

# Equality Impact Assessment Form

**Please ensure that you refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team**

Details
Name of Initiative to be assessed: Pay Policy Statement- a legal requirement to publish each year
Name of responsible officer: Fran Donnelly
Group/Directorate: Human Resources
Service Area: HR
Date: 13 <sup>th</sup> March 2017

**(a) WHAT ARE YOU ASSESSING FOR IMPACT ?**

Service/ Function  <input type="checkbox"/>	Policy/ Procedure  <input checked="" type="checkbox"/>	Project  <input type="checkbox"/>	Strategy  <input type="checkbox"/>	Plan  <input type="checkbox"/>	Proposal  <input type="checkbox"/>	Information/ Position statement  <input type="checkbox"/>
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**(b) Please name and describe below**

The policy is created under the Localism Act 2011 and includes statutory measures under the Standing Orders (Wales) Regulations 2014. It is a legal obligation and sets out how salary related payments are given.

**(c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?  
If so, please identify what and how?**

**(d) Does the initiative directly affect service users, employees or the wider community?**

Yes  Continue assessment  
 No  No need to continue screening or carry out an EqIA

**Screening/Relevance Test: Is an equality impact assessment required?**

*Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqIA. Please highlight the positive impact the decision will have on the protected characteristics.*

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	n/a
Disability	n/a
Gender Reassignment	n/a
Marriage & Civil Partnership	n/a
Pregnancy and Maternity	n/a

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Race	n/a
Religion or Belief	n/a
Sex	n/a
Sexual orientation	n/a
Carers	n/a
Welsh Language	n/a

**If after completing the EqlA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqlA you must provide adequate explanation below (Please use additional pages if necessary).**

The policy allows and open and transparent payment for all staff. No specific group will be adversely affected.

**Are you happy that you have sufficient evidence to justify your decision?**

Yes .....X..... No .....

**Signed** FL Donnelly **Position** Human Resources & Organisational Development Manager, Solicitor-Advocate

**N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqlA.**

### **Full Equality Impact Assessment**

*You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.*

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.

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If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

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Please highlight positive impacts and actions that have been identified as a result of the assessment process.

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## Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

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(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

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Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

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**Decision Log** – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

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## Review

**Date of Next Review:**

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**If review is not required, explain why.**

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**Approved by:**

**Signature:**

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**Job Title:**

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**Approval date:**

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**Date of Update:**

**Update recording**

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