

Management of clinical waste across the healthcare sector

November 2019

NHS Estates have written to all Chief Executives and Directors of Estates & Facilities for assurance about the management of clinical waste across the NHS following the challenges and disruption faced by the sector during summer 2019 and continued capacity issues.

NHS Estates have sought assurance that Trust makes local arrangements to ensure continuity of services. Answers to the points raised by NHS Estates are set out below. NHS Estates suggest that the Environment Agency will be undertaking site inspections from early 2020.

SFHFT outsource the management of waste to Skanska under the terms of the PFI Project Agreement. Through an established waste behavioural change programme the Trust has very high waste segregation which has helped to ensure that the Trust maintained storage capacity during the summer disruption. SFHFT waste services will be subject to benchmarking under the timeframes set out in the PFI PA. Due to the shift in market conditions, the Trust is planning for a c. 20% increase in prices and this has been included in the budget setting process for 2020/21.

DATIX risk 2067 'Environment and waste management (Compliance)' captures this issue, rated as a risk score of 9 and is managed and reviewed locally at the Estates & Facilities Governance Group.

#	NHSI assurance sought	SFHFT response	Compliance
1	Competent Waste Manager; every NHS organisation is to have an appointed competent and qualified manager responsible for their clinical waste	An industry recognised waste manager is provided under the terms of the PFI PA.	
2	Waste segregation; waste is to be segregated into three core streams as determined in HTM07-01; The Safe Management of Healthcare Waste. Broadly they are: <ul style="list-style-type: none"> a. Waste destined for high temperature incineration [hazardous]; b. Waste destined for alternative treatment (e.g. steam sterilisation) [infectious]; and c. Waste destined for low temperature domestic incineration [no-hazardous and non-infectious]; <p><i>The percentage split of the above three streams should</i></p>	<p>SFHFT has worked hard over the last few years to improve its segregation compliance and therefore already broadly complies with the expectations of NHSI. Nationally across the NHS this is not the case.</p> <p>SFHFT Clinical Waste type split for October 2019</p> <p>Type A: 19%</p> <p>Type B: 16%</p> <p>Type C: 65%</p>	

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	<i>broadly constitute 20% destined for high temperature incineration, 20% destined for alternative treatment and 60% destined for low temperature domestic incineration. Note: no NHS waste should be sent to landfill.</i>		
3	Annual pre-acceptance audits; detailed annual audits required to be carried out, signed off by the organisation and logged with the Environment Agency;	All SFHFT audits are in date and have been shared with the EA. SFHFT are awaiting a date for any site inspections from the EA.	
4	Accurate Data and record keeping; organisations are to ensure that accurate records are kept of every consignment; ensuring waste is traced to point of destruction. Accurate volume data is to be kept and reported centrally on an annual basis through the Estates Return Information Collection (ERIC);	Monthly waste data is reconciled against all invoices & submitted by SFS to the Trust and CNH. All consignment notes are filed and stored by SFS at site level in accordance to legislation. Annual Duty of Cares are also completed for all waste subcontractors, licences and permits are validated and reports submitted & filed. SFHFT include waste figures in the annual ERIC submission.	
5	Remove plastics from high temperature incineration; move toward UK approved reusable containers or non-plastic sharps and pharmaceutical packaging.	A trial began at KMH during September for 3 month to encompass reusable sharps, medicines and metal recycling management system. The trial will be reviewed in December 2019 with IPC, Supplies and FM colleagues and anticipated to be rolled out during Q1 2020.	