

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: Annual Improvement Report (WAO)

Name of responsible officer: Andrew Mogford / Anne Powell

Group/Directorate: Place & Transformation

Service Area: Strategic Support Services - Performance

Date: 11th September 2018

(a) WHAT ARE YOU ASSESSING FOR IMPACT?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	Information/ Position statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(b) Please name and describe below

Annual Improvement Report

In 2017/18 the Wales Audit Office (WAO) undertook improvement assessment work at all Councils across Wales. The WAO also undertook work at all councils in relation to the Wellbeing of Future Generations Act, a service-user-perspective themed review and a review of overview and scrutiny arrangements.

The report states: "The Council is meeting its statutory requirements in relation to continuous improvement". However the report does outline recommendations.

(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?

- No.

(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.

Equality Impact Assessment Form

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	Neutral impact
Disability	Neutral impact
Gender Reassignment	Neutral impact
Marriage & Civil Partnership	Neutral impact
Pregnancy and Maternity	Neutral impact
Race	Neutral impact
Religion or Belief	Neutral impact
Sex	Neutral impact
Sexual orientation	Neutral impact
Carers	Neutral impact
Welsh Language	Neutral impact

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 Annual Improvement Report will allow the Council to focus on targeted improvement across services. The recommendations do not impact upon any of the protected characteristics and as such they have been deemed neutral.

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

Yes

Signed: Andrew Mogford Position: Head of Strategic Support Services

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.

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

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.

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

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:

If review is not required, explain why.

Approved by:

Signature:

Job Title:

Approval date:

Date of Update:
Update recording