## **Equality Impact Assessment Screening Form** – 2019/20

Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact the Access to Services team (see guidance for details).						
Section 1	vices team	(See guidani	ce for details	> <i>)</i> .		
Which service	area and dire	ectorate are	ou from?			
Service Area: I				sportation		
Directorate: Pla	ace					
Q1(a) WHAT	ARE YOU S	CREENING F	OR RELEVA	ANCE?		
Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	
(b) Please name and <u>describe</u> here:  The Integrated Transport Unit is required to attend an Audit Committee. This is in relation to an audit report, which highlights the shortcomings in the claims for concessionary fares revenue 'forgone' by First Cymru Buses Ltd for the 2018/2019 Financial Year. A Report is required to be represented to the Committee and Equality and Engagement Implications need to be considered as a result.						
Q2(a) WHAT DOES Q1a F Direct front line service delivery		Indirect front line Indirect			Indirect back room service delivery	
	<b>⊠</b> (H)	☐ (M) ☐ (L)		(L)		
Because they need to	Bec wa	IERS/CLIEN ause they ant to (M)	Becau automatically everyone in S	se it is provided to Swansea (M)	On an internal basis i.e. Staff	
Children/young people (0-18) Older people (50+) Any other age group Disability Race (including refugees) Asylum seekers Gypsies & travellers Religion or (non-)belief Sex Sexual Orientation Gender reassignment Welsh Language Poverty/social exclusion Carers (inc. young carers) Community cohesion Marriage & civil partnership Pregnancy and maternity		ENTIAL IMPA	Medium Impaci (M)		_	

Q4 WHAT ENGAGEMENT / CONSULTATION / CO-PRODUCTIVE APPROACHES WILL YOU UNDERTAKE?

Please provide details below – either of your planned activities or your reasons for not undertaking engagement

## **Equality Impact Assessment Screening Form** – 2019/20

The internal Audit team highlighted recommendations that the Integrated Transport Unit needed to raise with First Cymru Buses to determine the reason(s) for the shortcomings in its claims and to determine how the company intends to provide more accurate claims in the future. A meeting was convened in early March 2020, the failings were recognised by the company and corrective measures have been put into place.

put III	nto piace.						
Q5(a)	•	HIS INITIATIVE TO THE					
	High visibility ☐( <b>H)</b>	Medium visibility (M)	Low visibility  (L)				
(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION? (Consider the following impacts – legal, financial, political, media, public perception etc)							
	High risk ☐ ( <b>H)</b>	Medium risk ⊠ (M)	Low risk				
Q6 Will this initiative have an impact (however minor) on any other Council service?							
	☐ Yes						
Q7 HOW DID YOU SCORE?  Please tick the relevant box							
MOSTLY H and/or M → HIGH PRIORITY → ☐ EIA to be completed Please go to Section 2							
MOSTLY L → LOW PRIORITY / → ⊠ Do not complete EIA  NOT RELEVANT Please go to Q8  followed by Section 2							
Q8 If you determine that this initiative is not relevant for an EIA report, you must provide a full explanation here. Please ensure that you cover all of the relevant protected groups.							
The Report addresses the failings by a third party to provide accurate claims to the Council. It does not impact upon any of the protected groups because they continue to receive free travel on all local buses.							
agree	Please email this comp ement before obtaining oval is only required vi		to Services Team for d of Service. Head of Service gnatures or paper copies are				
Screening completed by:							
Name: Barrie Gilbert							
Job title: Team Leader – Passenger Transport  Date: 27th May 2020							
Approval by Head of Service:							
Nam							
	Position:						

Date:

## **Equality Impact Assessment Screening Form** – 2019/20

Please return the completed form to <a href="mailto:accesstoservices@swansea.gov.uk">accesstoservices@swansea.gov.uk</a>