

**One Page Description of Policy**

**Reference FAC EM21:**

**WASTE POLICY**

**Distribution**

Environmental Management Group  
Infection Prevention and Control Committee  
Clinical Policy Group  
Quality and Safety Committee  
All Staff via Intranet

**Summary**

Waste is potentially hazardous to those producing or transporting it. It is costly to dispose of and, at any stage in its management, can have an adverse effect on the environment.

Cwm Taf Morgannwg University Health Board (CTMUHB) has a legal responsibility to limit its waste production as far as possible and to apply the waste hierarchy in ensuring compliant management and disposal.

**Relevance**

Day to Day, this policy sets out CTMUHB's approach to identifying, segregating, storing, and transporting and disposing of waste to maintain a safe environment for its staff and others who may be affected by its activities, exercise its "Duty of Care" and ensure compliance with NHS Wales Health and Care Standard (2015), statutory regulations, meeting the requirements of ISO14001:15 and the maintenance of best practice.

**Relevance for On Call Managers**

This Policy would be relevant for On Call Managers.

**Read in association with**

These include, but are not limited to:

- Environment (Wales) Act 2016
- WHTM 07-01 Safe management of healthcare waste 2013
- BS EN ISO14001:2015 Environmental Management System;
- Health Care Standard 2.1 Environmental, Risk, Safety and Security
- Health Care Standard 2.4 Infection Prevention and Control (IP&C) and Decontamination.
- NHS Wales Health and Care Standard (2015) 2.5 Nutrition and Hydration Catering Standard Operating Procedures
- IP&C Policy and Procedures
- Waste Management Segregation Procedures

**Expiry date and Author / Contact Point**

The Policy expires in June 2024 and the author is Russell Hoare (Assistant Director of Facilities) and Craig Edwards (Facilities Waste and Transport Manager).

## (Waste Policy)

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### Target Audience:

<b>People who need to know about this document in detail</b>	Health Board, Executive Directors, ILG Service Group Clinical and Management Directors, Directorate Managers, Heads and Leads of Nursing, Facilities management and staff, Senior managers, Infection Prevention & Control teams. Facilities and Estates management and staff. All CTM staff.
<b>People who need to have a broad understanding of this document</b>	Executive Directors, ILG Service Group Clinical and Operational Directors, Directorate Managers. Quality Safety and Infection Prevention and Control Committees.
<b>People who need to know that this document exists</b>	All staff involved in the development of Health Board Policies.)

### Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date: 31/5/21</b> <b>Outcome:</b>
<b>Welsh Language Standard</b>	No
<b>Date of approval by Equality Team:</b>	(00/00/0000)
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health



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## **Introduction**

The Health Board is required to meet the requirements of Environmental and Waste management associated legislation, NHS Wales Health Care Standard 2.1 Environmental, Risk, Safety and Security and ISO 14001:15.

Waste is potentially hazardous to those producing or transporting it. It is costly to dispose of and, at any stage in its management, can have an adverse effect on the environment.

There is a legal responsibility to limit waste production as far as possible and to apply the waste hierarchy in ensuring compliant management and disposal.

This policy sets out CTMUHB's approach to identifying, segregating, storing, transporting and disposing of waste to maintain a safe environment for its staff and others who may be affected by its activities. Exercise its duty of "Duty of Care" and ensure compliance with statutory regulations and the maintenance of best practice.

## **1. Policy Statement**

- 1.1 The Health Board is committed to its policy to manage the segregation, containment and disposal of its waste arising's in accordance with statutory requirements, applicable guidance and best practice to minimise its environmental impacts.
- 1.2 It is the responsibility of CTMUHB with all key stakeholders working together as a team to ensure that waste is disposed of safely and without risk to health and the environment.

## **2. Scope of Policy**

- 2.1 This policy shall apply to the management of all waste produced at all CTMUHB premises, waste holding, collection and disposal. It shall be applied in conjunction with other relevant policies including those on control of infection, medicines management, food, health and safety, data protection and radioactivity.
- 2.2 It shall apply to all staff, contractors, and volunteers who must comply with the policy and its supporting procedures. Patients and visitors working together will be encouraged to support the Health Board in meeting its waste management obligations and objectives.
- 2.3 Controls must be exercised at all levels and by all appropriate personnel. Obligations are placed on all staff and any others who handle waste directly or indirectly and those with management or supervisory responsibility for such personnel or related resources.

- 2.4 This will help to provide reassurance that there are comprehensive, organisation wide systems in place for the management, deployment, monitoring, auditing and disposal of waste, its services and to reduce risk and meet statutory regulatory requirements.
- 2.5 Failure to do so may result in contract waste services being withdrawn, prosecution and damage to the reputation of the Health Board and its stakeholders.

### 3. Aims and Objectives

- 3.1 The principles of the waste management hierarchy will be applied. Waste will be segregated at source unless operational assessment demonstrates that this is not technically, environmentally or economically practicable.



- 3.1 Waste shall be categorised based on its properties and potential hazard. The means of storage, transport and final disposal will reflect the potential hazard and applicable regulatory requirements. Only approved contractors authorized by the applicable regulatory bodies to transport, store or treat the waste being disposed shall be used.
- 3.2 Environmental health and safety impacts will be controlled through the implementation and compliance with waste management and segregation procedures. Compliance will be monitored through internal and external audits. Audit results will be reported through the Environmental Management Group. Where required by regulation, audit results will also be reported to designate external bodies.
- 3.3 Categories of waste, segregation, storage, treatment and means of final disposal will be set out in the Waste Segregation Procedure that supports and underpins this Policy.

- 3.4 Waste from production to final disposal will be monitored, identifying the source of any non-compliance that arises in order that appropriate actions can be implemented to correct any non-compliance, its supporting procedures or statutory duties.
- 3.5 Through its procurement policy CTMUHB and where appropriate in cooperation with other Health Boards and NHS Wales Shared Services Partnership will scrutinise and monitor suppliers to ensure that they comply with legislative requirements.
- 3.6 All fabrication and structure of buildings and equipment provided at health care sites will comply with relevant legal standards and allow for safe and hygienic waste management. Also to ensure these are regularly checked, serviced, maintained by Estates or contract, kept in proper working order and maintenance records are to be held.
- 3.7 Ensuring appropriate contracts are in force e.g. for waste management, pest control, servicing and maintenance and that service contracts risk assessments and safe systems of work are up to date and available for any equipment to ensure safety and reliable operation;
- 3.8 Ensuring that contractors and other building / maintenance staff are aware of the relevant parts of the Waste Policy and operating procedures and the importance of following agreed procedures, as per Estates Operational Services & Capital induction and control of contractors procedure prior to work commencing. All contractors etc. need to be briefed and their staff trained as appropriate;
- 3.9 Produce a waste quality continual improvement development plan that looks to the future and contains key objectives to improve and raise service standards and environmental sustainability.
- 3.10 Investigating and responding to customer concerns and complaints, ensuring that appropriate action is taken and implement remedial measures as necessary;
- 3.11 Ensure that waste management is included as part of any ILG Capital/Estates consultation for the design of new buildings and refurbishments to ensure that particular attention is waste storage and segregation, fabrics and surfaces that promote good practice in the reduction of and control of contamination and infection;
- 3.12 Where the production of waste is unavoidable such procedures as are required will be put in place for identification, segregation, storage, transport and final disposal at an authorised facility, licensed for the type of waste consigned, of all waste produced at its premises including that resulting from its service provision at premises in the community.

- 3.13 Waste considered to be of a confidential nature will be handled, stored and sent for final disposal such that confidential information is not disclosed to unauthorised persons and does not enter the public domain.
- 3.14 So far as is possible steps will be taken to minimise the amount of product packaging that will become waste for disposal at the Health Board's expense immediately upon receipt or subsequently.
- 3.15 Goods supplied to the Health Board shall where reasonably practical use environmentally friendly packaging that is suitable for reuse or recycling.
- 3.16 Waste types will be identified by the use of List of Wastes Decision as set out in the Annex to Commission Decision 2000/532/EC as amended from time to time.
- 3.17 Chemicals of all types and dry goods / stores, will be protected from contamination at all stages in the chain and will be stored and processed in suitable conditions, and for suitable time periods to minimise the possibility of unacceptable goods / chemicals that are out of date;
- 3.18 Controls must be exercised at all levels and by all appropriate personnel. Obligations are placed on all staff and any others who handle hazardous waste and chemicals directly, indirectly or who interface with the chemical operation such that their activities could lead to contamination, and those with management or supervisory responsibility for such personnel or related resources. Examples of specific types of personnel include porters, domestic staff, nursing staff, estates maintenance workers and all those managing these personnel or their functions.
- 3.19 All personnel employed on wastes duties will be required to maintain high standards of personal hygiene and maintain and promote the principal and compliance of 'Clean Your Hands' at all times;
- 3.20 Facilities ILG Management team are to ensure that health & safety is supported with robust and up to date risk assessments and safe systems of work that support waste segregation and Facilities operating procedures.

#### **4. Responsibilities**

- 4.1 The policy management roles and responsibilities are detailed at (Appendix A).

#### **5. Implementation/Policy Compliance**

The policy will be implemented as follows;

- 5.1 The management of waste will be focused on implementing the policy and relevant procedures, safety controls and monitoring procedures.
- 5.2 Ensure that the Waste policy is implemented with respect to all waste operations, including contracts and voluntary services.
- 5.3 Provide advice to Capital/Estates strategic planning to support business cases on any new building developments that require waste services.
- 5.4 Ensure all relevant managers, supervisors and staff are aware of waste policy and segregation requirements linked to their roles and responsibilities, including the contents of this policy, procedures and supplementary guidance. Ensure that managers and supervisors provide access to these documents to their teams and provide training in their implementation.
- 5.5 Carry out continual waste management safety, quality and cost evaluation and selection of approved suppliers for waste collection and disposal.
- 5.6 Monitor any supplier deficiencies in waste safety and quality. Investigate with support from procurement and Welsh Health Supplies and take appropriate actions working together with contract suppliers to resolve any concerns.
- 5.7 Keep up to date with waste regulations and safety alerts, including new legislation and changes in recommended good practice taking into account changes in environmental risks
- 5.8 Ensure that contractors and other building/maintenance staff have been trained and briefed on the relevant areas and individual responsibilities of the Policy and waste segregation standards and the importance of following control monitoring systems and procedures.
- 5.9 Regularly review and ensure that service maintenance contracts are in place for any waste management related equipment to ensure safety operating compliance.

Compliance with the policy will be measured and reported as follows;

- 5.10 The Director of Clinical Services Operations has overall responsibility for ensuring that the auditing of Waste Services operations is undertaken to ensure compliance with the Waste Management Policy and to provide reassurance that waste management standards are being maintained.

- 5.11 This function is delegated to the Assistant Director of Operational Services – Facilities along with the necessary resources to carry out the tasks.
- 5.12 These standards are monitored, maintained and reported by way of an effective and reliable compliance scorecard and audit monitoring procedure followed by remedial action, lessons learnt, re-training or additional training, and extra supervision as necessary.
- 5.13 Use of DATIX for investigations and lessons learned and linked to ILG and Facilities EMS Group for sharing of knowledge, and improve practices to reduce risks will be used.
- 5.14 Waste segregation compliance, volumes and cost will be monitored and CTMUHB will develop key performance indicators for its waste management. Performance indicators will, where appropriate, relate to numbers of patients treated by the use of occupied bed days and finished consultant episode data.
- 5.15 Audit arrangements shall be consistent with CTMUHB’s internal and external arrangements. Audits of waste management shall be carried out to ensure compliance and to meet statutory ‘Duty of Care’ responsibilities with respect to the management and disposal of its waste.
- 5.16 Clinical waste contract pre-acceptance audits will be conducted at hospitals and community premises to comply with mandatory requirements. Audit results will be provided to clinical waste contractors to enable them to demonstrate compliance with their site license and operating permit.
- 5.17 Waste contractors will be subject to Duty of Care audits that will, as a minimum, be carried out at least once a year. A Duty of Care file will be maintained containing details of waste contractors, waste types applicable to each contractor together with copies of relevant licenses, permits and audit reports.
- 5.18 Compliance will be reported at Facilities Performance Review, the Environmental Management Group, Infection Prevention & Control Group and Quality and Safety Committee.
- 5.19 These audits will be conducted in accordance with a rolling audit plan and at more frequent intervals as dictated by the level of risk associated with any of the waste operations concerned and using guidance provided in the ‘waste audit tool procedure’.
- 5.20 Health Inspectorate Wales, internal and other external auditing organisations may also audit certain aspects of the operations that impact on waste compliance with standards and will expect that environment and waste management standards in Wales are being followed and Health and Care Standards are met.

- 5.21 Serious waste management concerns upon discovery will be immediately reported to the Assistant Director of Facilities and the Director of Clinical Service Operations. Issues which are likely to have legal implications or which could seriously jeopardise patient, staff or visitors safety the reputation of the UHB will also be reported direct to the Chief Executive.
- 5.22 Ensure consistency with waste management standards between hospital sites in accordance with catering service specifications.
- 5.23 The monitoring and reporting structure and arrangements for Waste management are at (Appendix C).

## **6. Equality Impact Assessment Statement**

The outcome of the EIA for this policy is provided at Appendix B.

## **7. References**

- 7.1 The principal NHS Wales requirements for waste management is the Health and Care Standard (2015) 2.1 Environment, Risk, Safety, Security and ISO 14001:15, the Environmental Protection Act 1990 and the Waste (England and Wales) regulations as amended 2021. This places a direct statutory obligation and requirement on CTMUHB for waste management compliance, health and safety and patient safety.
- 7.2 These requirements are contained in the following documents, codes of practice and references that also provide guidance on good practice and interpretation of the law. The policy aims to meet criteria outlined in the following;
- The Environmental Protection Act 1990;
  - Health and Care Standard (2015) - 2.1 Environmental, Risk, Safety and Security and ISO 14001:15;
  - The Waste (England and Wales) Regulations as amended 2012;
  - The Controlled Waste (England and Wales) Regulations 2012;
  - WHTM 07-01 Safe management of healthcare waste 2013;
  - Waste Duty of Care Approved Code of Practice updated 2018;
  - The Control of Substances Hazardous the Health Regulations 2002;
  - BS EN ISO14001:2015 Environmental Management System;
  - Code of Practice for the Prevention and Control of Healthcare Associated Infections;
  - Health and Care Standard 2.4 Infection Prevention and Control (IPC) and Decontamination;
  - Welsh Assembly Government - Healthcare Waste Strategy for Wales 2006;

- Well-being of Future Generation (Wales) Act 2010;
- Environment Agency – WM3 Hazardous Waste: Interpretation of the definition and classification of hazardous waste;

## 8. Getting Help

For policy interpretations, help, advice and resolution of problems contact the Assistant Director of Facilities, Head of Technical Services, Facilities Waste Manager @ Facilities Service Desk – 01685 728688 or [CTT\\_FacilitiesAdmin](mailto:CTT_FacilitiesAdmin@wales.nhs.uk) <[CTT\\_FacilitiesAdmin@wales.nhs.uk](mailto:CTT_FacilitiesAdmin@wales.nhs.uk)>

## 9. Related Policies

- Infection Prevention Control Policy and Procedures;
- Porter Services Standard Operating Procedures;
- Waste Management Segregation Procedure;
- Environmental Management Policy;
- Food Safety Policy;
- Health and Safety Policy;
- Risk Management Policy and Procedures;
- Financial Controls Policy;

## 10. Information, Instruction and Training

- 10.1 All waste handlers (anyone who is involved in any aspect of waste handling, segregation, collection and disposal), supervisors and managers are to be appropriately trained in accordance with legislation so that they can work in a manner which will ensure the safe and correct handling, segregation, collection and disposal of waste. There also needs to be systems in place and accurate records kept to verify training and compliance.
- 10.2 All relevant personnel will be informed of their obligations and trained in accordance with the Facilities waste services training needs analysis for those staff involved in waste handling, collection and disposal services.
- 10.3 A training needs analysis, plan and records will be maintained and all staff must receive the appropriate departmental induction training before taking up operational duties and ESR corporate induction within three months of taking up post. Performance will be monitored and reported on the uptake and compliance with the appropriate training and support.
- 10.4 All staff must have the necessary training to ensure that they can fulfil the responsibilities allocated to them. Information, instruction, training, and supervision will be provided in several different ways; formal and informal, on-job and off-job. For some types of training observed

practice may also be warranted before competency assessment is undertaken. For subsequent re-assessments, repeat training will not be required unless the manager or the individual user deems it to be needed.

10.5 Staff must be informed of the requirements of this policy at departmental induction so that they:

- Are aware of the associated waste handling risks, waste segregation procedures, collection and disposal.
- Have access to training and support to develop and maintain their knowledge and skills.

10.6 Waste services staff and their supervisors, team leaders and managers are to be informed of relevant concerns or issues that impact on waste standards, such as changes in legislation and codes of practice, hazard warnings, alerts and changes in Health Board policies and procedures.

## **11. Main Relevant Legislation**

11.1 CTMUHB is to comply with NHS Wales and UK statutory and other legislative requirements in relation to Waste Management as follows;

- The Environmental Protection Act 1990;
- Health and Care Standard (2015) - 2.1 Environmental, Risk, Safety and Security and ISO 14001:15;
- The Waste (England and Wales) Regulations as amended 2012;
- The Controlled Waste (England and Wales) Regulations 2012;
- WHTM 07-01 Safe management of healthcare waste 2013;
- Hazardous Waste Regulations 2005;
- Hazardous Waste (Miscellaneous Amendments) (Wales) Regulations 2015;
- The Waste (Miscellaneous Amendment) (EU Exit) Regulations 2019
- Environment (Wales) Act 2016;
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations;
- The Waste Electrical and Electronic Equipment (WEEE) Regulations 2013;
- Radioactive Substances Act;
- Radioactive Substances Regulations 2011;
- The Pollution Prevention and Control (England and Wales) Regulations 2000;

- Waste Duty of Care Approved Code of Practice updated 2018;
- Health and Safety at Work Act 1974;
- The Management of Health and Safety at Work Regulations 1999;
- The Control of Substances Hazardous the Health Regulations 2002;
- BS EN ISO14001:2015 Environmental Management System;
- Code of Practice for the Prevention and Control of Healthcare Associated Infections;
- Health and Care Standard 2.4 Infection Prevention and Control (IPC) and Decontamination;
- Welsh Assembly Government - Healthcare Waste Strategy for Wales 2006;
- Well-being of Future Generation (Wales) Act 2010;
- Environment Agency – WM3 Hazardous Waste: Interpretation of the definition and classification of hazardous waste;
- The Civil Contingencies Act 2004;

## Appendix A – Waste Policy Management Roles and Responsibilities

**Chief Executive Officer** is responsible for ensuring there are processes in place to manage the risks and ensuring compliance with the Environmental Act 1990 and the National Health and Care Standards for Environmental management in NHS Wales. To ensure that effective management of Waste Services is in place throughout the Health Board. The Chief Executive is directly responsible to NHS Wales.

**The Director of Clinical Services Operations** on behalf of the Chief Executive is responsible for Waste Policy and its implementation. Including organisational arrangements, adequate resources are made available and procedures necessary to ensure the effective management of identified risks are in place. This is delegated to the Assistant Director of Facilities.

Ensuring that the Chief Executive is informed of any issues, which could present serious risk to patients, visitors, staff or the Health Board, for example, likelihood of legal action, bad publicity. Ensuring that such issues are effectively managed to reduce the risk to safe levels;

**Assistant Director Facilities** to support the Director of Clinical Services Operations with their responsibilities in ensuring standards are pro-actively managed, that satisfactory standards are met and that the Waste Policy and Forward Plan is implemented.

The Assistant Director of facilities will monitor and review with the Head of Facilities Technical Services, the Waste Manager and the Regional (ILG) Facilities Services Manager's the Policy and waste segregation, handling, collection and disposal system to ensure it is comprehensive, relevant appropriate and effectively implemented.

Advise the Health Board on waste policy, standards and service delivery measures that are in place.

Monitor waste standards, service delivery and performance against KPI's.

Chair the agenda at relevant meetings and review reports on waste concerns and issues, e.g. Environmental Management Group (EMG) that reports to the Facilities Performance Review, Quality, Patient Safety and Infection Prevention and Control Committee's.

Report serious waste concerns and issues to the Director of Clinical Services Operations immediately upon discovery. In his absence, issues which are likely to have legal implications or which could seriously jeopardise the reputation of the Health Board will be reported to the Chief Executive.

**Facilities Lead – Head of Facilities Technical Services and the Waste Manager;** Provide appropriate advice and support to the Assistant Director of Facilities the CPU and Laundry Managers and the ILG Facilities Managers in ensuring that waste management safety and standards are pro-actively managed, that satisfactory standards are met and that the waste policy and waste segregation procedure is effectively implemented.

Take forward and deliver the Waste management and improvement action plan and report on progress against the plan in accordance with the Health Board's reporting arrangements.

Ensure that the Health Board's waste policy is implemented with respect to all waste operations, including voluntary services.

Provide advice to strategic planning to support business cases on any new building developments that require waste services.

Ensure all relevant managers are aware of waste issues linked to their roles and responsibilities, including the contents of the Health Board's waste policy and any supplementary guidance. Ensure that managers and supervisors communicate these issues to their staff.

Through training needs analysis ensure that those persons with waste management responsibilities are adequately trained to undertake their duties. Facilitate the development and uptake of appropriate training and support.

Plan and review the performance of waste services operations against the Health Board policy and procedures and benchmark against other comparative Health Board and external organisations.

Develop waste services quality standards specifications for the Health Board.

Ensure consistency on waste standards between hospital sites in accordance with the Health Board service specifications.

Provide comprehensive service and performance management reports on waste management concerns/issues.

Arrange for audits and reviews of the waste management system to encourage continuous improvement in performance.

Report serious waste concerns/issues to the Assistant Director of Facilities and the Director of Clinical Service Operations immediately upon discovery. In his absence, issues which are likely to have legal implications or which could seriously jeopardise the reputation of the UHB will be reported to the Chief Executive.

Carry out and coordinate waste services audits. Examine audit reports with a view to verifying standards and efficiency of unit level monitoring. To ensure appropriate improvements are implemented e.g. to structure, procedures or management systems, in a time scale commensurate with risk.

Assist the CPU, Laundry and Regional Facilities Managers in prioritising waste management issues and development of plans for improvements. Acting as a source of advice and direction and obtaining advice from external agencies when required to support the waste management improvement and action plan.

Co-ordinate selection of approved suppliers for waste services and equipment.

Co-ordinate investigations into supplier deficiencies through the procurement department and Welsh Health Supplies, and take appropriate actions.

Ensure all contractors etc. have briefed/trained their staff as appropriate.

Regularly review and ensure that service maintenance contracts are available for equipment to ensure reliable operation.

Carry out duties in accordance with post holder job description.

**ILG Clinical Directors, ILG Managers, Directorate Managers** to ensure that ALL managers within their Directorate work together to support and apply the health and Care Standards and procedures for waste services in NHS Wales and the effective management of waste services at ILGs throughout the Health Board.

**The Infection Prevention and Control Team** are required to support the policy and work with the ILGs, Facilities, Estates, Nursing and Directorates, in accordance with the infection prevention & control policy, strategy and action plans.

Work with Senior and Line Managers to ensure areas are aware of the Waste Policy and Waste Segregation Procedure.

Participate, where appropriate, in directorate audits and evaluate compliance with and the effectiveness of the hygiene Policies;

**Head of, Senior, Lead Nurses and Ward Managers are required to:** Take responsibility in supporting, implementing and monitor the waste policy and bring to the attention of the Facilities Lead and Waste manager and the ILG sites Facilities Managers all incidents relating to poor waste management and hygiene standards that affect patient care or the health and safety of patients, visitors and staff;

Ensure that all waste handlers receive relevant waste policy advice relevant to their area of responsibility;

Cultivate and encourage a waste segregation and hygienic environment at patient wards and waste services areas of responsibility that protects patients, staff and visitors from the impact of waste.

**The Facilities ILG Regional and Operations Managers. CPU General Manager and Laundry Manager, Team leaders, Supervisors;** Support the ILG Directors, Assistant Director of Operational Services (Facilities) and ILG Facilities service managers and are responsible for the day-to-day leadership and management of waste services at their ILG and service areas of responsibility as follows;

Ensure that the Health Board waste policy is implemented with respect to their site areas of responsibility;

Plan and review the performance of their waste service operations against the Health Board policy and procedures;

Facilitate the development and uptake of appropriate training and support, ensuring that all waste services staff under their supervision are appropriately trained in mandatory and non-mandatory training requirements as identified by

Training Needs Analysis. That training records are maintained and that all staff receive the appropriate departmental induction training before taking up operational duties and corporate induction within three months of taking up post.

Following waste internal technical compliance audits ensure that recommendations are taken forward and action taken to 'put things right'.

Raise awareness and encourage all staff to report waste and hygiene issues, discuss these in regular staff ward and department meetings and initiate appropriate remedial action for deficiencies;

Report serious waste concerns/issues and pest infestations to the Facilities Waste Manager and the Assistant Director of Operational Services (Facilities), immediately upon discovery;

Investigate and respond to customer / patient complaints, risk investigation and reporting serious issues relating to waste to the ILG Director of Operations, Assistant Director of Operational Services (Facilities) or Director of Clinical Services Operations (COO). Taking appropriate action and implement remedial measures as necessary;

Ensure that risk assessments, SSOW are carried out for all waste operational tasks and that they are documented, reviewed and maintained in consultation with all supervisors and staff and that the records are maintained ready for audit inspection along with annual retraining.

Carry out duties in accordance with post holder job description.

**All Waste Services Staff;** To support the ILG's, CPU, Laundry Managers, Laundry Managers, Team leaders, Supervisors in ensuring that waste management standards are pro-actively managed, that satisfactory standards are met and that the waste policy and waste segregation procedure is effectively implemented.

Support all mandatory training requirements and arrange with Supervisors refresher sessions when required.

Waste services Staff will be expected to attend all relevant staff meetings and training sessions as required by the Facilities Manager/Supervisors to maintain professional competency and comply with Health Board policies/procedures and legislative requirements.

Report serious waste concerns/issues and pest infestations to the Facilities ILG Regional Manager, Waste Manager and the Assistant Director of Operational Services (Facilities), immediately upon discovery;

Carry out duties in accordance with post holder job description.

**All CTMUHB Staff;** To support environmental sustainability and the waste management policy and standards ensuring that we all work together to implement the waste policy and waste segregation procedure and protect our health care premises and community environment.

Support all mandatory training requirements.

Report serious waste concerns/issues and pest infestations to the Facilities Regional Manager, Waste Manager and the Assistant Director of Operational Services (Facilities), immediately upon discovery;

**External Waste Services Contractors** are required to discharge the provisions set out in the contracts and where specified assist in the implementation and compliance to the CTMUHB Waste and Environmental policy and statutory and mandatory legislation.

**Environmental Management Group; The** EMG Terms of Reference (Appendix 2) is developed to support the aims of the Waste Management Policy and will be updated on an annual basis.

## Appendix B - Equality Impact Assessment - Policies

This section must be completed at the beginning of a policy or service review, this includes changed or withdrawn services in order to assess the impact on different protected groups under the Equality Act 2010. For advice on its completion please contact the Equality Team on CTM\_Equality@wales.nhs.uk. For examples of completed EIAs please see the Equality site on Sharepoint.

<b>Section 1 – Preparation</b>		
1.	<b>Title of Policy/service</b>	<i>Waste Policy</i>
	Is this a new policy/service or an existing one?	Existing Policy
2.	<b>Policy/Service Aims and Brief Description</b>	<p>This policy sets out CTMUHB’s approach to identifying, segregating, storing, and transporting and disposing of waste to maintain a safe environment for its staff and others who may be affected by its activities, exercise its “Duty of Care” and ensure compliance with NHS Wales Health and Care Standard (2015), statutory regulations, meeting the requirements of ISO14001:15 and the maintenance of best practice.</p> <p>It is the organisations policy to manage the segregation, containment and disposal of its waste in accordance with statutory requirements, applicable guidance and best practice to minimise its environmental impacts. The principles of the waste management hierarchy will be applied. Waste will be segregated at source unless assessment shows that this is not technically, environmentally or economically practicable.</p>
3.	<b>Who Owns/Defines the Policy/Service? -</b>	Director of Clinical Operations, Assistant Director of Facilities.

		Supported by the Head of Facilities Technical Services. Facilities Waste Manager. Facilities Governance & Compliance Manager.
4.	<b>Who is Involved in undertaking this EqIA?</b>	Assistant Director of Facilities, Waste Manager. ILG Facilities managers Environmental Management Group including Estates, ILG Leads Nursing, Infection Prevention and Control.
5.	<b>Other Policies and Services -</b>	This Policy will facilitate a clear approach to managing Waste within the Health Board.
7.	<b>What might help/hinder the success of the policy/service?</b>	Staff not being aware of the policy
8.	Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"	The policy is not directly relevant to eliminating discrimination and harassment.
9.	Is the policy/service relevant to "promoting equality of opportunity?"	The aim of all CTM UHB policies will be to promote the equality of opportunity. This policy promotes waste management and is of benefit to the environment, our national and local community and all groups.

10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	The aim of all CTM UHB policies will be to promote good relationships and positive attitudes and the importance of our environment and the correct management of waste.
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## Section 2. Impact

### Please answer the following.

Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised. Some examples have been given against each category but this is not exhaustive and you may identify other issues.

**PLEASE INCLUDE RELEVANT DATA FOR EACH GROUP E.G. IF YOU ARE AWARE OF YOUR POLICY OR SERVICE BEING RELEVANT TO PARTICULAR GROUPS E.G. IF IT IMPACTS ON OR IS LIKELY TO BE USED OR RELEVANT TO OLDER PEOPLE, ADD STATISTICS IN RELATION TO STAFF AND OR LOCAL POPULATION. USE NATIONAL STATISTICS WHERE RELEVANT.**

**Do you think that the policy/service impacts on people because of their age?** (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their disability?** (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long term conditions such as Cancer or HIV)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Does the policy impact on people because of their caring responsibilities?**

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of Gender reassignment?** (This includes all people included under trans\* e.g. transgender, non-binary, gender fluid etc.)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their being married or in a civil partnership?**

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby?** (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their race?** (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their religion, belief or non-belief?** (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on men and women in different ways?**

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**Do you think that the policy/service impacts on people because of their sexual orientation?** (This includes Gay men, heterosexual, lesbian and bisexual people)

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

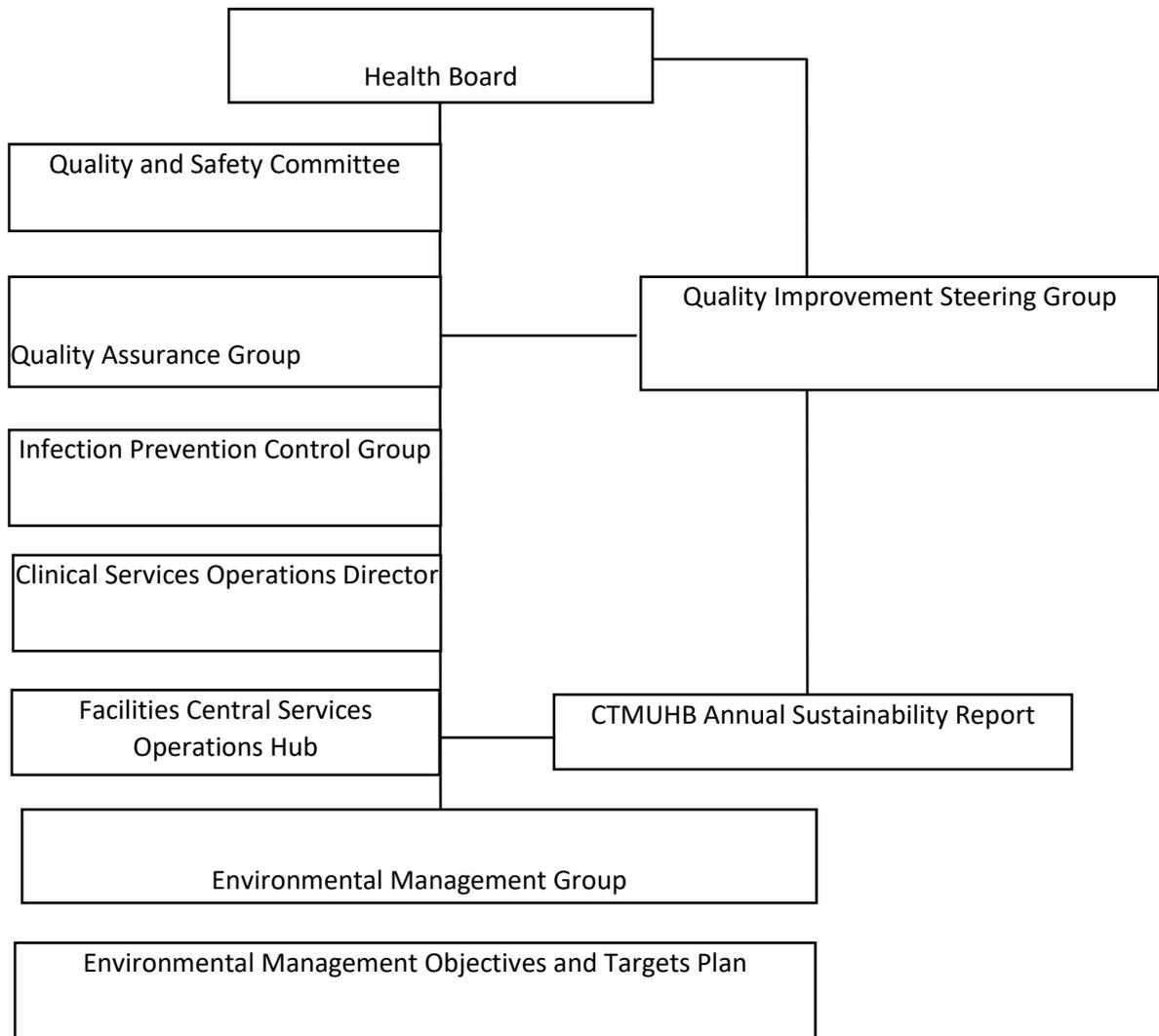
**Do you think that the policy/service impacts on people because of their Welsh language?** (E.g. the active offer to receive services in Welsh, bilingual information etc).

Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

**The Welsh government is introducing a new Socio-economic duty which will be effective from April 2021. It will ask us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.** Not specifically as the policy promotes effective, compliant and safe waste management to the benefit of our organisation, the environment and our local and National community.

<b>Section 3 Outcome</b>	
<b>Summary of Assessment:</b>  <b>Please summarise Equality issues of concern and changes that will be made to the service development accordingly.</b>	No changes are required.
<b>Please indicate whether these changes have been made.</b>	Not applicable
<b>Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.</b>	Not applicable
<b>Who will monitor this EIA and ensure mitigation is undertaken</b>	The policy will be monitored through the Environmental Management Group (EMG) and the organisation performance reporting arrangements.  The policy will be reviewed annually by the responsible manager and a date for review will be agreed.
<b>Approved by Equality Team</b>	<b>Yes/No</b>  <b>Signed .....</b> <b>(Equality Manager / Officer)</b> <b>Date.....</b>
<b>To be held on Equality /Covid 19 Site</b>	<b>Actioned Yes/No</b>

### Appendix 3 - Waste Policy Risk Management Reporting Arrangements



### Facilities Clinical Services Operations Hub and ILG Waste Services Management Structure

