval has been received to coincide with raising awareness of the consultation and the launch of the new protocol. |

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| **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 |  |
| 1. Will the data be anonymised? | No | Sometimes, in shared documents | Yes, immediately, and the original retained | Yes, immediately, and the original deleted. |  |
| 1. 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 |  |
| 1. 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 |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 SharePoint dept folder |  |
| 1. 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 |
| 1. 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 |  |
| 1. Will data be handled by anyone outside the EU? | Yes | - | - | No |  |
| 1. 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 |  |
| 1. 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 |

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| Please put commentary below about reasons for Information Governance ratings: |
| The protocol relates to the fulfilment of our duty to protect the public from illegal optical practice and therefore all data (subject or business) will be collated, used and retained in accordance with current information governance guidance.    **2 & 3**  Sensitive personal data from which defendants can be identified will be held for the purpose of investigating offences under the Opticians Act 1989.  **10**  In relation to the protocol, data will only be shared with third parties for the purpose of investigating / stopping a criminal offence.  **13**  Information governance training is part of an annual rollout and refresh so all staff will have been trained or refreshed within the previous 12 months. |

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| **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 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 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 |  |
| 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 |
| 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. |  |

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| Please put commentary below for Human Rights, Equalities and Inclusion ratings above: |
| Decisions will be made on a case-by-case basis in accordance with the assessment criteria and protocol with lawyer oversight.  Decisions at each stage of the protocol may be judicially reviewed.  All staff have had training in EDI within the last year. This is renewed annually.  Attendance only required if proceeds to court hearing.  We are developing a policy for managing applications for reasonable adjustments and will include a link to that in the final protocol once considered. |

# Policy – Impact Assessment

# Step 1: Scoping the IA

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| **Name of the policy/function:** | Illegal Practice Protocol |
| **Assessor:** | Claire Bond |
| **Date IA started:** | 23.08.21 |
| **Date IA completed:** | 23.08.21 |
| **Date of next IA review:** | NLT 15.10.21 and 28.02.22 |
| **Purpose of IA:** | To assess and mitigate the potential impact of the GOC’s revised protocol on illegal optical practice with particular regard to fair process. |
| **Approver:** | Dionne Spence |
| **Date approved:** | 23 August 2021 |

**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?

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| **Aims:** To provide clarity internally and externally when we will take action against alleged illegal practice and what action will be taken. |
| **Purpose and Outcome:** Revised Illegal Practice Protocol implemented. |
| **Who will benefit:** GOC and external stakeholders and members of the public. |

**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.

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| **Activity/Aspect** |
| * Test purchase |
| * Decision on prosecution |
| * Managing comms with external stakeholders |

**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.

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| **Available evidence – used to scope and identify impact** |
| Public consultation in October 2021. |

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**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:**

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| Will consider responses to the consultation in due course. Specific questions will be asked on all of the above. |

**Q6. Involvement and Consultation**

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| **Consultation has taken place, who with, when and how:**  The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholder to determine the initial sector concerns. A full consultation is scheduled to commence in October 2021 for a period of 12 weeks. This will consider potential impacts of the revised protocol as well as any IG or HRA |
| **Summary of the feedback from consultation:**  A further review will take place following SMT input and Council input and then no later than 1 February to consider the outputs from the consultation and make any changes as appropriate |
| **Link to any written record of the consultation to be published alongside this assessment:** not yet published |
| **How engagement with stakeholders will continue:**  Through our quarterly Defence stakeholder group meeting and Council updates |

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.** |
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| To be completed post- consultation |  |  |
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# Step 3: Monitoring and review

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

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| To be completed post-consultation. |

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

**Date: February 2022 to consider the outputs from the consultation.**