

**Equality Impact Assessments (EqIA)
Screening Tool to decide if an EqIA is needed**

1. What is your Service Area and Directorate?

Service area: Waste Management - Support Service Function

Directorate: Facilities and Estates

Name

of

Initiative:
Waste Management Policy

2. What initiative are you screening for relevance to equality?

- New Service ☐
- Service Review ☐
- Service change ☐
- Strategy ☐
- Policy ☒
- Project ☐
- Care pathway ☐
- Financial decision/
Efficiency saving ☐

Other

Please write in:

3. Please give a brief description of the initiative including the aims, objectives, who will be affected and what you are trying to achieve

Please write in Waste Management Policy for Health Board. Aim to control the management of waste, ensuring that segregation, handling transportation and disposal are properly managed to minimise risk to Environment and Health & Safety of staff, visitors and patients.

4. What does the initiative mainly relate to?

Direct frontline service delivery e.g. face to face contact with service users ☐

Please explain why

Indirect front line service delivery e.g. support service provided at a distance ☒

Please explain why

Waste Management across the Health Board is interlinked with service users as the bins and containers are in public areas.

Indirect back room service delivery e.g. support service with no patient contact ☐

Please explain why

5. Would this initiative be delivered in partnership with other public sector partner organisations or contractors?

Yes ☐ No ☒

6. What is the potential impact on the following groups of people including patients or the wider community?

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Different racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Different age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe what existing evidence you have for your assessment</i>					
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	Please describe what existing evidence you have for your assessment					
Men, women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Different religions or beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Welsh language speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Pregnant women/women who have recently given birth to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Marital or civil partnership status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					

Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different socio-economic groups	Please describe what existing evidence you have for your assessment					

7. What is the potential impact on staff?

Staff Group	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					

8. What is the potential impact on the Human Rights of individuals and in particular to the principles of:

Principle	High Negative	Medium Negative	Low negative	Neutral	Positive	Unknown
Dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please describe what existing evidence you have for your assessment					

9. How visible is this initiative to the general public?

High visibility to general public ☐

Medium visibility to general public ☒

Low visibility to general public ☐

10. Does this proposal identify potential negative impacts?

Yes ☐ No ☒ Unable to decide ☐

If yes

Please explain why. Have you fully mitigated these in your plans? If there are residual issues, you will need to proceed to a full EqIA

If no

Please explain why and attach an action plan, if necessary, indicating how you will ensure that you will have enough information to review this decision in the future.

- Policy to be implemented to ensure full compliance with Waste Legislation and Health Board Statutory obligations. Policy will be reviewed on a periodic basis to assess any changes in potential impact.
If unable to decide

Please explain why and indicate what steps you are going to take to be able to reach a conclusion either way.

11. Decision

Full EqIA required ☐ Full EqIA not required ☒

12. Sign off

Assessment team

- a.
- b.
- c.
- d.

Lead for the initiative: Richard De Filippo

Signature: 

Date: 14.08.2019