



Dear Colleague

**NHSSCOTLAND WASTE MANAGEMENT ACTION  
PLAN  
2016-2020**

**Summary**

This letter provides colleagues with a copy of the **NHSScotland Waste Management Action Plan 2016-2020** (Annexe A).

**Background**

The NHSScotland Waste Management Action Plan 2016-2020 draws on the requirements of the previous 2013-2016 Action Plan which was issued to assist NHS Boards prepare for the requirements of the Waste (Scotland) Regulations 2012. The 2016-2020 Action Plan has been prepared to assist NHS Boards in continuing to meet their statutory obligations. It also aims to improve practice through identifying options for greater efficiency and, where possible, gaining value from the services in place and reducing costs where possible.

**Action**

The NHSScotland Waste Management Action Plan 2016-2020 supersedes all previous versions with immediate effect. Chief Executives and other recipients must ensure that the NHSScotland Waste Management Action Plan 2016-2020 is brought to the attention of all staff within their area of responsibility.

The Action Plan identifies the requirements that NHS Boards should already have in place. Those Boards that do not have all these requirements in place should treat them as priority actions and action appropriate measures to address any gaps.

**DL (2017) 03  
1 March 2017**

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**Addresses**

For action

For action

Chief Executives, NHS Boards  
Chief Executives, Special Health  
Boards  
Strategic Facilities Group  
Scottish Property Advisory Group

For information

Director, Health Facilities Scotland  
SG Director for Environment and  
Forestry

**Enquiries to:**

Alan Morrison  
Directorate for Health Finance  
and Infrastructure

Tel: 0131 244 2363

E-mail:

[alan.morrison@gov.scot](mailto:alan.morrison@gov.scot)

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**NHSScotland**  
**Waste Management Action Plan**  
2016 - 2020

## Contents

	page
<b>Acknowledgements .....</b>	<b>4</b>
<b>Executive summary .....</b>	<b>5</b>
<b>Glossary .....</b>	<b>6</b>
<b>Background .....</b>	<b>8</b>
The NHSScotland Waste Management Steering Group .....	8
Scottish Health Technical Note 3: waste management guidance .....	9
Regulatory requirements .....	9
Making things last – A circular economy strategy for Scotland .....	9
The Waste (Scotland) Regulations 2012 .....	10
Climate Change (Scotland) Act 2009 .....	10
The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 .....	11
Procurement Reform (Scotland) Act 2014 .....	11
Actions that should be in place already .....	11
<b>Improving waste data .....</b>	<b>12</b>
<b>Prioritising waste prevention .....</b>	<b>14</b>
Sustainable procurement .....	15
Waste prevention plan .....	16
<b>Promoting high quality recycling .....</b>	<b>18</b>
Waste recycling and recovery plan .....	19
Maximising recovery and diversion from landfill .....	20
Increasing source segregation .....	21
<b>Appendix 1: Previous Waste Management Action Plans .....</b>	<b>22</b>
<b>Appendix 2: Baseline data .....</b>	<b>27</b>
<b>Appendix 3: Waste Prevention Plan template .....</b>	<b>29</b>
<b>Appendix 4: Waste recycling and recovery plan template .....</b>	<b>33</b>

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## Acknowledgements

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Health Facilities Scotland would like to thank the Waste Management Steering Group for their support in drafting and reviewing this document.

In particular the help and support by Zero Waste Scotland is acknowledged as they provided valuable support with the drafting of text and production of the final document.

## Executive summary

The NHSScotland Waste Management Action Plan 2016 - 2020 builds on the previous action plans (dated 2002, 2007 and 2013).

In drafting the action plan, the Health Facilities Scotland (HFS) Waste Management Steering Group (WMSG) considered the actions required to meet the regulatory requirements facing NHS Boards. Whilst this action plan addresses the period 2016-2020, many of the targets referenced have a deadline of 2025, these have been included within this plan as NHS Boards will need to develop and implement plans to reduce waste and increase recycling in the period 2016-2020 to meet these targets. The key waste regulatory requirements facing NHS Boards is outlined in Table 1 below.

Year	Requirement	Source
2017	Reduce waste arisings by 7% against a 2011* baseline	Making Things Last strategy
2020	Landfill ban on biodegradable municipal waste	Waste (Scotland) Regulations 2012
2025	Maximum 5% of waste to landfill	Making Things Last strategy
2025	Reduce waste arisings by 15% against a 2011* baseline	Making Things Last strategy
2025	70% recycling rate	Making Things Last strategy
2025	Reduce food waste arisings by 33% against a 2011** baseline	Making Things Last strategy

\* WMSG suggest using 2012/13 as a baseline year for residual waste as a complete data set for all NHS Boards is available. \*\* WMSG suggest using 2015/16 as a baseline year for food waste as a complete data set for all NHS Boards is available.

**Table 1: Key regulatory requirements**

The prevention and management of waste is the responsibility of all staff within NHSScotland. In order to meet these regulatory requirements, NHS National Procurement and the NHS Boards need to ensure that appropriate systems and contracts are put in place for the future management of waste.

Each NHS Board, in partnership with NHS National Procurement, needs to develop a single overarching plan covering the prevention and re-use of waste that details the specific opportunities that will be taken forward in order to achieve the waste prevention targets.

In addition, each NHS Board is required to work with their domestic waste management contractor to develop a single overarching plan covering the recycling and recovery of domestic waste in order to achieve the recycling targets.

## Glossary

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**Biodegradable municipal waste:** fraction of waste from households, and other waste that due to its nature or composition is similar to waste from households, that is capable of undergoing anaerobic or aerobic decomposition, such as food, garden waste, paper and cardboard.

**Circular economy:** an alternative to a traditional linear economy (make, use, dispose) in which we keep resources in use for as long as possible, extract the maximum value from them whilst in use, then recover and regenerate products and materials at the end of each service life.

**Consumables:** goods that have to be brought regularly because they are routinely consumed or have a limited life e.g. single use items, medical and surgical equipment.

**Co-mingled waste:** where some, or all, of the key dry recyclable materials are collected together in the same container and later sorted at a Materials Recycling Facility.

**Domestic waste:** waste similar to that produced in the home environment, for example dry recyclable materials, food waste and non-recyclable waste. This can also be described as general waste.

**Dry recyclable materials:** glass, paper, card, plastics, cans and other metals suitable for recycling.

**Healthcare waste:** waste produced as a direct result of healthcare activities which may pose a risk of infection and/or is medicinally contaminated.

**Food waste:** any food produced for human consumption that has, or has had, the reasonable potential to be eaten, together with any associated unavoidable parts.

**Materials Recycling Facility (MRF):** a facility for sorting, separating and packing or baling recyclable materials into individual materials prior to reprocessors who wash and prepare the materials for manufacturing into new recycled products. MRFs can also be referred to as materials recovery or reclamation facilities.

**Mechanical Biological Treatment Facility (MBT):** a facility containing a hybrid treatment process that uses both mechanical and biological techniques to sort and separate mixed waste.

**Patient episode:** period of time which a patient spends under the care of a consultant within a significant facility within a specialty in a hospital.

**Recycling contamination:** waste which is potentially recyclable but which was not targeted by a recycling system or non-recyclable waste.

**Sustainable procurement:** process whereby organisations meet their needs for goods and services in a way that achieves value for money on a whole life basis and generates benefits, not only for the organisation but also to society, the economy and the environment.

**Waste arisings:** the amount of waste generated in a given locality over a given period of time.



## Background

This Action Plan draws on the requirements of the previous actions plans (dated 2002, 2007 and 2013). The previous action plans helped NHS Boards prepare for the requirements of the Waste (Scotland) Regulations 2012, referenced the recommendations made by Audit Scotland in their 2001 Baseline Report: ‘Waste Management in Scottish Hospitals’ and the associated follow-up report published in 2005. This Action Plan acknowledges the progress that has been made and highlights what should be in place already from the previous action plans. This Action Plan supersedes all previous versions.

In drafting this Action Plan, the Health Facilities Scotland (HFS) Waste Management Steering Group (WMSG) considered the actions required to meet best practice and regulatory requirements facing NHS Boards, looking specifically at the period 2016 – 2020.

### The NHSScotland Waste Management Steering Group

The WMSG comprises representatives from NHSScotland Boards, Scottish Government, regulatory bodies (Scottish Environment Protection Agency) and support organisations such as Zero Waste Scotland. Individual Boards are welcome to attend but they are represented by the Regional Chairs, who are nominated by their peers to represent their interests on a geographical basis. There are five regions: Greater Glasgow & Clyde; North of Scotland (including Highlands and Islands); East of Scotland; West of Scotland, and Borders, as shown in the map below.



The WMSG has prepared this Action Plan to assist NHS Boards meet their obligations. It also aims to improve practice through identifying options for greater efficiency and, where possible, gaining value from the services in place and reducing costs where possible.

## Scottish Health Technical Note 3: waste management guidance

Scottish Health Technical Note 3: Waste Management (SHTN3) provides comprehensive guidance on all aspects of waste management from the development of policies and procedures through to segregation and waste audits. SHTN3 is available for download from the HFS website.

### Regulatory requirements

The majority of regulatory requirements relating to waste management apply as soon as the waste is generated and, in order to comply fully, NHS Boards need to have plans, procedures and contracts in place to deal with all waste types.

It is important that there is a clear timetable to assist NHS Boards in complying with waste-related regulatory requirements and best practice. Table 2 below summarises the key waste regulatory requirements.

Year	Requirement	Source
2017	Reduce waste arisings by 7% against a 2011 baseline	Making Things Last strategy
2020	Reduce greenhouse gas emissions by 42% against a 2011 baseline	Climate Change (Scotland) Act 2009
2020	Landfill ban on biodegradable municipal waste	Waste (Scotland) Regulations 2012
2025	Maximum 5% of waste to landfill	Making Things Last strategy
2025	Reduce waste arisings by 15% against a 2011 baseline	Making Things Last strategy
2025	70% recycling rate	Making Things Last strategy
2025	Reduce food waste arisings by 33% against a 2011 baseline	Making Things Last strategy
2050	Reduce greenhouse gas emissions by 80% against a 2011 baseline	Climate Change (Scotland) Act 2009

\* WMSG suggest using 2012/13 as a baseline year for residual waste as a complete data set for all NHS Boards is available. \*\* WMSG suggest using 2015/16 as a baseline year for food waste as a complete data set for all NHS Boards is available.

Table 2: Key regulatory requirements

### Making things last – A circular economy strategy for Scotland

The [Making Things Last](#) strategy sets out the Scottish Government priorities for moving towards a more circular economy – where products and materials are kept in high value use for as long as possible.

This strategy builds on the progress that has been made on the zero waste and resource efficiency agenda, but scopes out ambition and action into a much broader set of business and industry opportunities. The strategy brings together in one place the targets and ambitions in the [Safeguarding Scotland's Resources Programme](#) and the [Zero Waste Plan](#), placing both in the context of a more circular economy. This includes:

- 70% target recycled, and maximum 5% sent to landfill, both by 2025; and

- Overall target for 7% reduction in all wastes by 2017 and a longer term vision of a 15% reduction in all wastes by 2025 (from 2011 levels).

The strategy also introduces a new Scottish food waste reduction target:

- To reduce all food waste arising in Scotland by 33% by 2025.

The strategy outlines priority actions in key areas, including waste prevention, design, re-use, repair, remanufacture, recycling, producer responsibility and recovering value from biological resources.

## The Waste (Scotland) Regulations 2012

The [Waste \(Scotland\) Regulations 2012](#) place requirements on all NHS Boards. The key requirements include:

- Organisations (including hospitals) to present dry recyclable materials (glass, metals, plastics, paper, and card/cardboard) for collection from 1 January 2014;
- Materials collected separately for recycling to be banned from going to landfill or incineration from 1 January 2014;
- Waste producers involved in food manufacture, preparation, or retail are to separate food waste for recycling from 1 January 2014, unless they are a hospital or they produce less than 50kg of food waste per week, in which case they have until 1 January 2016 to comply<sup>1</sup>;
- Food waste disposal to be banned from entering the public drain or sewer from 1 January 2016; and
- Biodegradable municipal waste to be banned from going to landfill from 1 January 2021.

The [Duty of Care – A Code of Practice](#) guidance provides information in meeting the Regulatory requirements, including an explanation of the ‘waste hierarchy’, a tool for management all waste and in particular the residual waste stream that remains once source segregated materials have been removed. Importantly, the guidance also explains the ‘rurality’ exemptions in place with respect to food waste in the Regulations.

## Climate Change (Scotland) Act 2009

The [Climate Change \(Scotland\) Act 2009](#) sets legally national carbon emissions reductions targets of 42% by 2020 and 80% by 2050 (against a 1990 baseline). In addition to the target, the Act states that a public body must, in exercising its functions act in the way:

- Best calculated to contribute to delivery of the Act’s emissions reduction targets (climate change mitigation);

<sup>1</sup> Sites in rural areas are exempt from the food waste segregation requirement. Rural areas are defined by post code and can be checked at: [www.zerowastescotland.org.uk/ruralpostcodesearch](http://www.zerowastescotland.org.uk/ruralpostcodesearch)

- Best calculated to deliver any statutory adaptation programme (climate change adaptation); and
- Considered most sustainable.

[Climate Ready Scotland Scottish Climate Change Adaptation Programme](#) sets out objectives to tackle climate change impacts. NHS Boards are required to develop individual Climate Change Adaptation Plans.

## **The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015**

The [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Order 2015](#) sets a requirement for mandatory climate change reporting for all ‘major player’ public bodies (which includes NHS Boards). A standardised template is provided and the required reporting section currently includes climate change governance, greenhouse gas emissions, climate change adaptation and sustainable procurement. Reports must be submitted to Scottish Government annually on or before 30 November.

## **Procurement Reform (Scotland) Act 2014**

The [Procurement Reform \(Scotland\) Act 2014](#) places a Sustainable Procurement Duty on contracting authorities (including NHS Boards) to: improve the economic, social, and environmental wellbeing of the authority’s area; facilitate the involvement of small and medium size enterprises, third sector bodies and supported businesses; and promote innovation. Public sector bodies and their suppliers are also subject to a community benefit requirement.

## **Actions that should be in place already**

The 2002, 2007 and 2013 Action Plans provided a framework in which NHS Boards should manage their waste, by identifying responsible members of staff and by producing clear plans and procedures.

[Appendix 1](#) identifies the requirements that NHS Boards should have in place already. NHS Boards that do not have all these requirements in place should treat them as priority actions and put appropriate measures in place immediately to address any gaps.

## Improving waste data

Accurate data on waste arisings provides valuable information to NHSScotland and the Scottish Government. It allows NHS Boards to benchmark their performance against other NHS organisations and national standards. It also allows NHS Boards to make informed decisions about the opportunities and actions they can take to reduce costs and improve their waste management performance.

NHS Boards need to work in partnership with their domestic waste management contractor to understand the composition of domestic waste and the overall waste arisings for each waste type. This includes specifying clear reporting requirements in their domestic waste management contract. The new NHSScotland Domestic Waste Management Framework Contract will require the mandatory use of edoc, the free-to-use Electronic Duty of Care, to ensure consistency in non-hazardous waste data reporting between waste management contractors and NHS Boards<sup>2</sup>.

NHSScotland needs to set a baseline year from which to monitor waste management performance in the future. The Scottish Government selected 2011 as the baseline year to measure progress on the Making Things Last strategy. However it is felt that the 2011/12 eMART return has inconsistent data to be used as the baseline year for NHSScotland. Table 3 below outlines the selected baseline year suggested by the WMSG for each waste type.

Waste type	Baseline year
Healthcare waste	2012/13 <sup>3</sup>
Residual waste	2012/13 <sup>4</sup>
Source segregated recyclables	2014/15 <sup>5</sup>
Dry mixed recycling	2014/15 <sup>6</sup>
Food waste	2016/17 <sup>7</sup>

**Table 3: Baseline year by waste type**

Waste data on its own will only provide limited information on the true level of NHSScotland’s waste performance efficiency. The waste data needs to be linked with a meaningful metric to ensure any external factors that may influence waste generation (e.g. changes in clinical activity) are taken into account when monitoring performance. NHSScotland will use the Information Services Division Scotland (ISD) patient episode metric.

<sup>2</sup> The Scottish Government will be making the use of the edoc system mandatory for waste

<sup>3</sup> 2012/13 is the first complete year of the pan-Scotland healthcare waste framework

<sup>4</sup> As footnote 1

<sup>5</sup> 2014/15 is the first complete year since the recycling requirements of the Waste (Scotland) Regulations 2012 came into force

<sup>6</sup> As footnote 5

<sup>7</sup> 2016/17 will be the first complete year since the food waste requirements of the Waste (Scotland) Regulations 2012 came into force

A patient episode is defined as the period of time which a patient spends under the care of a consultant within a significant facility within a specialty in a hospital. This includes inpatient episodes, day case episodes, day patient episodes and outpatient episodes. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge. The HFS WMSG has agreed weighting factors for the ISD patient episode metric for all wastes. The weighting factors are shown in Table 4 below.

Indicator	Weighting factor
Day case	0.75
Day patient	0.50
New outpatient	0.30
Return outpatient	0.20
A&E attendance	0.50

**Table 4: Weighting factors**

It is the responsibility of the NHS Board to use the NHSScotland waste data reporting system (currently eMART) and benchmark their performance against national standards. The waste data reporting system will feed into the national benchmarking project and link with the ISD Scotland patient episode data.

The baseline data for each waste type is provided in [Appendix 2](#).

## Prioritising waste prevention

Adopting waste prevention and re-use principles is the next logical step in NHSScotland’s continual improvement towards meeting its wider sustainable development obligations. NHS Boards need to move from managing their waste, to preventing it arising in the first place and re-using resources wherever possible.

The Making Things Last strategy sets targets for the overall reduction in all waste. In addition, the Waste (Scotland) Regulations 2012 state that all organisations must ensure they are taking the necessary steps to apply the waste hierarchy for all waste streams. Table 5 below outlines the national waste prevention targets.

Year	Target	Source
2016/17	Reduce total domestic waste arisings by 7% against a 2011 baseline	Making Things Last strategy
2024/25	Reduce total domestic waste arisings by 15% against a 2011 baseline	Making Things Last strategy
2024/25	Reduce food waste arisings by 33% against a 2011 baseline	Making Things Last strategy

**Table 5: National waste prevention targets**

NHSScotland faces a number of challenges to achieving an overall reduction in all waste:

- NHS Boards will focus on domestic waste prevention (as opposed to overall waste prevention including healthcare waste). It is felt that the NHS Boards have a greater ability to influence and change practices for domestic waste.
- Efforts should continue to improve the identification and segregation of healthcare waste and remove domestic waste from this waste stream. It is recognised that this may result in an increase in domestic waste arisings. However, the financial and environmental benefits associated with reducing healthcare waste are significant and should take precedence.
- Over the last five years, there has been an overall increase in service demands and this trend is expected to continue. This has led to a natural unavoidable increase in healthcare and domestic waste.

Given these unique challenges, NHS Boards need time to develop effective waste prevention plans. All NHS Boards will set an overall target for a 15% reduction in domestic waste by 2025 (against the NHSScotland 2012/13 domestic waste baseline).

Figure 1 below shows the overall domestic waste arisings for all NHS Boards, as reported in eMART. Since 2012/13, domestic waste has increased by 7% and healthcare waste has increased by 4%.

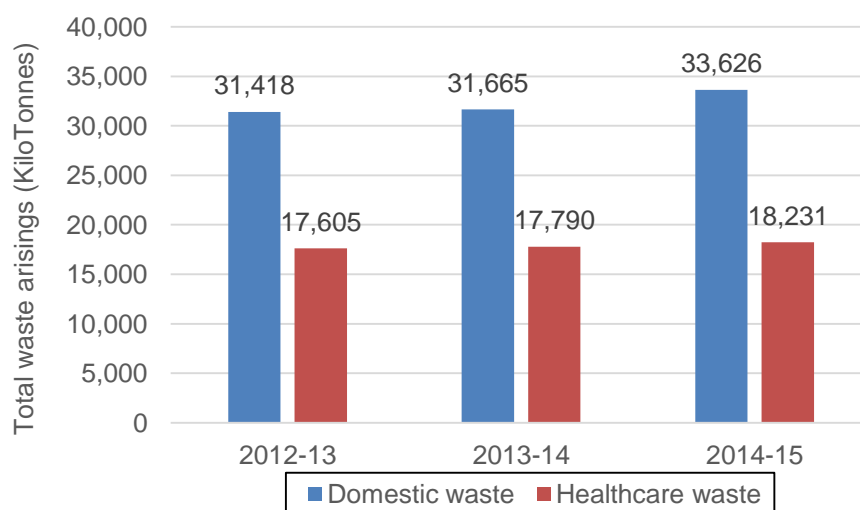


Figure 1: Total domestic and healthcare waste arisings

Table 6 below outlines NHSScotland’s waste prevention targets and the maximum allowance for domestic waste by target year. A series of indicative waste prevention targets have been set in order to ensure that NHS Boards meet the regulatory waste prevention target in 2024/25.

Year	Target	Maximum allowance for domestic waste (KiloTonnes)
2016/17	Reduce domestic waste arisings by at least 2%	30,790
2018/19	Reduce domestic waste arisings by at least 4%	30,161
2020/21	Reduce domestic waste arisings by at least 7%	29,219
2022/23	Reduce domestic waste arisings by at least 11%	27,334
2024/25	Reduce domestic waste arisings by at least 15%	26,705

Table 6: Waste prevention targets

In addition, NHSScotland will work to contribute to the achievement of the national food waste prevention target, to reduce all food waste arisings by 33% by 2025.

### Sustainable procurement

Sustainability, alongside value for money and quality, should always be considered when procuring goods and services for the public sector. Sustainable procurement can be defined as a process whereby NHS Boards meet their needs for goods and services in a way that achieves value for money on a whole life basis and generates benefits, not only for the NHS Board but also to society, the economy and the environment. This includes:



- Reducing the amount of resources used;
- Re-using products instead of buying new; and
- Purchasing recycled or sustainable products.

NHSScotland has significant purchasing power, allowing it to negotiate favourable contracts with a range of suppliers to improve both cost and sustainability. It is recognised that, on average, the NHS Boards will procure 80% of goods and services using NHS National Procurement (either directly or using a framework) and 20% using their local procurement team (direct from suppliers and manufacturers). NHS National Procurement and the NHS Board's local procurement teams should ensure that effective procurement policies are implemented that reduce healthcare and domestic waste.

The [Marrakech Approach to Scottish Public Procurement](#) will help embed sustainability into NHSScotland's policies and systems. To assist NHS Boards to comply with the Sustainable Procurement Duty, the Scottish Government have produced a series of tools to help identify and address economic, social and environmental outcomes of procurement activity can be optimised:

- **Prioritisation.** A [prioritisation tool](#) will help bring a standard, structured approach to the assessment of spend categories;
- **Sustainability test.** A [sustainability test](#) will help embed relevant and proportionate sustainability requirements in the development of frameworks and contracts;
- **Lifecycle impact mapping.** [Lifecycle impact mapping](#) will help assess the sustainable risks and opportunities in the procurement process. NHS Boards may use this approach to identify the social, economic and environmental impact of individual procurements and the opportunities within the process to drive good working practices;
- **Scottish flexible framework.** The [assessment tool](#) will help NHS Boards assess their current level of performance and the required improvement actions.

## Waste prevention plan

All NHS Boards should review all waste-related procedures and create a single overarching plan covering prevention and re-use of waste. The Waste Prevention Plan should detail the specific opportunities that the NHS Board will take forward in order to achieve the waste prevention targets, and should focus on seven material streams:

- **Residual waste;**
- **Recyclables;**
- **Food;**
- **Textiles;**
- **Furniture;**
- **WEEE;**

- **Consumables** (goods that have to be brought regularly because they are routinely consumed or have a limited life e.g. single use items, medical and surgical equipment).

NHS Boards can include additional material streams in their Waste Prevention Plan. The Waste Prevention Plan should include an implementation timetable to ensure sufficient resources and support is provided. The implementation timetable should detail the specific actions for the key opportunities. The actions should be split into three key areas:

- **Waste segregation.** Segregating waste at the point of production is critical to the safe management of waste. Segregation not only helps to control the costs associated with waste but also ensures that the correct pathways are adopted for the storage, transport and disposal of waste. The correct disposal of waste starts within each department and ward, and requires proper understanding from all staff;
- **Education and awareness.** Preventing waste being generated at source is the best way to make savings to waste costs and reduce the impact on the environment. All staff have a role to play in this process;
- **Sustainable procurement.** It is important that the NHS Board's local procurement team is involved in the development of the Waste Prevention Plan. NHS Boards need to consider environmental and sustainability issues as early as possible in their procurement processes. Encouraging the purchase of products containing recycled content and the minimisation of resource use overall holds the potential to reduce waste and develop and strengthen markets for resource efficient products and services.

The actions should be prioritised from '1' (short term action <6 months), '2' (medium term action <1 year), and '3' (long term action >1 year). The Waste Prevention Plan should be a working document. Each NHS Board should annually monitor and evaluate their waste management performance and the Plan should be approved by the Executive Lead for Sustainability at Board level. This will allow progress towards the waste prevention targets to be reported annually and assessed. A waste prevention plan template is provided in [Appendix 3](#).

## Promoting high quality recycling

The Waste (Scotland) Regulations 2012 requires that all NHS Boards take all reasonable steps to promote high quality recycling. In order to deliver high quality recycling, it is essential that NHS Boards implement effective recycling collection systems and encourage staff, patients and visitors to use the systems properly.

The Making Things Last strategy sets long term targets for recycling 70% of all Scotland’s waste, and only 5% of remaining waste ending up in landfill, by 2025. In addition, the Waste (Scotland) Regulations 2012 introduce a ban on biodegradable municipal waste going to landfill from 2020.

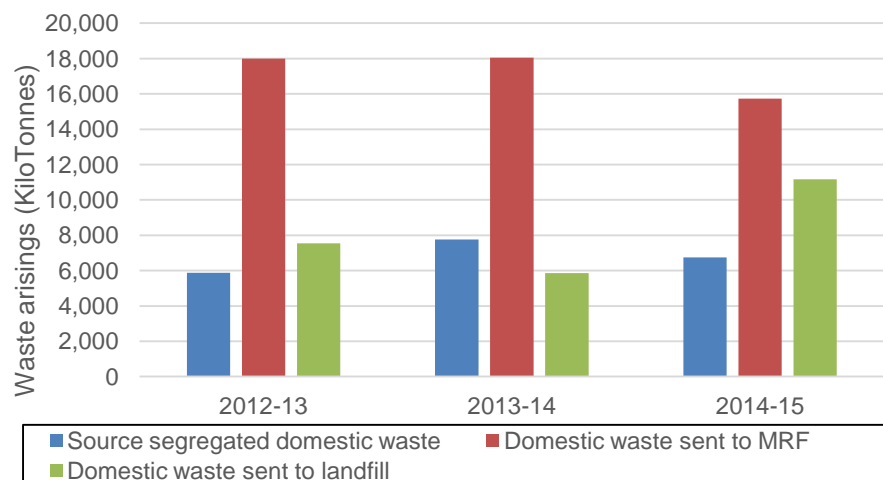
Table 7 below outlines the national recycling and recovery targets.

Year	Requirement	Source
2020	Landfill ban on biodegradable municipal waste	Waste (Scotland) Regulations 2012
2025	Maximum of 5% of domestic waste sent to landfill	Making Things Last strategy
2025	70% domestic waste recycling rate	Making Things Last strategy

**Table 7: National recycling and recovery targets**

All NHS Boards should set an overall target for a 70% recycling rate by 2025 and a maximum of 5% of waste to landfill by 2025.

Figure 2 below shows domestic waste arisings by disposal route for all NHS Boards, as reported in eMART. Since 2012/13, source segregated domestic waste has increased by 15%, domestic waste sent to a MRF has decreased by 13% and domestic waste sent to landfill has increased by 47%. The inconsistencies can be partly attributed to improvements in waste data reporting rather than a change in waste movement practices. This reinforces the importance of consistent data reporting across NHSScotland.



**Figure 2: Domestic waste arisings**

Table 8 below outlines NHSScotland’s recycling and recovery targets. A series of indicative minimum recycling targets have been set in order to ensure that NHS Boards meet the regulatory recycling target in 2024/25.

Year	Minimum target
2016/17	50% domestic waste recycling rate
2018/19	55% domestic waste recycling rate
2020/21	60% domestic waste recycling rate
2022/23	65% domestic waste recycling rate
2024/25	70% domestic waste recycling rate
2024/25	≤ 5% of domestic waste sent to landfill

**Table 8: Recycling and recovery targets**

## Waste recycling and recovery plan

All NHS Boards should review all waste-related procedures and create a single overarching plan covering recycling and recovery of domestic waste. The Waste Recycling and Recovery Plan should be developed in partnership with their domestic waste management contractor and approved as part of the domestic waste contract.

The Waste Recycling and Recovery Plan should detail the specific opportunities that the NHS Board’s will take forward in order to achieve the recycling and recovery targets, and should focus on three waste streams:

- Food;
- Recyclables (e.g. dry mixed recycling and source segregated recycling);
- Residual waste.

The Waste Recycling and Recovery Plan should include an implementation timetable to ensure sufficient resource and support is provided. The implementation timetable should detail the specific actions for each waste stream. The actions should be split into three key areas:

- Waste segregation;
- Education and awareness;
- Procurement.

The actions should be prioritised from ‘1’ (short term action <6 months), ‘2’ (medium term action <1 year), and ‘3’ (long term action >1 year). The Waste Recycling and Recovery Plan should be a working document. NHS Boards should continually review the waste streams in order to maximise the quality and quantity of materials recycled. In addition, each NHS Board should annually monitor and evaluate their waste management performance allowing progress towards the recycling and recovery targets to be reported and

assessed. The Waste Recycling and Recovery Plan should be formally approved by the Executive Lead for Sustainability at Board level on an annual basis. A Waste Recycling and Recovery Plan template is provided in [Appendix 4](#).

## Maximising recovery and diversion from landfill

The degree to which materials are co-mingled and the actions of staff, patients and visitors has a significant effect on the quality of the recyclate. Poor quality recyclate is regarded as a key issue by the waste management and reprocessing industries.

The recyclate tolerance level will vary depending on individual contracts but generally contracts will have a tolerance between 5% - 10% of the total recyclate material collected being contaminated. Anything which exceeds this level will attract charges to the NHS Board and, in the worst cases, operators may reject badly contaminated loads. The contaminants result in additional operating costs, additional costs for haulage and disposal and, if not removed, can also reduce the quality and hence value of the recovered recyclables. In some cases contamination may also limit the end markets into which the recovered materials can be sold.

In April 2015, the Scottish Government passed the [Waste \(Recyclate Quality\) \(Scotland\) Regulations 2015](#). The Regulations aim to improve the quality of materials processed through Materials Recovery Facilities (MRF) by introducing standardised testing processes and reporting mechanisms for all input and output materials. This means that waste management contractors are likely to more strictly enforce contract tolerances for contamination.

Contamination of source segregated recyclate is a major issue for the majority of NHS Boards, as segregation often takes place in areas accessible by patients and visitors. The degree of contamination of recyclate will vary between NHS Boards, but evidence to date suggests the level of contamination is above industry standards leading to a significant amount of contaminated recyclate being rejected and diverted to landfill.

NHSScotland is committed to advancing its waste management processes to reflect best practice in sustainable waste management. NHS Boards will work with their domestic waste management contractor to ensure that residual waste requiring disposal is not sent to landfill but is treated in an alternative manner such as utilising a dirty Materials Recovery Facility (MRF) or Mechanical Biological Treatment (MBT) to capture additional recyclable materials. It is acknowledged that not all NHS Boards will have access to MRF or MBT facilities within what is considered a reasonable transport distance (approximately 30 miles). Where possible NHS Boards should seek to use MRF or MBT facilities and avoid landfill disposal, but in a similar manner to the requirement to source segregate food waste, it is anticipated that NHS Boards in rural locations<sup>8</sup> will not normally be in a position to meet this recovery

<sup>8</sup> Sites in rural areas are considered unlikely to be in a position to send residual waste to MRF or MBT facilities. Rural areas are defined by postcode and can be checked at [www.zerowastescotland.org.uk/ruralpostcodesearch](http://www.zerowastescotland.org.uk/ruralpostcodesearch).

requirement. MRF or MBT systems should aim to achieve the maximum recovery of materials. The level of recovery will be dictated by the level of source segregation achieved at the local level, as NHS Boards segregating significant quantities of recyclate at source may not have significant levels of recyclable materials in their residual waste stream. During the first two years of this plan, it is anticipated that NHS Boards should aim to achieve a 50% material recovery from MRF or MBT facilities, and as source segregation improves the reliance on MRF and MBF facilities will reduce. Preference should be given to achieving high source segregation rather than meeting the preferred MRF or MBT target recovery rate.

NHS Boards should specify clear reporting requirements for recycling and recovery rates of residual waste treatment facilities in their domestic waste management contracts. Recycling and material recovery rates from MRF and MBT should be included within NHS Board waste data reports as this data will be key to NHSScotland demonstrating it meets the national targets.

### Increasing source segregation

NHS Boards should work in partnership with their domestic waste management contractor to develop a phased source segregation programme that will deliver high quality recycling and achieve the regulatory recycling target by 2024/25. The programme should detail the schedule for the introduction of source segregation for recyclates in all areas. This will include the rolling out appropriate waste bins, bin labelling and posters, communication materials and staff training.

Once source segregation systems are fully operational, NHS Board should work with their waste management contractor to undertake 'snap shot' audits to verify that segregation is taking place and to monitor the level of contamination of recyclates.

## Appendix 1: Previous Waste Management Action Plans

The 2002, 2007 and 2013 Action Plans provided a framework in which NHS Boards should manage their waste, by identifying responsible members of staff and by producing clear plans and procedures.

Table 9 below identifies the requirements that NHS Boards should have in place from the 2002 and 2007 Waste Management Action Plans.

	Requirement/action	Broader description of requirement/action
1.	Board Waste Management Policy.	NHS Boards to review all waste policies and create a single overarching policy which identifies all waste types produced by sites, the Boards commitments with respect to waste and identifies those that are responsible for managing and monitoring waste at each site. The policy should clearly identify either Board based or site based Waste Management Officers and clearly defines their role.
2.	Boards to appoint a Waste Management Officer (WMO).	NHS Boards to appoint either Board-based or site-based Waste Management Officers (WMOs). WMOs are responsible for coordinating and collating waste management activity on site(s). Additionally, WMOs are responsible for their Board's timely provision of waste performance data to meet reporting requirements, and effective communication with their respective regional contract consortia chair, and HFS WMSG.
3.	Boards to ensure robust waste training is in place, including induction and refresher training.	NHS Boards should have in place a number of waste training packages suitable for general induction training, role specific training and refresher training. 'Train the trainer' packages on non-clinical waste management and catering waste have been developed by Resource Efficient Scotland/Zero Waste Scotland. These are available to Boards via HFS.
4.	Staff to attend induction and annual refresher training.	NHS Boards should provide induction training to all staff members prior to starting their job. Once in post annual refresher training should be provided. Boards should maintain records of staff training.
5.	Annual review and update of Waste Management Policy and Procedural documents.	NHS Board policies and procedures relating to the management of all types of waste should be reviewed regularly, at least on an annual basis. The review should be undertaken by the WMO and should reflect any regulatory or best practice changes as well as considering if changes in current practice (including packaging and movement of waste) could lead to improved efficiencies.
6.	Boards to ensure that clinical waste is secured from public areas.	This requirement was originally identified by Audit Scotland. The HFS Waste Management Steering Group (WMSG) advice is that where possible waste should be removed and secured from public access. However, the WMSG acknowledges that is not always possible as patients and relatives are members of the public and they need to access healthcare areas. The WMSG recommends that potential contact should be minimised through use of clear signage.
7.	HFS to work with National Procurement to aid waste minimisation.	NP, HFS and Commissioning Services need to explore priority requirements as part of NSS' new combined Procurement, Commissioning and Facilities Strategic Business Unit

	Requirement/action	Broader description of requirement/action
8.	Boards to audit their sites using audit methodology template developed by HFS, or equivalent.	An audit template was developed by HFS and is included in SHTN3 ready for Boards to use. NHS Boards should be using the template or an equivalent to audit their sites. All areas of the sites should be audited; the frequency of audits depends on the nature of the wastes generated and the level of segregation required. Areas producing hazardous waste (including clinical waste) and those where multiple waste streams are segregated at source should be audited more frequently.
9.	HFS to provide policy updates.	HFS, via the WMSG Regional healthcare waste contract Consortia Chairs, provides updates to NHS Boards. In order to implement the updates it is important that WMOs communicate regularly with their Regional Chair.
10.	WMO to verify waste management data in eMART returns.	The WMO is responsible for ensuring that their Board's waste performance data are entered (quarterly) into eMART accurately and on time, reflecting practice within all Board sites. Currently, for NHSScotland benchmarking purposes, Boards are required to submit quarterly data returns to eMART. Data submission deadlines are up to 6 weeks in arrears for quarters 1 to 3, with up to 10 weeks in arrears for Q4 to allow for final invoices and proofing and sign-off of the overall final annual data return.
11.	HFS to provide Boards with reports comparing waste related performance. Boards (WMO) to compare the performance of their sites with others.	HFS makes eMART data available to WMOs for comparison. The Chair of the WMSG produces a summary report annually which identifies trends in the eMART data provided. Performance is reported to Strategic Facilities Group and other levels as necessary.

**Table 9: Waste requirements which should already be in place (WMAP 2003 and 2007)**

Table 10 below identifies the requirements that NHS Boards should have in place from the 2013 Waste Management Action Plan.

	Requirement/action	Broader description of requirement/action
1.	SHTN 3 updated (2013) to inform Boards of their new duties and obligations to reflect the Waste (Scotland) Regulations 2012.	HFS to review and update SHTN 3, to include updating operational procedures, compliance, clarification of the Duty of Care obligations, performance and risk management requirements, and include competency recommendations and capacity development to support WMO(s).
2.	Board Waste Minimisation Policy.	NHS Boards to review all waste-related procedures and create a single overarching policy covering minimisation of waste at source, and re-use and recovery of materials. This policy should apply to all sites where healthcare services are delivered. The Policy should clearly identify Waste Management Officers (either Board based or location based), their role and authority. The policy should clarify the Board's expectations and requirements on what the WMO will be accountable for. This policy should replace the policy identified as action 1 in <a href="#">Table 1</a> (which should already be in place).
3.	Boards to review their waste training packages to ensure they remain fit for purpose and accommodate new	NHS Boards should already have robust waste training in place (see action 3 of <a href="#">Table 1</a> - what should already be in place). The Board should periodically review all waste related training materials (no less than annually) to ensure they meet the necessary regulatory and best practice requirements.



	<b>Requirement/action</b>	<b>Broader description of requirement/action</b>
	requirements.	<p>Training should reflect site based arrangements for segregation and should include information about the Board's waste minimisation and other policies. A number of training packages should be available including general induction training, role specific training and refresher training.</p> <p>To support existing training packages Resource Efficient Scotland/Zero Waste Scotland and HFS have developed a series of slides and support notes which will be available to Boards from HFS.</p>
4.	NHS Boards (via WMO) to audit sites and identify opportunities to source segregate recyclates.	<p>The Waste (Scotland) Regulations 2012 require the segregation of recyclates at source. Items may be segregated by material type e.g. plastics; paper; card; or as dry mixed recyclates (DMR), e.g. cans and plastics; where the clean, dry materials are collected together. Glass should always be segregated and collected separately, as broken glass will contaminate other recyclates.</p> <p>It is important in a healthcare environment that segregation systems meet infection control requirements. To work effectively, and result in minimum contamination, liquids (including water) and food should not be allowed to contaminate recyclates.</p> <p>The level and type of segregation will vary in different areas within a site; an audit of a site will enable the WMO to ascertain the types of materials produced in each area; the space requirements, and the internal logistics requirements to move the materials to waste yards awaiting collection. As part of the audit the WMO should identify areas where additional receptacles (bins) will be required to aid in the segregation of recyclates. Where possible the WMO should aim to utilise existing receptacles as much as possible but Boards may have to purchase or lease additional receptacles. Assessing and confirming bin requirements is an urgent priority for all Boards. A tool to assist this calculation, and other support, is available from Resource Efficient Scotland/Zero Waste Scotland.</p>
5.	WMO to clarify options for recyclates with waste contractors, and discuss and develop the necessary contract specifications and arrangements.	<p>The WMO should have preliminary discussions with waste contractors to understand the locality based options for managing segregated recyclates. Waste management contractors will be able to provide information about recycling options and material commodity values in the local area and if revenue can be gained from the separation of single material streams, office paper, plastics, etc. The WMO should discuss tolerance levels of contamination, as different recycling options may have different tolerances. As segregation will take place in areas accessible by the public, it is likely that some contamination will always occur, e.g. incorrect items placed in a receptacle for recyclates.</p> <p>The WMO may want to share information from their site audits and provide waste contractor(s) with baseline information. Using this information the waste contractor may be able to offer alternative ways of collection and transportation on site, and to provide (internal and external) collection receptacles (bins) as an integral part of the specified contract.</p>
6.	WMO to ensure production of a plan for each Board site.	<p>These site plans should include options for source separation of recyclates, the additional expenditure required and the income generated. The plans should detail the proposed approach to complying with the 1st January 2014 deadline for</p>

	Requirement/action	Broader description of requirement/action
		segregation of recyclates at source. The plan should include any capital and/or reoccurring expenditure and material commodity income identified, including additional staff training and site based 'waste campaigns' and awareness programmes. If new or alternative internal and external receptacles (bins) for recyclate are required these should be highlighted in the plan along with associated lease or purchase costs.
7.	NHS Boards must add the risk of potential non-compliance to the Board Risk Register.	Following Board Risk Register procedures, aspects of non-compliance of the 2012 Regulations must be entered and tracked with appropriate mitigations as per Board's risk management process and Environmental Management System, e.g. Corporate Greencode.
8.	HFS WMSG to review and develop accordingly the scope of eMART to bring in priority recyclates.	Priority recyclates include (but are not limited to): furniture, textiles and construction waste. In order to compile this information the WMO will need to work other managers on site.
9.	NHS Boards must use the appropriate colour coding scheme for source segregated recyclates (as detailed in SHTN3).	To avoid conflict or confusion, and to ensure consistency across NHS Scotland, NHS Boards should use appropriate risk-based colour coding for safely identifying recyclate streams. A copy of the approved colour coding schemes can be found in <a href="#">Appendix 1</a> (and in SHTN 3).
10.	WMO to ensure provision of training for all staff and awareness campaign.	Boards should put in place an awareness campaign to highlight the new segregation requirements to staff and visitors on site. Boards should look to work with Resource Efficient Scotland/Zero Waste Scotland and other partners to ensure consistency of local approaches so they are clear for staff, the public, etc. Tools and information are available from HFS, and other partners.
11.	WMO to ensure that recyclates are source segregated by 1 <sup>st</sup> January 2014.	Boards are required to have fully operational source segregation systems in place for recyclates (card, paper, glass, plastics and cans) by 1 <sup>st</sup> January 2014, either in separate individual streams or as mixed dry recyclates (NB glass should always be separate). Progress with compliance and non-compliance to be regularly reported by updating the Board Risk Register, and through eMART/the benchmarking process.
12.	WMO to undertake 'snap shot' audits of recyclate separation.	Once source segregation systems are operational, the WMO should undertake 'snap shot' audits to verify that segregation is taking place and to monitor the level of contamination of recyclates that is occurring. Different contractors will have different tolerance levels for contamination; the WMO should ensure via 'snap shot' audits that the level of contamination meets their contractor's requirements to ensure that the materials being segregated remain of sufficient quality for recycling. Often food will contaminate recyclates. Audit results can help identify where additional food waste segregation can help increase the quality of recyclates.
13.	WMO to audit food (and associated organic) waste management on sites(s).	WMO to audit site(s) and establish the amount (kg / litres) of food waste being produced and production points, e.g. ward-based, central kitchen, satellite kitchens, etc. Whilst the 2012 Regulations require the segregation and separate treatment of food waste, NHS Bodies may find other organic waste streams suitable for treatment and recovery.

	<b>Requirement/action</b>	<b>Broader description of requirement/action</b>
14.	WMO to identify options available for managing food waste (and other organic waste, where appropriate) in their local geographic area.	WMO to identify what options are available for managing food waste (and other organic waste, where appropriate). This will involve discussions with local waste contractors, Local Authorities and support organisations such as Resource Efficient Scotland/Zero Waste Scotland.
15.	WMO to undertake options appraisal for each site(s) with respect to food waste management (and other organic waste, where appropriate).	WMO to assess and identify the most suitable option(s) for site(s) and to put forward a business case outlining any capital and/or reoccurring expenditure required. The business case should include the cost of additional internal and external receptacles (bins) and staff time as well as a project timeline for completion. It should be noted that many solutions require the installation of large-scale equipment (tanks, etc...) and/or construction of treatment facilities and therefore the lead time for having a solution in place can be several months or longer.
16.	WMO to prepare site based implementation plan for food waste management.	WMO to prepare a plan, including a timetable, for implementation of food waste management on site (and other organic waste, where appropriate). The plan should include the operational changes required and associated staff training requirements.
17.	Boards to ensure food waste plan fully operational 2016.	Boards are required to have fully operational food waste management systems in place by 1 <sup>st</sup> January 2016. This plan should include other organic waste, where appropriate.

**Table 10: Waste requirements which should already be in place (WMAP 2013)**

## Appendix 2: Baseline data

### Healthcare waste

Waste type	Total weight (kg)
Orange stream	16,717,212
Yellow stream	875,871
Red stream	11,795 litres
Total healthcare waste	17,604,878

Table 11: NHSScotland's baseline healthcare waste data (2012/13)

### Domestic waste

Waste type	Total weight (kg)
Domestic waste send to off-site Materials Recovery Facility (MRF)	17,995,183
Mixed domestic waste sent for disposal in a landfill facility	7,377,250
Mixed domestic waste sent for disposal in an incineration (including energy from waste) facility	170,564
Total domestic waste	25,542,997

Table 12: NHSScotland's baseline domestic waste data (2012/13)

### Source segregated recyclables

Waste type	Total weight (kg)
Separately collected cardboard (compacted and un-compacted)	866,242
Separately collected paper and confidential paper (shredded and un-shredded)	2,531,848
Separately collected metal waste including drink and food cans	178,276
Separately collected glass waste	125,265
Separately collected plastics waste	457,56
Separately collected food waste	527,522
Separately collected battery waste	3,374
Separately collected fluorescent tube (lighting) waste	4,907
Separately collected oil wastes including food oil, mineral oils and synthetic oils	27,617
Separately collected waste electrical or electronic equipment	191,077
Other separately collected wastes destined for recycling	674,916
Total source segregated recyclables	5,131,044

Table 13: NHSScotland's baseline source segregated recyclables waste data (2014/15)

## Dry mixed recycling

Waste type	Volume (kg)
Dry mixed recyclates	1,561,279

**Table 14: NHSScotland's baseline dry mixed recycling data (2014/15)**

## Appendix 3: Waste Prevention Plan template

### Introduction

Inefficiently managing waste costs NHS Boards money that could otherwise be spent on direct patient care. Undertaking actions or measures which identify and minimise the amount of waste produced and make best use of resources makes business sense. Waste prevention represents a significant financial opportunity for NHSScotland.

In [period], [Health Board] spent £[number] on the management of waste. By accurately recording and reducing the amount of waste produced, significant savings can be made through the avoidance of waste disposal costs.

Avoiding sending waste to landfill (through both waste prevention and re-use) also helps to reduce environmental impacts such as greenhouse gas emissions that contribute to climate change. Preventing waste being produced in the first instance has an additional environmental advantage in minimising not only the loss of natural resources within a given product itself, but also the energy and natural resources used in manufacturing of the product. In addition the collection and transportation of waste uses significant amounts of energy, produces pollution and can aggravate transportation issues such as congestion.

As a public body, [Health Board] is committed to becoming more resource efficient, to help contribute to the delivery of Scotland’s key targets for recycling and carbon emissions. The [2012 Sustainable Development Policy for Scotland](#), and associated Strategy, aim to improve the sustainability of NHSScotland’s activities, principally in the context of estate, property and asset management. Waste is identified as an area of concern and attention is required to improve practices and reduce consumption of raw materials through improved purchasing practices and materials recycling and recovery.

Environmental legislation affects every organisation in Scotland particularly with regard to waste. The [Making Things Last](#) strategy sets targets for the overall reduction in all waste. In addition, the [Waste \(Scotland\) Regulations 2012](#) state that all organisations must ensure they are taking the necessary steps to apply the waste hierarchy for all waste streams. Table 15 below outlines the national waste prevention targets.

Year	Target	Source
2016/17	Reduce total domestic waste arisings by 7% against a 2011 baseline	Making Things Last strategy
2024/25	Reduce total domestic waste arisings by 15% against a 2011 baseline	Making Things Last strategy
2024/25	Reduce food waste arisings by 33% against a 2011 baseline	Making Things Last strategy

**Table 15: National waste prevention targets**

This Waste Prevention Plan establishes our current waste management performance. It uses this information to define targets and indicators for waste prevention and re-use activity, and actions aimed at reducing our environmental impact enhancing our ability to deliver our core duties and responsibilities.

## Baseline performance

To support NHS Boards in meeting current regulatory and best practice requirements, HFS WMSG produced the Waste Management Action Plan 2016-2020. The Plan states that all NHS Boards should review all waste-related procedures and create a single overarching policy and create a single overarching plan covering prevention and re-use of waste.

The Waste Management Action Plan 2016-2020 sets 2012/13 as the baseline year for residual waste. A summary of our waste management performance is provided in Table 16 below.

Waste type	Volume (kg)	Annual cost (£)
Healthcare waste		
Source segregated domestic waste		
Dry mixed recyclables		
Separately collected recyclables		
Domestic waste sent to off-site Materials Reclamation/Recovery Facility		
Domestic waste sent directly to a disposal facility (e.g. landfill, energy from waste)		
<b>Total</b>		

**Table 16: Summary of performance during 2012/13**

## Waste prevention and re-use targets

[Health Board] is committed to the overall target for a 15% reduction in domestic waste by 2025 (against a 2012/13 domestic waste baseline). [Health Board] will also work to contribute to the achievement of the national food waste prevention target, to reduce all food waste arisings by 33% by 2025.

However, it is important that these goals do not impinge on our ability to undertake our core duties, by establishing targets that are simply not practical from an operational perspective. It is therefore imperative that we identify appropriate action, prioritise future activity and define targets and/or performance indicators using a baseline dataset.

[Table 17](#) overleaf outlines [Health Board]'s waste prevention targets and the maximum allowance for domestic waste by target year. A series of indicative waste prevention targets have been set in order to ensure that [Health Board] meets the regulatory waste prevention target in 2024/25.

Year	Target	Maximum allowance for domestic waste (Tonnes)
2016/17	Reduce domestic waste arisings by at least 2%	
2018/19	Reduce domestic waste arisings by at least 4%	
2020/21	Reduce domestic waste arisings by at least 7%	
2022/23	Reduce domestic waste arisings by at least 13%	
2024/25	Reduce domestic waste arisings by at least 15%	

Table 17: Waste prevention targets

## Improving environmental performance – action plan

It is not enough simply to specify targets for improvement. Without an action plan to support target delivery and to ensure that sufficient resources – both financial and staff time – are provided to meet or exceed the intended performance, the required activity will suffer from inactivity or ineffectual co-ordination, and actions will fail to be delivered on time or within scope.

The activity and action required to deliver and implement the ambitions of this Waste Prevention Plan are listed in a series of Project Registers, with specific focus in seven areas:

- Residual waste;
- Recyclables;
- Food;
- Textiles;
- Furniture;
- Waste Electrical and Electronic Equipment;
- Consumables (goods that have to be brought regularly because they are routinely consumed or have a limited life e.g. single use items, medical and surgical equipment).

The Project Registers have been compiled during an audit process and prioritised to optimise efficiency savings and make best use of the resources available within [Health Board]. The actions have been prioritised from ‘1’ (short term action <6 months), ‘2’ (medium term action <1 year), and ‘3’ (long term action >1 year).

### Example project register

[Include summary text here on the overall aims and ambitions]

The actions are outlined in [Table 18](#) overleaf.



Action	Target	Responsible person	Required resources	Timeframe	Priority action

**Table 18: Project Register**

## Appendix 4: Waste recycling and recovery plan template

### Introduction

As a public body, [Health Board] is committed to becoming more resource efficient, to help contribute to the delivery of Scotland’s key targets for recycling and carbon emissions. The [2012 Sustainable Development Policy for Scotland](#), and associated Strategy, aim to improve the sustainability of NHSScotland’s activities, principally in the context of estate, property and asset management. Waste is identified as an area of concern and attention is required to improve practices and reduce consumption of raw materials through improved purchasing practices and materials recycling and recovery.

The [Waste \(Scotland\) Regulations 2012](#) requires that all NHS Boards take all reasonable steps to promote high quality recycling. In order to deliver high quality recycling, it is essential that NHS Boards implement effective recycling collection systems and encourage staff, patients and visitors to use the systems properly.

The [Making Things Last](#) strategy sets long term targets for recycling 70% of all Scotland’s waste, and only 5% of remaining waste ending up in landfill, by 2025. In addition, the Waste (Scotland) Regulations 2012 introduce a ban on biodegradable municipal waste going to landfill from 2020.

Table 19 below outlines the national recycling and recovery targets.

Year	Requirement	Source
2020	Landfill ban on biodegradable municipal waste	Waste (Scotland) Regulations 2012
2025	Maximum of 5% of domestic waste sent to landfill	Making Things Last strategy
2025	70% domestic waste recycling rate	Making Things Last strategy

**Table 19: National recycling and recovery targets**

This Waste Recycling and Recovery Plan has been developed in partnership with our domestic waste management contractor, [insert name]. The plan establishes our current waste management performance. It uses this information to define targets for recycling activity, and actions aimed at reducing our environmental impact enhancing our ability to deliver our core duties and responsibilities.

### Baseline performance

To support NHS Boards in meeting current regulatory and best practice requirements, HFS WMSG produced the Waste Management Action Plan 2016-2020. The Plan states that all NHS Boards should review all waste-related procedures and create a single overarching policy and create a single overarching plan covering the recycling and recovery of domestic waste.

The Waste Management Action Plan 2016-2020 sets 2014/15 as the baseline year for sourced segregated domestic waste and dry mixed recyclables. A summary of our waste management performance is provided in Table 20 below.

Waste type	Volume (kg)	Annual cost (£)
Source segregated domestic waste		
Dry mixed recyclables		
Separately collected recyclables		
Domestic waste sent to off-site Materials Reclamation/Recovery Facility		
Domestic waste sent directly to a disposal facility		
<b>Total</b>		

**Table 20: Summary of performance during 2014/15**

### Recycling and recovery targets

[Health Board] is committed to the overall target for a 70% recycling rate by 2025 (against a 2014/15 domestic waste baseline). However, it is important that these goals do not impinge on our ability to undertake our core duties, by establishing targets that are simply not practical from an operational perspective. It is therefore imperative that we identify appropriate action, prioritise future activity and define targets and/or performance indicators using a baseline dataset.

Table 21 below outlines [Health Board]’s recycling and recovery targets. A series of indicative waste prevention targets have been set in order to ensure that [Health Board] meets the regulatory recycling target in 2024/25.

Year	Minimum target
2016/17	50% domestic waste recycling rate
2018/19	55% domestic waste recycling rate
2020/21	60% domestic waste recycling rate
2022/23	65% domestic waste recycling rate
2024/25	70% domestic waste recycling rate
2024/25	5% of domestic waste sent to landfill

**Table 21: Recycling and recovery targets**

### Improving environmental performance – action plan

It is not enough simply to specify targets for improvement. Without an action plan to support target delivery and to ensure that sufficient resources – both financial and staff time – are provided to meet or exceed the intended performance, the required activity will suffer from inactivity or ineffectual co-ordination, and actions will fail to be delivered on time or within scope.

The activity and action required to deliver and implement the ambitions of this Waste Recycling and Recovery Plan are listed in a series of Project Registers, with specific focus in three areas:

- Food.
- Recyclables (e.g. dry mixed recycling and source segregated recycling).
- Residual waste.

The Project Registers have been compiled during an audit process and prioritised to optimise efficiency savings and make best use of the resources available within [Health Board]. The actions have been prioritised from ‘1’ (short term action <6 months), ‘2’ (medium term action <1 year), and ‘3’ (long term action >1 year).

### Example project register

[Include summary text here on the overall aims and ambitions]

The actions are outlined in Table 22 below.

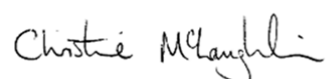
Action	Target	Responsible person	Required resources	Timeframe	Priority action

Table 22: Project Register

Copies of the Action Plan are also available for download at the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/>

Yours sincerely

A handwritten signature in black ink that reads "Christine McLaughlin". The signature is written in a cursive style with a prominent initial 'C'.

**Christine McLaughlin**  
Director of Finance