

Customer Impact Assessment

Name and brief description of policy being analysed

Briefly summarise the policy including any key information such as aims, context etc; note timescales and milestones for new policies; use plain language – NO JARGON; refer to other documents if required

MOT Testing Service

To protect the public and provide a safe, clean and efficient environment for the inspection and testing of taxi, Hackney carriages and private hire vehicles in accordance with the Licensing Regulations.

Information used for customer analysis

Note relevant consultation; who took part and key findings; refer to, or attach other documents if needed; include dates where possible

The number of tests undertaken and the number required to retake due to unsatisfactory results that may have affected the public's safety.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible Please note details of any actions to be placed in your Service Plan
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/>	

Marriage & civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / N	
Human Rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / N	
Socio Economic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / N	
Multiple/ Cross Cutting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / N	
Outcome(s) of customer analysis						
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative <input type="checkbox"/> neutral <input checked="" type="checkbox"/> positive <input type="checkbox"/>						
No major change needed <input checked="" type="checkbox"/> Adjust the policy <input type="checkbox"/> Adverse impact but continue <input type="checkbox"/> Stop and remove / reconsider policy <input type="checkbox"/>						
Arrangements for future monitoring:						
Note when analysis will be reviewed; include any equality indicators and performance against those indicators						
Monitoring of customer satisfaction and progress against scheduled programmes and success rates of tests.						
Details of any data/ Research used (both FDC & Partners):						
FDC Customer feedback information provided by the client Licensing team.						
Completed by:						
Name: Pete Walls						
Position: Operations Manager						
Approved by (manager signature):				Date published: This should be the date the analysis was published on the website		
Details of any Committee approved by (if applicable):				Date endorsed by Members if applicable:		