

Property and Environment Forum

## **Waste Management in NHSScotland Trusts - Action Plan**



A response to Audit Scotland's January 2001 Report  
*'Waste Management in Scottish Hospitals'*



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## 1. Executive summary

- 1.1** During 1998 and 1999, Audit Scotland undertook a performance audit of waste management in Scottish hospitals. They published their findings in a report entitled *Waste management in Scottish hospitals* in January 2001.
- 1.2** The Audit confirmed that standards are generally high, although examples of poor practice and varying levels of monitoring / discharging of Trusts' duty of care were exposed. The Report also contained a number of recommendations which required to be taken forward.
- 1.3** The Audit will be used as a baseline against which ongoing performance will be measured.
- 1.4** Audit Scotland plans to conduct a follow-up Audit in early 2003 to establish what action has been taken and what improvements have been made.
- 1.5** In response to the Audit Report, and after a great deal of consultation across the Service, the NHSScotland Property and Environment Forum - Clinical Waste Steering Group devised this Action Plan to take waste management forward.
- 1.6** By way of support, the Scottish Executive Health Department has agreed to confirm the associated policy and mandatory requirements, applicable to NHSScotland, through the issue of a Health Department Letter (HDL).
- 1.7** The NHSScotland Property and Environment Forum - Clinical Waste Steering Group will have an ongoing role to gather data on waste management and performance, and will assist with actions relating to Trusts through its well established Consortia Groups.

## 2. Background

- 2.1** The Audit was conducted across 47 Trusts prior to the reconfiguration of NHSScotland into 28 Trusts in April 1999 and covers both the 'household/domestic' and 'clinical' waste streams. It does, however, concentrate on performance in relation to clinical waste.
- 2.2** Although individual Trust performance details have changed since the Audit was conducted, the issues identified in the Audit relating to waste performance Scotland-wide, and in each of the Waste Consortium areas, remain valid.
- 2.3** The Audit confirms the operational arrangements for, and quantities of, clinical waste across Scotland as follows:

Consortium / Trust	Disposal Contract Arrangements	Contract Term	Annual Arisings (tonnes)
Greater Glasgow Consortium of Trusts	Contracted with DERL*	10 years until 2005	4,616
North Consortium of Trusts	Contracted with EESL**	10 years until 2009	3,548
East Consortium of Trusts	Contracted with EESL**	10 years until 2009	2,875
West Consortium of Trusts	Contracted with EESL**	10 years until 2009	3,856
Borders Trusts	Trust operated incineration facility at Borders General Hospital		560
Orkney Health Board	HB operated gasification facility in Orkney		45
<b>Scotland-wide total</b>			<b>15,500</b>

\*Dundee Energy Recycling Ltd \*\*Eurocare Environmental Services Ltd

- 2.4** The Audit was also conducted during the period when the East and West Consortia were moving from a range of local operational arrangements to the procedures set out in Scottish Hospital Technical Note (SHTN) No 3 Management and Disposal of Clinical Waste, produced by the Property and Environment Forum, and segregation arrangements agreed with the national waste contractor, Eurocare Environmental Services Ltd (EESL).
- 2.5** The NHSScotland Property and Environment Forum - Clinical Waste Steering Group was set up in 1997 by Trust Chief Executives to review, arrange and monitor the management of clinical waste. These arrangements have stabilised and the Group's remit has evolved to cover the wider aspects of waste management, such as performance, compliance with legislation, operational policies, best practice and value for money.
- 2.6** The Group comprises a core membership of a Trust Chief Executive (Chairman), the Scottish Environment Protection Agency, Audit Scotland, the Partnership Forum, the four Consortia Chairmen, a number of Trusts and the Property and Environment Forum Executive. Ad hoc membership is drawn from legal, professional, technical, procurement etc resources as and when required. In October 2001 the Group became a Sub-Group of the NHSScotland Property and Environment Forum to share resources and ensure accountability with the Scottish Executive Health Department. The Group Chairman is a member of the NHSScotland Property and Environment Forum Board.
- 2.7** The Clinical Waste Steering Group meets formally on a quarterly basis to consider the operational position and to action matters arising. The Consortium Chairmen meet their individual Trusts at local level and also meet on a sub-group basis to ensure a consistent approach.

## 3. Summary of Audit Scotland's recommendations

Audit Scotland recommended that Trusts work collectively through the NHSScotland Property and Environment Forum - Clinical Waste Steering Group to implement the recommendations contained in their Audit Report. The wording of the recommendations below (paragraphs 3.1 to 3.4) follows closely the wording used in the equivalent sections of the Audit Report.

### 3.1 Safety, Training and Environmental Issues

- a) *All Trusts should have robust, formal monitoring and training procedures in place to ensure that waste management continues to incorporate high safety standards.*
- b) *The training provided should be reviewed to ensure that it remains appropriate to changing legislation and continues to cater for new staff and working arrangements.*
- c) *Trusts should review how recycling could be improved. They should consider how they might work with Councils to recycle domestic waste. The NHSScotland Property and Environment Forum - Clinical Waste Steering Group should provide Trusts with the opportunity to share experience and good practice and could take the lead in establishing pilot sites.*
- d) *The NHSScotland Property and Environment Forum - Clinical Waste Steering Group should act as a focus for establishing the alternatives and best types of container to purchase to comply with the introduction of UN type approved rigid containers.*

### 3.2 Costs

Trusts should:

- a) *Have clear segregation policies; not the avoidance of segregation because of possible risk but a considered approach which takes account of risks and of the costs and benefits of segregation.*
- b) *Review where domestic and clinical waste bags are located on wards etc, to ensure separation is encouraged.*
- c) *Raise staff awareness of the importance of good waste management by:*
  - *providing training, and refresher training, to all staff involved in waste collection and disposal;*
  - *ensuring all staff are aware of the segregation policy and what should be treated as clinical and domestic waste respectively;*
  - *informing staff of the cost implications of poor segregation;*
  - *use of posters, wall charts and notices.*
- d) *Ensure good management information is collected and used to monitor performance.*
- e) *Compare hospitals' and Trusts' performance with other Trusts.*
- f) *Pilot formal risk assessments at a couple of primary care Trusts to establish whether sanpro waste from certain hospitals could be treated as domestic waste.*
- g) *Establish how much sanpro waste they currently generate.*
- h) *If pilot assessments conclude there is no risk, consider rolling out assessments to all primary care Trusts and undertaking pilot formal risk assessments at acute Trusts.*
- i) *Ensure the results of any risk analysis are made widely known along with an explanation of why the treatment is different or the same as, sanpro waste from nursing and residential homes.*

Audit Scotland also recommended that Trusts continue to work collectively through the NHSScotland Property and Environment Forum - Clinical Waste Steering Group to implement the above recommendations.

## 3. Summary of Audit Scotland's recommendations – continued

### 3.3 Management Information and Monitoring

The basic management data described below should be collected by all Trusts. The management information required to monitor waste is not complex. At a basic level the following data will provide useful control and monitoring information:

- a) *The amount of clinical waste generated/uptaken by the Contractor.*
- b) *The amount of clinical waste charged for by the Contractor.*
- c) *The cost of disposing of clinical waste, including packaging, transporting, treatment and final disposal.*
- d) *The amount of domestic waste generated/uptaken by the Contractor.*
- e) *The amount of domestic waste charged for by the Contractor.*
- f) *The cost of disposing of domestic waste, including landfill tax, transport, cost of bags etc.*
- g) *The number of staffed beds.*

### 3.4 Monitoring and Analysis of Data

The basic monitoring, analysis and comparison described below should be undertaken by all Trusts.

- a) *Ensure the amounts charged for are the same as the amounts uptaken.*
- b) *Ensure costs remain within budget.*
- c) *Monitor any unusual trends in waste production.*
- d) *Monitor the relationship between clinical and domestic waste and so spot if the ratio between them changes. This, together with the tonnes of clinical waste per staff bed, will provide indicators of whether segregation can be improved.*
- e) *Compare performance with other Trusts in terms of both clinical waste per bed and also the ratio of clinical to domestic waste.*
- f) *Compare performance with other Trusts in relation to costs per tonne.*

The above monitoring should be easy to put in place as the information in most instances should be available and already used for basic financial control purposes.

Trusts should conduct periodic reviews of the amounts of waste coming from different sources, such as sites, wards and departments, and use this information to focus on high producers and those areas where waste production has increased.

Trusts should review their controls, both in relation to their duty of care and their basic financial control over clinical waste.

## 4. Action Plan

### 4.1 Introduction

The Action Plan developed and proposed by the NHSScotland Property and Environment Forum - Clinical Waste Steering Group, on behalf of Trusts, in response to the Audit Scotland Audit Report, is set out below and in the tables on the following pages.

The principal objectives of the Action Plan are:

- a) *To ensure effective segregation of the waste streams to comply with legal requirements and reflect best practice. This will involve adequate and ongoing training of staff, compliance with national environmental policies, and effective monitoring of waste management practices.*
- b) *To ensure the use of appropriate packaging, appropriate storage and correct handling of waste to comply with legal requirements and reflect best practice.*
- c) *To introduce a re-usable rigid bin container service, tailored to the needs of the various waste treatment arrangements in place, and thereby reduce the quantity of plastic waste containers being disposed of with clinical waste. To introduce, where re-usable rigid bin containers are not appropriate, single use rigid bin containers to ensure statutory compliance, including compliance with the Carriage of Dangerous Goods Regulations.*

Pilot schemes for the container service are presently underway and subject to the success, or otherwise, of these pilot schemes, a programme for the introduction of such a service nationwide will be determined. It should be noted that interim advice from the Health and Safety Executive indicates that, subject to appropriate handling and transportation, bulk transportation of clinical waste will continue to be allowed until the end of 2002.

The tables in the following pages contain detailed point by point actions addressing the recommendations made in the Audit Report. The numbering corresponds to the numbering in the Audit Report i.e. Section 4.1 in this Action Plan corresponds with Section 1 in the Audit Report and Section 4.2 with Section 2 etc, to ensure ease of reference.

The wording of the recommendations in the tables follows closely the wording used in the equivalent section of the Audit Report.

### 4.2 Safety, Training and Environmental Issues

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<b>(a)</b> All Trusts should have robust, formal monitoring and training procedures in place to ensure that waste management continues to incorporate high safety standards.	P&EFEx to revise SHTN No 3 Management and Disposal of Clinical Waste and issue to all Trusts to help ensure consistent guidance on policy, risk, practice, training and monitoring.	P&EFEx*/CWSG**	April 2002
	P&EFEx to revise annual Trust energy and environment returns for gathering data for waste management and report trends/outcomes to Trusts through the National Energy and Environment Report and the Clinical Waste Steering Group.	P&EFEx/CWSG	April 2002
	Trusts to appoint a senior member of staff (Waste Management Officer as defined in SHTN No 3) as a single point of contact with responsibility for all aspects of waste management within the organisation. This person should be a member of the Trust Infection Control Team and report to the Chief Executive through formal channels.	Trusts	August 2002
	Trusts, through Consortia Chairmen, to adopt the SHTN No 3 standards and apply procedures for waste management, monitoring and induction/refresher training.	Trusts	August 2002

\* P&EFEx: Property and Environment Forum Executive \*\*CWSG: Property and Environment Forum - Clinical Waste Steering Group

## 4. Action Plan – *continued*

### 4.2 Safety, Training and Environmental Issues – *continued*

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<b>(b)</b> The training provided should be reviewed to ensure that it remains appropriate to changing legislation and continues to cater for new staff and working arrangements.	P&EEx/CWSG to revise SHTN No 3 guidance as necessary and issue it to all Trusts to help ensure consistent guidance on practice, training and monitoring.	P&EEx/ CWSG	Ongoing from April 2002
<b>(c)</b> Trusts should review how recycling could be improved. They should consider how they might work with Councils to recycle domestic waste.  The NHSScotland Property and Environment Forum - Clinical Waste Steering Group provides Trusts with the opportunity to share experience and good practice and should take the lead in establishing pilot sites.	P&EEx/CWSG to research and develop technical and operational best practice with all parties concerned and share examples /risks/pilots/ case studies with Trusts.	P&EEx/ CWSG	April 2003
	P&EEx/CWSG to establish, from the annual energy and environment returns, individual Trust targets in keeping with the SEPA National Waste Strategy and share reported trends/outcomes with Trusts.	P&EEx/ CWSG	December 2002
	Trusts to adopt and work towards achieving the above targets.	Trusts	April 2003
<b>(d)</b> The Clinical Waste Steering Group should act as a focus for establishing the alternatives and best types of container to purchase to comply with the introduction of UN type approved rigid containers.	The P&EEx/CWSG have commenced this work and some service arrangements have been put in place. Guidance will be contained in the revised SHTN No 3.	P&EEx/ CWSG	Ongoing

### 4.3 Costs

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<b>(a)</b> Trusts should have clear segregation policies as regards clinical and domestic waste; not the avoidance of segregation because of possible risk but a considered approach which takes account of risks and of the costs and benefits of segregation.	Using the revised SHTN No 3, Trusts to review risks, policies and segregation arrangements. Segregated waste arisings to be included in the P&EF annual energy and environment returns.	Trusts	October 2002
		P&EEx	
<b>(b)</b> Trusts should review where domestic and clinical waste bags are located on wards etc, to ensure segregation is encouraged.	From the revised SHTN No 3, Trusts to review risks, policies and segregation arrangements.	Trusts	October 2002

## 4. Action Plan – continued

### 4.3 Costs – continued

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<p><b>(c)</b> Trusts should raise staff awareness of the importance of good waste management by:</p> <ul style="list-style-type: none"> <li>■ providing training, and refresher training, to all staff involved in waste collection and disposal;</li> <li>■ ensuring all staff are aware of the segregation policy and what should be treated as clinical and domestic waste respectively;</li> <li>■ informing staff of the cost implications of poor segregation;</li> <li>■ use of posters, wall charts and notices.</li> </ul>	<p>From the revised SHTN No 3, Trusts to review risks, policies and segregation arrangements.</p> <p>Segregated waste arisings to be included in the P&amp;EEx annual energy and environment returns.</p>	<p>Trusts</p> <p>P&amp;EEx</p>	<p>October 2002</p>
<p><b>(d)</b> Trusts should ensure good management information is collected and used to monitor performance.</p>	<p>The Trust Waste Management Officer to provide an annual Trust performance report.</p>	<p>Trusts</p>	<p>Annually</p>
<p><b>(e)</b> Trusts should compare hospitals' and Trusts' performance with other Trusts.</p>	<p>Trust Waste Management Officer to compare performance using P&amp;E Annual Energy &amp; Environment Report.</p> <p>P&amp;EEx/CWSG to include Scotland-wide performance report of hospitals and Trusts in P&amp;E Annual Energy &amp; Environment Report. Actions to be addressed by Clinical Waste Steering Group and Trust Consortia.</p>	<p>Trusts/ P&amp;EEx</p> <p>P&amp;EEx/ CWSG</p>	<p>Annually</p> <p>Annually</p>
<p><b>(f)</b> Trusts should undertake formal risk assessments at a couple of primary care Trusts to establish whether sanpro waste from certain hospitals could be treated as domestic waste.</p>	<p>P&amp;EEx/CWSG have commenced this work and plan to deliver recommendations to Trusts in mid 2002. Guidance will be contained in the revised SHTN No 3.</p>	<p>P&amp;EEx/ CWSG</p>	<p>July 2002</p>
<p><b>(g)</b> Trusts should establish how much sanpro waste they currently generate.</p>	<p>In hand as item <b>(f)</b> above.</p>	<p>P&amp;EEx / CWSG</p>	<p>July 2002</p>
<p><b>(h)</b> If pilot assessments conclude there is no risk and appropriate segregation procedures are approved, Trusts should consider rolling out assessments to all primary care Trusts, followed up with pilot formal risk assessments at acute Trusts.</p>	<p>Guidance will be contained in the revised SHTN No 3. Risk assessments and arrangements to satisfy the requirements of the Landfill Directive will be developed in consultation with SEPA.</p>	<p>P&amp;EEx/ CWSG/ SEPA</p>	<p>April 2002</p>

## 4. Action Plan – continued

### 4.3 Costs – continued

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
(i) Trusts should ensure that the results of pilot risk analysis are made widely known along with an explanation of why the treatment is different or the same as sanpro waste from nursing and residential homes.	Interim results from pilot study will be passed to P&EEx for incorporation in the revised SHTN No 3.	P&EEx/ CWSG	April 2002
(j) Audit Scotland recommends that Trusts work collectively through the NHSScotland Property and Environment Forum - Clinical Waste Steering Group to implement the above recommendations.	This recommendation is addressed by the production of this Action Plan.	P&EEx/ CWSG	April 2002

### 4.4 Management Information and Monitoring

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<p>(a) The following data should be collected by all Trusts:</p> <ul style="list-style-type: none"> <li>■ the amount of clinical waste generated/uplifted by the contractor;</li> <li>■ the amount of clinical waste charged for by the contractor;</li> <li>■ the cost of disposing of clinical waste including packaging, transporting, treatment and final disposal;</li> <li>■ the amount of domestic waste generated/uplifted by the contractor;</li> <li>■ the amount of domestic waste charged for by the contractor;</li> <li>■ the cost of disposing of domestic waste, including landfill tax, transport, cost of bags;</li> <li>■ the number of staffed beds.</li> </ul>	The Trust Waste Management Officer to continuously review waste management by provision of an annual performance report to communicate key performance and management data to the Trust. The Trust Waste Management Officer should also make this information available to the P&EEx annually for publication in the National Energy & Environment Report.	Trusts/ P&EEx	Ongoing

## 4. Action Plan – *continued*

### 4.4 Management Information and Monitoring – *continued*

Audit Report Recommendation	Action proposed in response to the Audit Report	Action by	Action Timescale
<p><b>(b)</b> The basic monitoring, analysis and comparison described below should be undertaken by all Trusts:</p> <ul style="list-style-type: none"> <li>■ ensure the amounts charged for are the same as the amounts uplifted;</li> <li>■ ensure costs are remaining within budget;</li> <li>■ monitor any unusual trends in waste production;</li> <li>■ monitor the relationship between clinical and domestic waste and so spot if the ratio between them is changing. This together with the tonnes of clinical waste per staff bed, will provide indicators of whether segregation can be improved;</li> <li>■ compare performance with other Trusts in terms of both clinical waste per bed and also the ratio of clinical to domestic waste;</li> <li>■ compare performance with other Trusts in relation to costs per tonne.</li> </ul>	<p>The Trust Waste Management Officer to devise, maintain and review monitoring and analysis procedures, and communicate key issues by provision of annual performance report to the Trust.</p> <p>Comparison with other Trusts to be carried out through Clinical Waste Steering Group Consortia Groups and through the National Energy and Environment Report.</p>	Trusts	Ongoing
<p><b>(c)</b> Trusts should conduct periodic reviews of the amounts of waste coming from different sources, such as sites, wards, departments and use this information to focus on high producers and those areas where waste production has increased.</p>	<p>The Trust Waste Management Officer to include this information as part of a continuous waste management review and include it in an annual performance report to the Trust.</p>	Trusts	Ongoing
<p><b>(d)</b> Trusts should review their controls, both in relation to their duty of care and their basic financial control over clinical waste.</p>	<p>The Trust Waste Management Officer to review controls with appropriate Trust personnel including Finance and Risk Managers.</p>	Trusts	Ongoing

## 5. Acknowledgements

**5.1** The Forum Executive would like to thank the Clinical Waste Steering Group under the Chairmanship of Mr Michael Bews, Chief Executive, Lomond and Argyll Primary Care NHS Trust and in particular Group Member Mr Ken Walker, Technical Development Manager, Grampian Primary Care NHS Trust who undertook much of the work involved in the production of this document.

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April 2002



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