

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: Clinical Waste

Name of responsible officer: Val Steel

Group/Directorate: Place and Transformation

Service Area: Waste

Date: April 2016

(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 checked="" type="checkbox"/>	<input type="checkbox"/>

(b) Please name and describe below

Clinical Waste Collections

To consider the options for achieving full cost recovery of the clinical waste collection service.

The authority collects clinical waste (sharps and dialysis) from local residents on behalf of the client. We currently charge the Client £21,612 per annum for providing this service. This fee was set in 2009/10 and has never been adjusted for inflation.

A cost recovery analysis has identified that this service is operating at a loss of £9,764 per year.

To achieve full cost recovery the authority would need to increase the charge to the Client by 45%. This is the equivalent of a 6.4% rise in each of the 6 years to 2016/17.

The proposal is to introduce an administrative fee for default works.

(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?

The Environmental Protection Act 1990
The Controlled Waste (England & Wales) Regulations 2012

(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

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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 EqlA. Please highlight the positive impact the decision will have on the protected characteristics.

What will be the effect on :-

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

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).

There will be no impact on service users. The impact will be on the Client who may decide to otherwise procure the collection service or carry out the collections in-house.

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

Yes

Signed: Ellis Cooper

Position: Corporate Director

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.

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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.

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.

(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

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)

Review

Date of Next Review:

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If review is not required, explain why.

Approved by:
Signature:
Job Title:
Approval date:

Date of Update:
Update recording