

EQUALITY IMPACT ASSESSMENT

Stage 1: Title and aims of the activity ("activity" is an umbrella term covering policies, procedures, guidance and decisions).			
Service	Corporate Services		
Section	Internal Audit		
Title of the activity etc.	Internal Audit Budget		
Aims of the activity	This EIA concerns the Internal Audit budget within Corporate Services. The budget funds the delivery of the Internal Audit plan, with the majority of this relating to staff resources. The work contained within the plan aims to provide assurance over the governance arrangements across the Council as required by Public Sector Internal Audit Standards.		
Author(s) & Title(s)	Chief Internal Auditor		

Stage 2: List the evidence that has been used in this assessment.		
Internal data (customer satisfaction surveys; equality monitoring data; customer complaints).	N/A	
Internal consultation with staff and other services affected.	Consultation on the content of the Internal Audit Plan is undertaken annually within Internal Audit, with the Council's Management Team, and the Scrutiny and Audit Committee. Consultation on all Internal Audit reports is undertaken with the appropriate line manager of the function being reported on.	
External consultation (partner organisations, community groups, and councils.	N/A	

External data (census, available statistics).	N/A
Other (general information as appropriate).	N/A

Stage 3: Evidence Gaps.		
Are there any gaps in the information you currently hold?	No	

Stage 4: Measures to fill the evidence gaps.			
What measures will be taken to fill the information gaps before the activity is implemented? These should be included in the action plan at the back of this form.	Measures:	Timescale:	

Stage 5: Are there poter group by inserting "yes" i	•	•	Please complete f	or each protected
	Positive	Negative	Neutral	Unknown
Age – Younger			Yes	
Age – Older			Yes	
Disability			Yes	
Race – (includes Gypsy Travellers)			Yes	
Religion or Belief			Yes	
Gender – male/female			Yes	
Pregnancy and maternity			Yes	
Sexual orientation – (includes Lesbian/ Gay/Bisexual)			Yes	
Gender reassignment – (includes Transgender)			Yes	
Marriage and Civil Partnership			Yes	

Stage 6: What are the positive and negative impacts?		
Impacts.	Positive (describe the impact for each of the protected characteristics affected)	Negative (describe the impact for each of the protected characteristics affected)
Please detail the potential positive and/or negative impacts on those with protected characteristics you have highlighted above. Detail the impacts and describe those affected.	N/A	N/A

Stage 7: Have any of the affected groups been consulted?		
If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps?	N/A	

Stage 8: What mitigating steps will be taken to remove or reduce negative impacts?		
	Mitigating Steps	Timescale
These should be	N/A	N/A
included in any action plan at the back of this form.		

Stage 9: What steps can be taken to promote good relations between various groups?		
These should be included in the action plan. Key messages are communicated to everyone within Internal Audit which includes people with protected characteristics.		

Stage 10: How does the policy/activity create opportunities for advancing equality of opportunity?

The budget for Internal Audit underpins delivery of the Service. Where issues involving equality are identified through Internal Audit work these will be reported.

Stage 11: What equality monitoring arrangements will be put in place?		
These should be included in any action plan (for example customer satisfaction questionnaires).	N/A	

Stage 12: What is the outcome of the Assessment?				
	1 No negative impacts have been identified –please			
	Internal Audit provides assurance over the governance arrangements of the Council and therefore has a neutral impact on those with protected characteristics.			
	2	Negative Impacts have been identified, these can be mitigated please explain. * Please fill in Stage 13 if this option is chosen.		
Please complete the appropriate box/boxes N/A				
3 mitigated fully – please explain.		The activity will have negative impacts which cannot be mitigated fully – please explain. * Please fill in Stage 13 if this option is chosen		
	N/A			

* Stage 13: Set out the justification that the activity can and should go ahead despite the negative impact.	
N/A	

Stage 14: Sign off and authorisation.									
	1) Serv Tear		Corporate Services – Internal Audit						
	2) Title Polic	of cy/Activity	Internal Audit Budget						
		Authors: I have completed the equality impact assessment for this policy/activity.	Name: Name:						
	3) Auth		Position:	Chief Internal Auditor	Position:				
			Date: 25/	11/2013	Date:				
			Signature:		Signature:				
	impa		Name:		Name:				
ation			Position:		Position:				
orisa	activ		Date:		Date:				
utho			Signature:		Signature:				
Sign off and authorisation.	,	sultation Service ager	Name: Date:	N/A N/A					
Sign	,		Name: Position: Services Date:	Director of Corporate 26/11/2013	Name: Position: Date:				
	Com form resp	e EIA relate mittee repo , and any s onsible for vant Commi	ort author so upporting a monitoring	Date:					
	7) EIA a	author send	Date:						
(Equalities team to complete) Has the completed form been published on the website? YES/NO Date:									

Action Plan								
Action	Start	Complete	Lead Officer	Expected Outcome	Resource Implications			