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1 Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust is committed to implementing a sustainable, resource efficient and regulatory compliant waste management policy. A primary focus will be to align the policy with UK legislation and to ensure that all elements are driven towards achieving the NHS target of 'Net Zero' by 2042. To this end it will promote sustainable methods of resource management in all its healthcare facilities and locations where trust related healthcare activities are undertaken.

It is recognised that Healthcare provision is a significant contributor to the UK's carbon footprint, with an estimated almost 5% of UK carbon emissions. Accordingly, the Trust acknowledges the importance that 'net zero' principles have and will strive to ensure all aspects of resource and waste management are driven towards achieving the set targets.

The Trust acknowledges the key role that all employees will play in delivering this commitment in a safe manner with minimal impact on the environment.

The Trust is committed to ensuring that this policy is implemented within a safety-driven culture to ensure waste related activities do not cause harm to patients, staff, visitors, contractors, the public and any party who may have cause to come into contact with waste generated.

This policy has been established in accordance with UK legislation, DEFRA codes of practice, Environment Agency guidance, the NHS Clinical Waste Strategy and NHS Healthcare Technical Memorandums. As a term, 'waste management' includes all activities and actions relating to waste, from its inception to its final disposal. This includes its generation, handling, storage, transportation, treatment, and disposal.

This policy will be underpinned by all appropriate education, communications, monitoring and auditing necessary to ensure its successful implementation. Any waste related activities where practice falls short of the requirements of this policy will be promptly investigated and appropriate remedial action taken to prevent reoccurrence.

The Trust is also committed to delivering innovation in waste management practice and will seek and assess potential improvement projects based on improved environmental performance, waste minimisation and reduced budget pressures for their suitability for implementation.

2 Why we need this policy.

This policy has been established to enable the Trust to acknowledge its duties to comply with all relevant legislation, national guidance and 'best practice' principles, that supports the Trust's sustainability strategy of a Carbon 'Net Zero' NHS. In addition, the policy provides a framework that for all Trust departments to clearly understand what their responsibilities are with regards to waste management and what procedures must be established or followed to achieve the policy aims and objectives.

2.1 Purpose

The purpose of this waste management policy is to set out the ethos by which all waste related management decisions are made and to ensure the following principles will always be paramount:

- Prevent harm to health or pollution of the environment from waste arising at the Trust,
- Reduce carbon footprint from waste generation and disposal,
- Economically manage waste.

The Trust recognises that it generates significant volumes of a wide range of healthcare related waste streams annually. It seeks to implement a 'continuous improvement' driven waste management policy where managing waste sustainably presents an opportunity for significant financial, social, and environmental benefits.

This will be essential with the cost of waste management likely to increase in the future due to an increasing population, growing NHS estate, increasing patient care activity and throughput, and increasingly stringent environmental regulations for waste to landfill, alternative treatments and incineration.

2.2 Objectives

In order to measure the Trust's success in implementing this policy the following objectives have been set:

- Safeguarding against the uncontrolled release or spillage of waste material.
- Minimising the production and environmental impact of waste by reviewing materials used and practices employed.
- Implement the principles of the 'Waste Hierarchy' in all resource procurement contracts.

- Ensure that healthcare waste and other waste is properly and efficiently segregated, stored, transported, and disposed of.
- Ensure procedures for waste management are established, adopted, understood, and implemented.
- Provide information, instruction, training and supervision as necessary to ensure the implementation of waste management systems.
- Regularly review all activities to ensure compliance with environmental and Health and Safety legislation
- Achieve 'zero waste to landfill' by 2025.
- Introduce food waste collection by 2023.
- Achieve a 75% recycling rate for packaging by 2030.

The assistance and co-operation of all Trust employees, partners and contractors will be essential in the pursuit of these objectives.

3 Scope

The below identifies the scope of this policy.

3.1 Who this policy applies to

The policy applies to all Trust staff including contractors, temporary staff and visitors and covers the management of waste within all Trust properties.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and the Trust Board	<ul style="list-style-type: none"> • Ensure Trust-wide compliance with the waste policy and procedures. • Allocate responsibility for the development, implementation and monitoring of waste management at the Trust. • Ensure sufficient resources are allocated in order to enable effective implementation of the policy
Waste Manager	<ul style="list-style-type: none"> • Oversight and development of waste management policy and procedures. • Monitoring of ongoing compliance with waste policy and procedures

	<ul style="list-style-type: none"> • Liaison with all waste contractors to ensure Duty of Care responsibilities are met. Maintain a Duty of Care file on all waste contractors. • Resolution of waste management issues arising at the Trust. • Maintenance of a Trust 'Register' for all hazardous waste records. Oversight of all waste records for non-hazardous waste including certificates of destruction for confidential waste. • Implementation of a Trust wide training programme for waste management. • Undertake audits and inspections of all waste operations on Trust locations to ensure compliance to this policy and current waste legislation. • Manage the undertaking of waste pre-acceptance audits and submission to relevant waste contractors
Estates Officer and Estates Compliance Manager	<ul style="list-style-type: none"> • Inform the Trust Board of the waste management policy, procedures, and associated risks. • Maintain ongoing compliance with waste policy and procedures. • Ensure ongoing monitoring and reporting of waste management at the Trust. • Report on waste performance KPIs through quarterly updates, annual reports and ERIC returns
Estates Team	<ul style="list-style-type: none"> • Monitor and ensure compliance of all Trust procedures with the Waste Policy. • Provide training to department leads. • Ensure policy reflects current legislation and requirements. • Develop a strategy to improve the efficiency of our resources e.g., swap-shop events, repair, and reuse schemes. • Responsible for informing contractors of Trust requirements, procedures, and policy.
Environmental/Energy Officer	<ul style="list-style-type: none"> • Provide advice on different options and more sustainable alternatives available to reduce waste and the Trust's impact on the environment.
Head of Procurement	<ul style="list-style-type: none"> • Responsible for tendering waste contracts. • Identify inefficient resources and swap with re-usable, longer-lasting alternatives. • Ensure suppliers are aware of the Trust's waste policy and requirements.

	<ul style="list-style-type: none"> • Work alongside suppliers to reduce waste produced from their good/services.
Department Heads, Matrons and Line Managers	<ul style="list-style-type: none"> • Complete and review risk assessments on a regular basis. • Ensure all area staff are aware of waste procedures and policy by providing the necessary guidance materials and resources. • Must report any issues relating to waste procedures to head of service or waste manager.
Trust Staff	<ul style="list-style-type: none"> • Ensure waste is disposed, handled, stored and transported in line with the requirements set out in this policy. • Follow as directed by Trust management any relevant waste management procedures. • Ensure waste is segregated correctly. • Minimise wastage by repairing and reusing where possible. • Minimise waste through using resources more efficiently. • Inform managers of any issues regarding waste and instances of non-compliance. • Undertake training on waste annually.
Portering staff	<ul style="list-style-type: none"> • Responsible for the collection, transportation, and storage of waste across the Trust • Must report any issues relating to waste procedures to line manager through the BATEX reporting system.
Contractors	<ul style="list-style-type: none"> • Make necessary arrangements to comply with the waste procedures and requirements of the Trust. • Minimise waste production wherever possible. • The Trust manager responsible for the contractor(s) is responsible for communicating the Trust's waste policy and procedures, ensuring all contractor(s) comply with this Policy. • Ensure all area staff are aware of waste procedures and policy by providing the necessary guidance materials and resources. • Must report any issues relating to waste procedures to head of service or waste manager

4 Policy Principles

At the heart of this policy is the aim to embed into all aspects of resource and waste management the following principles based on legislation and the objectives of this policy as outlined above.

4.1 Duty of Care

Under the Environmental Protection Act 1990, Reg 34 'Duty of Care' it is unlawful to deposit, recover or dispose of controlled waste (including clinical) to a contractor facility that is not in possession of the appropriate waste permit or permit exemption, issued under the Environmental Permitting Regulations. Furthermore, this must not be in a manner which is contrary to the conditions of the permit or the terms of an exemption, or in a way which causes pollution of the environment or harm to human health.

Contravention of waste controls is a criminal offence. Section 34 of the Act, places people concerned with controlled waste (including clinical) under a 'Duty of Care' to ensure that the waste is managed properly, recovered or disposed of safely and is only transferred to someone who is authorised to keep it.

All reasonable measures must be taken to ensure that the waste is dealt with appropriately from the point of production to the point of disposal.

The DEFRA issued 'Duty of Care code of practice' describes several responsibilities placed on duty holders. With regard to the 'Producer' of the waste the following principles must be abided by in all cases:

- Accurate identification and description of the waste,
- Waste kept safe & secure,
- Waste transferred to the authorised carrier/sites.

The Trust will ensure that a 'Duty of Care' audit file will be held for every waste contractor it contracts services with. This will be reviewed by the Trust and appropriate action will be taken to remedy any breaches of legislation. In the worst cases, the Trust will consult the Environment Agency for further direction.

4.2 Circular Economy

The Trust will align its policy with the aim of creating a circular economy organisation to move beyond the traditional concept of a ‘take, make, waste’ society to one which decouples economic activity from the consumption of finite resources and designs waste out of the system. It is based on three principles:

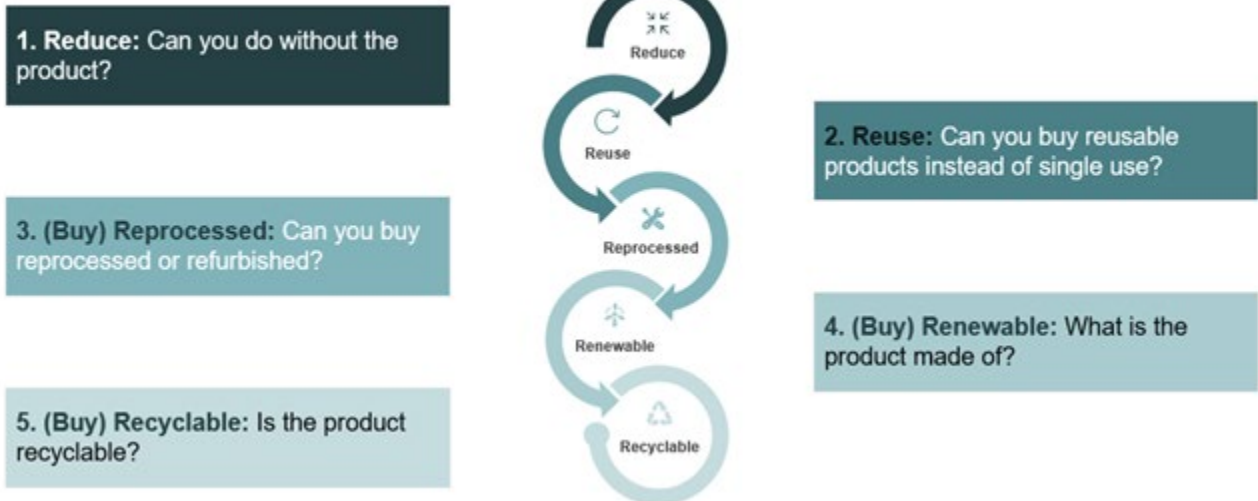
- regenerate natural systems
- design out waste and pollution
- keep products and materials in use



4.3 Sustainable Procurement

In order to ensure resource efficient and waste minimisation strategies the Trust will align its policy with the NHS Procurement ‘5Rs’ guide to sustainable procurement good practice as summarised in the Figure below. It provides a framework for considering waste minimisation and materiality in purchasing decisions.

As a general rule, consider the '5 Rs' of sustainable procurement in this order:



4.4 Waste Hierarchy

Sustainable procurement will support the Trust in meeting its legal duties under the Waste (England and Wales) Regulations, which identify that waste must be managed in accordance with the waste hierarchy principles as set out below. The Trust must provide a confirmation statement that the waste hierarchy has been implemented each time waste is collected by a waste contractor.

The following waste hierarchy principles of waste management must be considered in the order given below:

4.2.1 Waste prevention and minimisation

Preventing waste arising by using less material to complete a task. Minimising waste of resources through smarter procurement, better stock rotation, and maximising use (e.g., double-sided printing).

4.2.2 Reuse & Repair

Keeping items in the “chain of use” for as long as possible before disposal, through maximum use of resources, sharing unwanted resources with other departments in the Trust and repairing items wherever cost effective and practicable.

4.2.3 Recycling (Materials Recovery)

Where waste cannot be prevented, most non-healthcare wastes, and some healthcare waste items, can be recycled – using waste items to make new products.

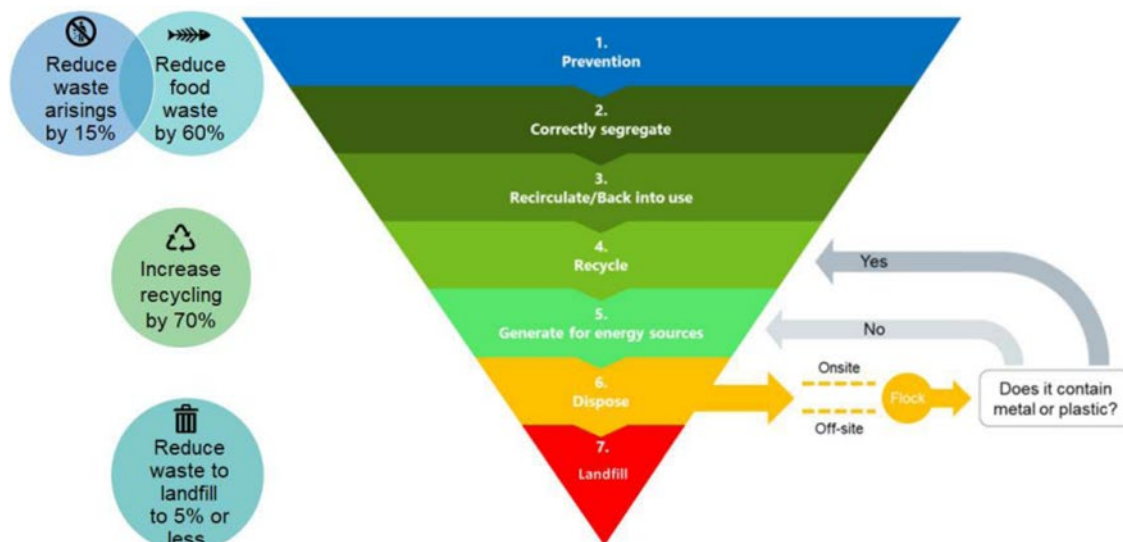
4.2.4 Energy Recovery

Some wastes can be used instead of other types of fuel in energy production at a suitable facility. Availability of facilities will limit the amount of energy recovery from waste produced at the site; however, this route will be used as much as possible.

4.2.5 Disposal

Disposal means that waste is put beyond any further use, e.g. by landfill or incineration, and is the least preferential option.

Figure 8 Waste management hierarchy and NHS 2030 targets



The Trust will seek to implement the following wherever possible:

- Reduction of the use of virgin plastics in packaging
- Use of reusable containers and packaging.

- Reduction of packing volumes in partnership with departments including procurement to minimise waste levels.
- Use of innovative technology techniques wherever possible to maximise the reuse of materials.

4.5 HTM 07 01: Safe & Sustainable Management of Healthcare waste

In addition to the above the Trust is committed to the following principles of safe and sustainable management of healthcare waste as described in HTM 07 01.



5 Policy Arrangements

5.1 Waste Management Procedural Manual

Associated with this waste management policy is the Trust's 'Waste Management Procedural Manual'. This sets out all specific waste procedures that the Trust will implement and ensure all staff, contractors and visitors follow.

This will include (but not be limited to) the following specific requirements:

5.1.1 Waste Segregation & Identification.

The Trust recognises its responsibility under the waste regulations is to clearly identify all waste as required, by the 'List of Waste' regulations. The mixing of hazardous and non-hazardous waste is prohibited unless due to the nature of the waste this unavoidable.

The Trust will ensure that all waste is identified using the appropriate European Waste code (EWC) and in accordance with the methodology set down Environment Agency WM3 technical guidance on the classification of waste.

In order to facilitate the correct classification and identification of waste the Trust is committed to implementing the colour coded segregation system as set down in the HTM 07-01. Segregation of waste at the point of production into suitable colour-coded packaging is deemed essential to facilitating compliant and effective waste management. Health & Safety, transport and waste regulations require that waste is handled, transported, and disposed of in a safe and effective manner. In order to ensure the safe segregation of waste products, it is the Trust policy to use colour-coded scheme for all its healthcare packages including bags, rigid containers and sharps bins.

All healthcare related activities provided at locations, controlled by the Trust, will follow these principles of segregation. Any third-party healthcare service provider, who are a tenant or contractor in Trust controlled premises, will be expected to comply with Trust policy in all waste related matters.

TEWV works in partnership with third-party partners wherever possible to adopt 'best practice' for the disposal of non-healthcare related waste including cardboard, paper, plastics, metals and WEEE. The Trust also partners with the County Durham

Procurement Consortium to improve environmental management performance and help achieve waste reductions.

Specific procedure on the disposal of the main healthcare and non-healthcare waste streams are identified in the waste management procedure manual.

5.1.2 Waste Storage & Transfer

Waste will arise from a number of sources across the Trust, both in the clinical and non-clinical environment. The Trust will provide appropriate guidance and resource to ensure the correct waste containment options for disposal are available through procurement to ensure the safe and secure of all waste at the point of production.

The Trust waste management procedures which support this policy will detail the options and requirements. The following aspects will be considered/ provided:

- Point of Production - Waste Containment
- Internal Transfer to Secure compounds
- Equipment & Resource at Point of Disposal

5.1.3 Transport of Waste

The Trust acknowledges that it is primarily a 'producer' and 'consignor' of waste and as such will fulfil its responsibilities under the both the waste regulations and dangerous goods regulations.

In cases where the waste produced by the Trust is classed as dangerous goods e.g. clinical waste, asbestos, batteries, and certain hazardous chemical wastes the Trust will meet its regulatory duties under the applicable dangerous goods regulations and international agreements.

The Trust will seek to consult with a Dangerous Goods Safety Advisor (DGSA) to support the Trust in ensuring it meets its obligations under these regulations as far as waste is concerned.

Employees of the Trust are engaged in transport of waste in lease vehicles or private cars. This specifically includes the movement of clinical waste by the community teams under the waste regulations such movements are subject to the need to register as a 'Lower Tier Carrier' with the Environment Agency. In certain cases, this will also necessitate the production of waste transfer and/or hazardous waste

consignment notes. The Trust will ensure this meets all statutory requirements and that staff receive appropriate training to comply with relevant legislation.

All waste storage and transport will be managed in line with the relevant exemptions where appropriate under the Environmental Protection Act including:

- Storage of Waste – S1 & S2
- Storage & Transfer of Waste – NWFD Exemptions 2,3, & 4
- T28 – The Denaturing of Controlled Drugs (Exemption required to be registered with the Environment Agency and renewed every 3 years)

The Trust will also produce any necessary dangerous goods procedures for the transport of hazardous waste that fall under the legislation.

Staff must not transport waste without being familiar with the requirements set out above and the accompanying procedural documents. Departmental managers are responsible for ensuring this policy is complied with on this matter.

5.1.4 Health and Safety

For specific health and safety responsibilities and procedures, refer to the Trust's Health and Safety Policy (HS-0001) and Health and Safety Workbook.

When dealing with any hazardous waste substances, staff must carry out a written COSHH assessment. Please see the Trust COSHH Procedure document for more information. If the COSHH assessment identifies an area to remove or reduce personal exposure, appropriate PPE can be ordered and signed for.

The Trust recognises the Health and Safety and Fire Safety risks associated with waste management, including:

- Skin contact, especially through cuts and abrasions or through eye contact
- Injection through sharps injuries
- Ingestion through hand to mouth contact (e.g., when eating, drinking, or smoking)
- Inhalation through the lungs
- Trips and slips associated with inappropriate storage of waste

Infectious waste can spread diseases, viruses, and bacteria through contamination, posing potential health risks to staff, patients and visitors. When handling and storing waste, it is important to follow the correct procedures in order to prevent infection, increase patient safety and minimise risks associated with infectious waste.

5.1.5 Incidents, Spillages and Immunisation.

When managing waste at the Trust, staff must adhere to the correct procedures to minimise the risk of injuries from slips and trips for staff, patients, and visitors. Staff should follow the Slips, Trips and Falls Procedure to manage this risk.

If an accident occurs involving any waste items, the incident should be reported to the relevant manager/supervisor immediately.

Immunisation

- Hepatitis B and tetanus primary immunisation shall be offered to all staff considered by Occupational Health to be at risk from handling clinical waste
- Records shall be kept by the Occupational Health Department

5.1.6 On-site Emergency Plan

Please refer to the Emergency Planning and Business Continuity Policy for details on the procedures needed for specific scenarios.

Trust evacuation procedures are local to the site, therefore all staff must ensure they have carried out local induction training which involves emergency procedures, fire alarms and evacuation muster areas and emergency response to situations in their area.

5.1.7 Specific procedures for during a pandemic

In risk of infection, waste procedures must adhere to the specific NHS guidance provided to deliver waste management services as part of the Trust's emergency response.

The COVID-19 waste management operating procedure indicates any specific changes staff must undertake when handling waste, in order to reduce the risk of infection and manage the increases in demand.

5.1.8 Fly tipping

All Trust staff have a responsibility to follow the correct procedures for disposing waste, outlined in this policy and associated document. Any waste left unattended in internal areas or on grounds with no arrangements for disposal will be considered fly-tipping. Fly-tipping of waste, including by Trust staff, be it internal to the Trust

premises, or on Trust grounds, will not be tolerated, and all occurrences will be fully investigated.

5.2 Record Keeping

Waste legislation requires that 'producers' of waste must keep records to demonstrate an audit trail from point of production to end point of disposal of waste produced from its activities. Such records must be open to inspection by the enforcement agencies at any time.

Detailed procedures are provided in the Waste Management Procedural Manual

5.2.1 Documentation

As the producer of the waste, at each Trust 'premise' the legal responsibility of ensuring that waste documentation is complete and accurate must be met. There are two different types of documentation required for waste transfers:

- Hazardous Waste Consignment notes (HWCN) that are used for hazardous wastes.
- Waste transfer notes (WTN) that are used for non-hazardous, controlled wastes.

Hazardous waste consignment notes are used to track each individual transfer and ensure the safe disposal of hazardous wastes. Each note will consist of producer, carrier and consignee copies.

All relevant staff who are responsible for completing HWCN's must be appropriately trained to understand how to complete them and their record keeping responsibilities.

5.2.2 Hazardous Waste – Records and Returns

Producers of hazardous waste are required to keep a 'register' that contains their hazardous waste records for 3 years. This requirement is usually met by keeping copies of both:

- Standard or multiple consignment notes (including both main notes and annexes);
and

-
- Consignee returns to the producer or holder.

Where relevant, the register should also contain records of any rejected loads or carrier schedules.

5.2.3 Location of the Register

The location of the register depends on the number of locations and whether or not these are each registered as hazardous waste producers.

Normally the register for any hazardous waste that is removed from that site must always be kept at that premises, or a copy of the register if the registration is undertaken centrally. The Trust currently holds records at each site with a nominated record holder.

5.2.4 Certificates of Destruction

The Trust policy is that 'certificates of destruction' must be provided for confidential waste, WEEE waste and controlled drugs waste as minimum. This is not a legal requirement in most cases but essential in order to maintain the 'cradle to grave' audit trail for this waste.

5.2.5 Record Holders

Any Trust employee designated as a record holder must follow the procedure set down in Waste Management Procedure Manual. Additionally, they must receive training in their duties by their line manager. Each waste 'Register' will have an explanatory section to reinforce the understanding of the requirements.

5.3 Information and Training

5.3.1 Legal Requirements - Education

It is clear that given the broad spectrum of responsibilities and the technical difficulty of compliance, effective training must be provided.

Without this it will be impossible to achieve compliance with the legal requirements with the obvious consequence of enforcement action and prosecution by the Environment Agency. This could range from fixed penalty fines to prosecution with unlimited fines and possible imprisonment.

The training should be provided in the following areas:

- Consignor responsibilities
- Classification of waste
- Segregation of different waste streams
- Consignment note completion
- Packaging and labelling of waste
- Safe & secure storage of waste
- Transport of dangerous goods, including clinical waste, waste medicines and diagnostic specimens.

It is essential that a co-ordinated effective information campaign is implemented to coincide with the segregated waste streams, management protocols and training. Clear easily understood guidance will be distributed to all managers.

The specialised nature of the waste streams produced in the Trust poses a stringent “duty of care” responsibility and requirement on managers and employees alike.

The Trust will ensure that waste training for all staff is part of the induction training process and give periodic refresher courses or update training as necessary and appropriate. All details are to be written and filed on staff training and development log sheets.

5.3.2 Communication

The Trust will provide information on waste disposal to all relevant staff members through the following:

- 1) Staff handbook
- 2) Ward/Departmental waste folder
- 3) Waste segregation posters
- 4) Store area posters
- 5) Trust newsletter
- 6) Email

These will be periodically reviewed and communicated through the relevant channels.

5.4 Monitor, Audit and Review

In order to ensure adherence to this policy and the procedures set down in the Trust waste management manual the following systems of monitoring, audit will be implemented.

5.4.1 External Reports

On an annual basis an independent waste audit of its activities in relation to waste management will be undertaken with a report provided to the Trust. This audit will focus on the Trust's compliance performance against this policy and all regulatory requirements.

This is also in line with requirement set out in the mandated Premise Assurance Model (PAMS).

The Trust will appoint an authorised engineer (AE) for waste management to conduct the above.

5.4.2 Internal Report

The Trust will produce annually an internal review including waste data for all waste related activities. This will review the following:

- The Trust's short, medium and long-term targets for reducing the amount of waste generated in each waste category.
- An indication of the progress of the waste management action plan to show whether or not the strategy is on course.
- Details of the amount and cost of waste disposal in the last year for the Trust
- Details of any environmental incidents involving waste;
- The level of investment in reducing waste, expressed as a percentage of annual expenditure on waste disposal.

5.4.3 Internal Monitoring Inspections

The Trust's Estates & Facilities department will conduct internal monitoring inspections of all wards and departments, storage compounds, Pharmacy, IT, and record holders.

Internal inspections will provide direct feedback to each ward/department manager on the compliance level in the area and actions for improvement.

5.4.4 Waste Contractor Reports

The Trust's waste contractors shall submit to the person responsible for the waste contract information of the volumes consigned and compliance issues on a monthly basis. This must include reuse and recycling information in addition to statutory reporting requirements.

This information will then be reported into the Trust's Waste Committee for review and comment.

5.4.5 Pre-Acceptance Audits

The Trust will fulfil its legal duty to submit pre-acceptance audits for each premise it consigns clinical waste from when first registered and subsequently every year as required. This will be undertaken on the basis of the standards set down and Trust policy. A minimum of 1/3 of wards and departments will be completed annually with all areas being covered in a 3-year period. This will be submitted to the waste contractor and will be held on file by them for inspection by the Environment Agency.

5.4.6 Duty of Care Audits

The Facilities department will undertake annual duty of care audits on hazardous and controlled waste managed by waste contractors. This will be done with the assistance of an external contractor.

These reports will then be presented to the Waste Committee for review and comment.

5.4.7 Review

The review body will comprise of:

Waste Management Committee – Terms of Reference, including membership, can be found on the Trust Intranet Facilities page.

6 Definitions

Term	Definition
Waste	<p>"Any substance or object which the producer or the person in possession of it discards or intends or is required to discard."</p>
Producer	<p>"Producer" means anyone whose activities produce waste or who carries out reprocessing, mixing or other operations resulting in a change in its nature or composition.</p> <p>The Trust identifies through this policy the following scenarios whereby it is a waste 'producer'.</p> <ul style="list-style-type: none"> - Trust 'owned' sites. - Locations in community premises where trust activities are provided. - Patient homes <p>In cases where the Trust acts as a landlord to a third-party producer or where waste is produced on site by service contractors, a waste agreement must be put in place to ensure all waste activities meet the requirements of this policy. This must identify as a minimum the following:</p> <ul style="list-style-type: none"> - Whether waste will be authorised to be onsite in storage - Risk assessments provided for transfer and storage onsite. - Storage standards including security are met. - Appropriate records are provided where necessary. - Duty of Care principles as set out above are met.

<p>Waste Broker</p>	<p>The waste regulations set out the responsibilities of those organisations who arrange for other businesses' 'controlled waste' to be handled, transported, disposed of or recovered. These organisations are referred to as waste 'Brokers'.</p> <p>Waste brokers include:</p> <ul style="list-style-type: none"> - businesses that buy and sell scrap metal and other recoverable materials, e.g. if you operate from a yard or act as a trader arranging for materials to be bought and sold - businesses that arrange for waste disposal on behalf of another business or waste producer - Waste disposal operators or carriers that arrange the disposal or recovery of waste not covered by their own licence.
<p>Upper Tier Waste Brokers</p>	<p>The Trust must monitor its status with regard to being a 'Broker' for other Acute NHS Trusts, GP's, Pharmacists, Dentists and other private Healthcare practices using Trust properties. The Trust recognises that currently it does not have a duty to register as an upper tier waste broker in its current legal status as it is not currently undertaking such an activity.</p> <p>Upper tier registrations are valid for three years</p>
<p>Waste Carrier – Lower Tier</p>	<p>Waste carriers transport commercial, industrial, and household waste, known as controlled waste, as part of their business. Employees of the Trust are engaged in transport of waste in either Trust vehicles, lease vehicles or private cars. This includes the movement of clinical waste by the community teams and estates related chemicals between sites. The Trust is registered as a 'Lower Tier Carrier' with the Environment Agency. This permits trust staff e.g., community nurses to move waste from healthcare related activities between sites, e.g., community outpatient premises to the main trust locations.</p>
<p>Waste Consignor</p>	<p>The Trust may on occasion from its owned premises consign waste on behalf of other legal entities undertaking work at its locations on its behalf. In such cases the Trust will ensure that an SLA is in place to recognise the legal duties and where responsibilities fall. In all such scenarios the third party concerned must abide by this policy.</p>

7 Related documents

- Emergency Planning and Business Continuity Policy
- COVID-19 Waste Management operating procedures
- Staff can access the following policy and procedures via the Trust intranet site:
 - Trust Environmental Strategy
 - [COSHH Procedure](#)
 - [Sharps – Safe Use and Disposal](#)
 - [Accidental inoculation procedure](#)
 - [Medicines – ordering, storage, security, transporting and disposal](#)
 - [Infection Prevention and Control Policy](#)
 - [Health and Safety Policy](#)
 - [Medicines Overarching Framework](#)
 - [PPE procedure](#)

8 How this policy will be implemented

This policy will be published via intranet and Trust Website.

Line managers will disseminate this policy to all Trust employees through a line management briefing.

8.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

8.2 Training needs analysis.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical & Non-Clinical Staff	Identification, classification, handling, segregating, storing and disposal of waste in relation to their activities		Included in induction training undertaken every 3 years.

9 How the implementation of this policy will be monitored

9.1 How the effectiveness of this policy will be monitored.

All managers are responsible for ensuring waste management is monitored and complied by all staff. Staff must inform the Estates Compliance Manager or Estates Officer of any instances of non-compliance from lack of resources or lack of staff discipline.

9.1.1 Monitoring policy effectiveness

Continual monitoring and recording of waste types and volumes will be undertaken monthly through waste consignment notes and invoicing. Waste costs, quantities and carbon emissions will be reported as ERIC (Estates Return Information Collection) data annually by the Trust's Monitoring and Compliance Officer. These records will be kept for 5 years. Risks associated with waste will be documented in the risk register to ensure compliance with relevant legislation and to allocate actions to minimise any potential risks.

The following Key Performance Indicators (KPIs) will be reviewed annually to monitor our effectiveness and progress towards waste reduction targets:

- Percentage of waste recycled per total waste volume (%)
- Percentage of total waste by volume (%)
- Total waste volume per occupied floor area (kg/m²)
- Total waste cost per occupied floor area (£/m²)
- Total carbon emissions from waste (tCO₂e)

Waste audits monitor the effectiveness of waste management systems and help identify key areas of improvement. They also help ensure compliance with regulatory standards and will ensure the Trust is adhering to this waste policy and working towards Trust-wide waste reduction targets set out in our Sustainable Development Management Plan (SDMP).

The Trust will develop and implement a monitoring and auditing programme to ensure adherence to waste management procedures and regulations. Managers will have full responsibility for resolving any issues found from the audit and undertaking adequate actions to resolve them.

10 References

Healthcare Technical Memorandum (HTM)

- Safe Management of Healthcare Waste. (HTM 07-01)
- NHS E Clinical Waste Strategy 2023.

Guidance – External

- Environment Agency Technical Guidance WM3: Hazardous Waste – Interpretation of the definition and classification of hazardous waste.
- Environment Agency (2020) Healthcare waste: appropriate measures for permitted facilities
- Water UK (August 2014) National Guidance for Healthcare Wastewater Discharges
- Department of Health (2022) The Health and Social Care Act: Code of practice on the prevention and control of infections and related guidance.
- An Introductory Guide to Healthcare Waste Management in England & Wales CIWM 2014
- How to comply with your environmental permit. Additional guidance for clinical waste

Legislation

- The Environmental Protection Act 1990
- The Controlled Waste (England and Wales) Regulations 2012
- The Hazardous Waste (England and Wales) Regulations 2005 (as amended)
- The List of Wastes (England) Regulations 2005

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- The Pollution Prevention and Control (Designation of Waste Directive) (England and Wales) Order 2016
 - The Waste (England and Wales) Regulations 2011
 - The Waste Batteries and Accumulators Regulations 2009
 - The Waste Electrical and Electronic Equipment and Restriction of the Use of Certain Hazardous Substances in Electrical and Electronic Equipment (Amendment) Regulations 2014
 - The Waste Electrical and Electronic Equipment Regulations 2013
 - The Environmental Permitting (England and Wales) Regulations 2016 (as amended)
 - The Control of Asbestos Regulations 2012
 - The Controlled Drugs (Supervision of Management and Use) Regulations 2013
 - The Human Tissue Act 2004
 - The Carriage of Dangerous Goods and Use of Transportable pressure equipment Regulations 2009
 - The European agreement concerning the international carriage of dangerous goods (ADR)
 - Statutory guidance Waste duty of care: code of practice
 - Trade Effluent (Processes and Substances) Regulations 1989, 1990 and 1992.
 - Health and Social Care Act 2022
 - Control of Substances Hazardous to Health 2002
 - Management of Health and Safety at Work Regulations (MHSWR) 1999
 - Misuse of Drugs Regulations 2001 (SI 2001 No. 3998)
 - Misuse of Drugs (Safe Custody) Regulations 2007 (SI 2007 No.2154)
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
 - Personal Protective Equipment (PPE) Regulations 1992
 - Provision and Use of Work Equipment (PUWER) Regulations 1999

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	20 August 2024
Next review date	20 August 2027
This document replaces	Waste Management Policy HS-0001-001-v3
This document was approved by	EFM DMT 16 July 2024
This document was approved	Health, Safety, Security and Fire Group 18 July 2024
This document was ratified by	Management Group
This document was ratified	20 August 2024
An equality analysis was completed on this policy on	27 October 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
4	20 Aug 2024	Full review with updates to reflect new version of Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste.	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Estates & Facilities Management
Title	Waste Management Policy
Type	Policy
Geographical area covered	Trust Wide
Aims and objectives	Management of Waste
Start date of Equality Analysis Screening	27/10/2023
End date of Equality Analysis Screening	30/10/2023

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>All staff, Patients, contractors and visitors.</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans, and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	<p>None</p>
<p>Describe any positive impacts / Human Rights Implications</p>	<p>None</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Waste Management Group Health and Safety IPC
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	Yes, waste training needs to be completed by all staff.
Describe any training needs for patients	None, other than signage on bins.
Describe any training needs for contractors or other outside agencies	As part of contractor induction.

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	