



Northern Pathology Developments Ltd

NORTHERN PATHOLOGY DEVELOPMENT

Operational Waste Management Strategy





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APPENDIX A

NATIONAL & LOCAL WASTE POLICY & GUIDANCE

1 INTRODUCTION

1.1 PROJECT BACKGROUND

- 1.1.1. This Operational Waste Management Strategy has been prepared by WSP for Northern Pathology Development Limited acting on behalf of the Christie NHS Foundation Trust ('the Applicant'), in support of an application for full planning permission for the Northern Pathology Building Development (hereafter referred to as 'the Proposed Development'), within the administrative boundary of Manchester City Council (MCC).
- 1.1.2. This Waste Management Strategy considers the potential impacts that may arise from waste generated during the operational phase of the Proposed Development, with the overall aim of developing a strategy for legislative compliance and good practice in the separation, storage and collection of waste arising.

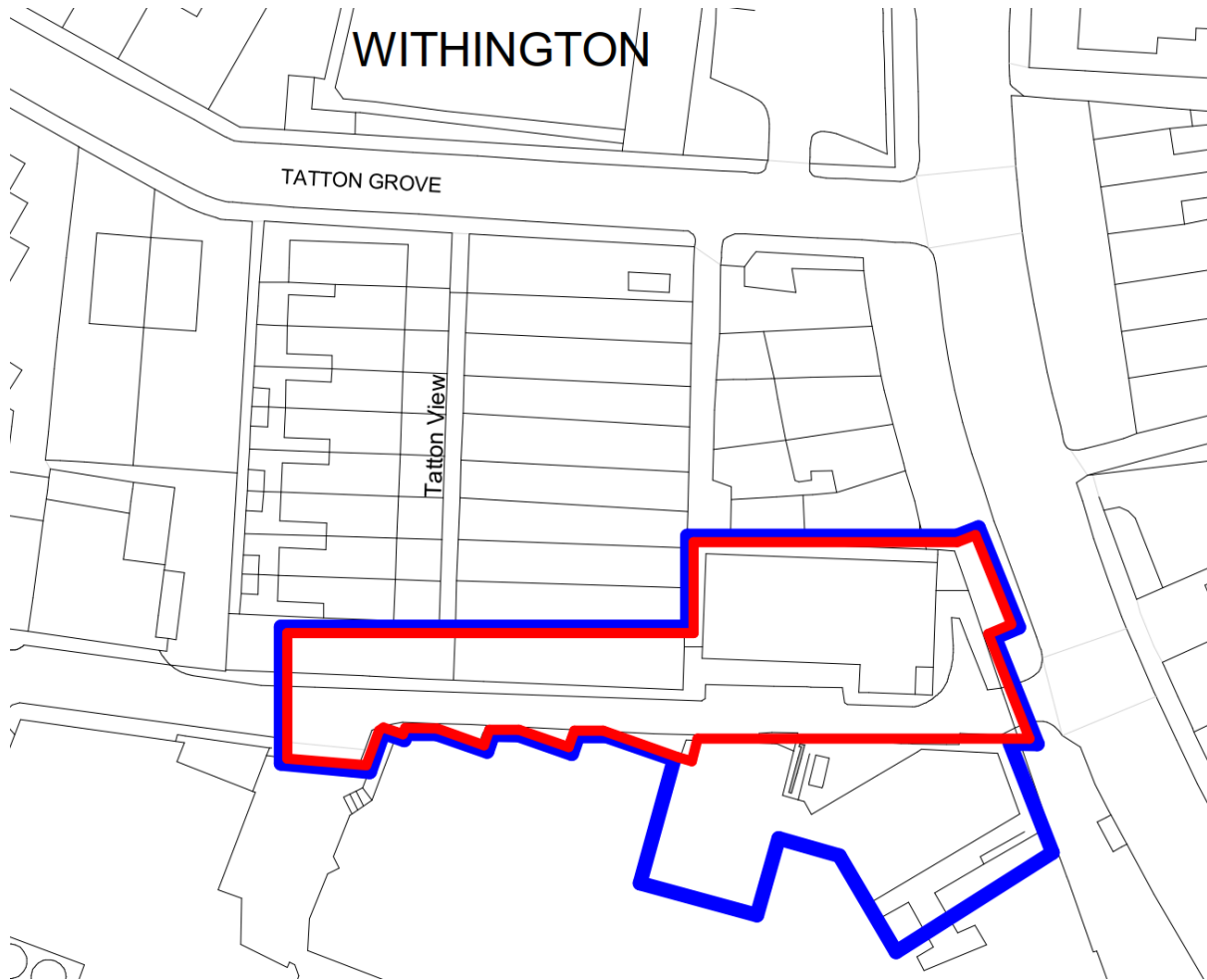
1.2 DEVELOPMENT DESCRIPTION

- 1.2.1. The proposed development will provide a new home for existing users of the wider Christie site and house the Christie Pathology Partnership (CPP), a joint venture providing pathology services to all Christie patients and in support Cancer patients across the wider Greater Manchester health economy. It will house biochemistry and blood science laboratories that support the wider Greater Manchester network for a very small number of specialist tests with the vast majority of tests for Christie patients.

1.3 THE SITE

- 1.3.1. The Christie hospital is approximately 4 miles to the south of the centre of Manchester. The site is close to the M60 motorway and allows for connectivity to their satellite sites within Oldham, Macclesfield and Salford.
- 1.3.2. The site sits within a predominantly residential area bordering onto the neighbourhoods of Didsbury to the south and Withington to the north, bordering the main hospital site. As such it benefits from good transportation links from both public transport and private cars.
- 1.3.3. The location of the Site is shown in **Figure 1-1** with the Site Boundary and Site Ownership Boundary outlined in red and blue respectively.

Figure 1-1: Location of the Site



1.3.4.

1.4 REPORT STRUCTURE

This report is set out in the following format:

- **Section 1:** Introduction
- **Section 2:** Waste Legislation, Policy and Guidance
- **Section 3:** Management of General Waste – provides an estimate of waste arising and outlines the plan which will be adopted to manage refuse and recycling waste generated once the proposed development is operational.
- **Section 4:** Management of Healthcare Waste – provides an estimate of waste arising and outlines the plan which will be adopted to manage healthcare wastes generated once the proposed development is operational.
- **Section 5:** Summary & Conclusions.
- **Appendix A:** National and Local Waste Policy and Guidance

2 WASTE LEGISLATION, POLICY AND GUIDANCE

2.1 INTRODUCTION

- 2.1.1. This section lists and summarises the national waste legislation that is relevant to the Proposed Development.
- 2.1.2. National and local waste policy and guidance reviewed during the preparation of this Outline Waste Management Strategy are also listed below.

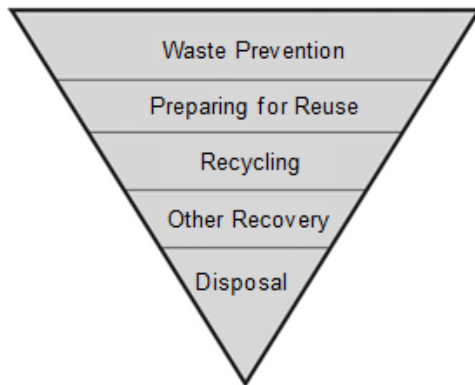
2.2 NATIONAL LEGISLATION

- 2.2.1. A list of relevant items of national waste legislation is outlined below in reverse chronological order:
 - **The Separation of Waste (England) Regulations 2024** - Known as 'Simpler Recycling', the Regulations describe the recyclable household waste and the recyclable relevant waste that is similar in composition to household waste that must be collected separately from households, non-domestic premises and businesses. The regulation aims to streamline the waste management processes and make recycling more efficient by requiring the separation of waste at source.
 - **Environment Act 2021** – The Act contains several provisions in relation to waste which will affect both collection and disposal authorities. It establishes the Office for Environmental Protection, tighter regulations for shipments of hazardous wastes, introduces the deposit return scheme for drinks containers, charges for single use plastics, greater consistency for recycling collections in England and Extended Producer Responsibility for packaging.
 - **Waste Management, The Duty of Care Code of Practice (2018 update)** – This code of practice replaces the 1996 and 2016 Codes and is pursuant to Section 34(9) of the Environmental Protection Act 1990. It sets out practical guidance on how to meet duty of care requirements and its rules will be taken into account where relevant in any case based on breach of the duty of care.
 - **The Waste (England and Wales) Regulations 2011 (as amended)** – Regulations 12 requires that an establishment or undertaking that imports, produces, collects, transports, recovers or disposes of waste must take reasonable steps to apply the Waste Hierarchy when waste is transferred or disposed of.

The Waste Hierarchy requires avoidance of waste in the first instance followed by reducing the volume that requires disposal after it has been generated.

It gives an order of preference for waste management options to minimise the volume for disposal, as shown in **Figure 2.1**.

Figure 2.1: The Waste Hierarchy



Source: Waste Framework Directive

The main principles of the Waste Hierarchy are:

- Waste should be prevented or reduced at source as far as possible;
- Where waste cannot be prevented, waste materials or products should be reused directly or refurbished and then reused;
- Waste materials should be recycled or reprocessed into a form that allows them to be reclaimed as a secondary raw material;
- Where useful secondary materials cannot be reclaimed, the energy content of the waste should be recovered and used as a substitute for non-renewable energy resources; and
- Only if waste cannot be prevented, reclaimed or recovered, should it be disposed of into the environment, and this should only be undertaken in a controlled manner.

These regulations require waste collection authorities to collect waste paper, metal, plastic and glass separately.

- **The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009** – These regulations implement the European Agreement concerning the International Carriage of Dangerous Goods by Road Regulations, commonly referred to as ADR. The purpose of the regulations is to protect everyone either directly involved (such as consignors or carriers), or those who might become involved in an emergency. Dangerous goods are assigned to various classifications depending on their fundamental hazard.
- **Hazardous Waste (England and Wales) Regulations 2005 (as amended)** – These regulations apply the European Waste Catalogue (EWC) and the hazardous properties set out to classify waste as hazardous and place specific obligations on producers of such wastes. The Hazardous Waste (Miscellaneous Amendments) Regulations 2015 amend the regulations to update the classification criteria to bring them in line with the Classification, Labelling and Packaging (CLP) Regulations.
- **Environmental Protection Act 1990** – Part II of the Act was originally implemented by the Duty of Care Regulations 1991. The Duty of Care is a legal requirement for those dealing with certain kinds of waste to take all reasonable steps to keep it safe and is set out in Section 34 of the Act. The Waste (England and Wales) Regulations 2011 repealed the Environmental Protection (Duty

of Care) Regulations 1991 and apply the Duty of Care requirements by the Environmental Protection Act 1990.

2.3 NATIONAL & LOCAL WASTE POLICY & GUIDANCE

2.3.1. The relevant national and local waste policy that was reviewed during the preparation of the Waste Management Strategy is outlined below and further detail provided in Appendix A:

- Ministry of Housing, Communities and Local Government, *National Planning Policy Framework* (updated February 2025);
- DLUHC, originally published by the Dept. for Communities, and Local Government, *National Planning Policy for Waste* (2014);
- Department for Environment, Food and Rural Affairs (Defra), *Our Waste, Our Resources: A Strategy for England* (2018);
- Defra, *Waste Management Plan for England* (2021);
- Guide to Development in Manchester - Supplementary Planning Document and Planning Guidance (SPD (2007));
- Manchester City Council, *Core Strategy Development Plan Document* (Adopted 2012); and
- Manchester City Council, *Waste Storage and Collection Guidance for New Developments v7* (2023).

3 MANAGEMENT OF GENERAL WASTES – NON-HEALTHCARE WASTES

3.1 INTRODUCTION

- 3.1.1. This section details the strategy which will be adopted to manage the non-healthcare wastes, including refuse (non-recyclable waste) and recycling, arising from the proposed development once operational. The strategy for healthcare waste is detailed in **Section 4**.

3.2 WASTE MINIMISATION

- 3.2.1. Identifying where wastes are produced is a first priority for waste minimisation and involves a systematic waste mapping exercise. Investigating and questioning why each waste stream is produced is the next priority with consideration of any alternative options e.g. reusable instead of disposable items. The focus for waste mapping typically covers all waste arising from healthcare activities, waste generated by staff, patients and the visiting public.
- 3.2.2. Good procurement and resource efficiency practices will ensure contractors work with the Trust in targeting waste elimination and minimisation.
- 3.2.3. This strategy focusses on managing waste once it has been produced and refers to the waste hierarchy to promote the efficient recovery, recycling or as the least preferred option, disposal of general waste.

3.3 WASTE GENERATION MODEL

- 3.3.1. Manchester City Council's guidance, *Waste Storage and Collection Guidance for New Developments v7 (2023)* ('the Guidance') does not specify waste generation metrics for healthcare facilities or Laboratories. For the purposes of this operational waste strategy, the quantity of general waste arising from the Proposed Development's laboratory areas has been estimated using general waste volumes arising from a Pathology laboratory of similar size set across two floors in Hertfordshire (approx. 936m² internal floor area).
- 3.3.2. The metric used to estimate general waste arising from the Proposed Development is provided in **Table 3-1**.

Table 3-1 –Waste Generation at Herts Pathology Laboratory

Use	Weekly Waste (litres) / 1,000 sqm GIFA sqm *
Offices and Pathology Laboratory	1,589
* 50% of this capacity to be segregated recycling	

- 3.3.3. A summary of the Gross Internal Floor Areas (GIFA) for Pathology, Office and Shared areas within the Proposed Development is provided in **Table 3-2**.

Table 3-2 – Current Schedule of Accommodation

Functional Area	Office & Shared Approx. (GIFA m ²)	Laboratory Approx. (GIFA m ²)	Total Approx. (GIFA m ²)
Office & Shared Facilities	360	0	360
Biomarkers / Cytometry	0	195	195
Blood Sciences	0	212	212
Transfusion	0	89	89
Total	360	496	856

Source: Northern Pathology, Design and Access Statement, Rev 03, Day Architectural dated 16th June 2025

- 3.3.4. Using the metrics and GIFA provided **Tables 3-1 and 3-2**, allowing for 50% recycling (10% of this as cardboard packaging), and assuming a 10% extra over allowance for food waste, estimated waste generation quantities for general waste is summarised in **Table 3-3**.

Table 3-3 - Estimate Waste Generation

Waste	Weekly Total (Litres)	Daily Total (Litres)
Refuse	680	97
Dry Mixed Recycling (DMR)	544	78
Cardboard Packaging *	136	19
Food Waste **	136	19
Total	1,496	214

* Cardboard is estimated to be 10% of DMR total based on Recycling Action Yorkshire's report Delivering a pilot waste management system for the Barnsley Hospital NHS Foundation Trust (2007). This quantity has been subtracted from the total DMR.

** Food waste estimate is based on an extra over allowance of 10% of the total estimated waste volume.

3.4 PROPOSED WASTE MANAGEMENT STRATEGY

- 3.4.1. The proposed waste strategy for general wastes generated at the Proposed Development is broken down into the following stages:

- Source Segregation;
- Interim Storage, and
- Waste Collection.

Stage 1 – Source Segregation

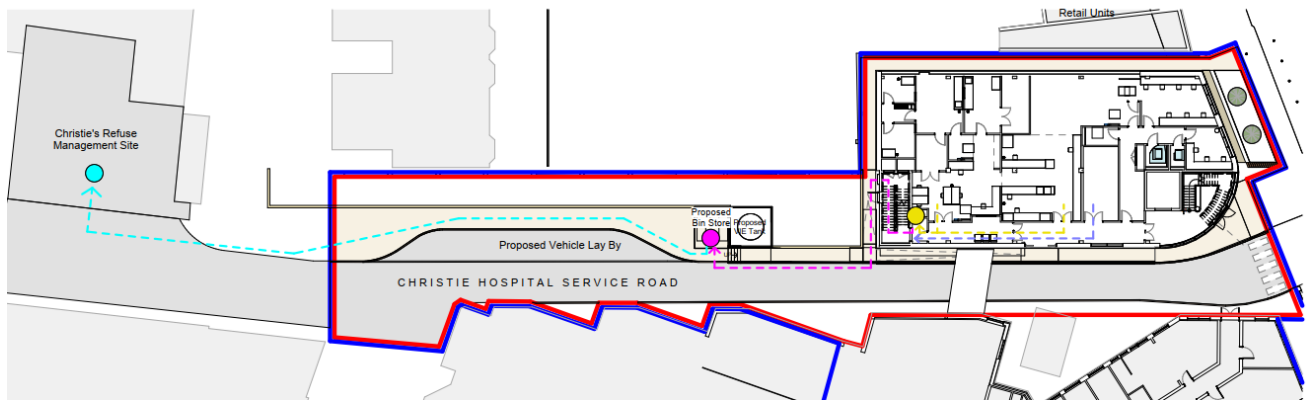
- 3.4.2. General waste will be segregated at point of arising into refuse, dry mixed recycling (DMR), cardboard packaging and food waste (where appropriate).
- 3.4.3. Sufficient numbers of bags in purpose-built bins will be provided within each workspace, laboratory and operational support areas for segregated refuse and DMR. A typical example of a bin is shown in **Figure 3.1**.

Figure 3-1 - Typical refuse bin.



- 3.4.4. Staff will remove used refuse and DMR bags as and when required and take directly to the external bin compound (via the dumb waiter for waste arising on the first and second levels).
- 3.4.5. The route taken for staff transferring waste from the ground floor is provided in **Figure 3-2**.

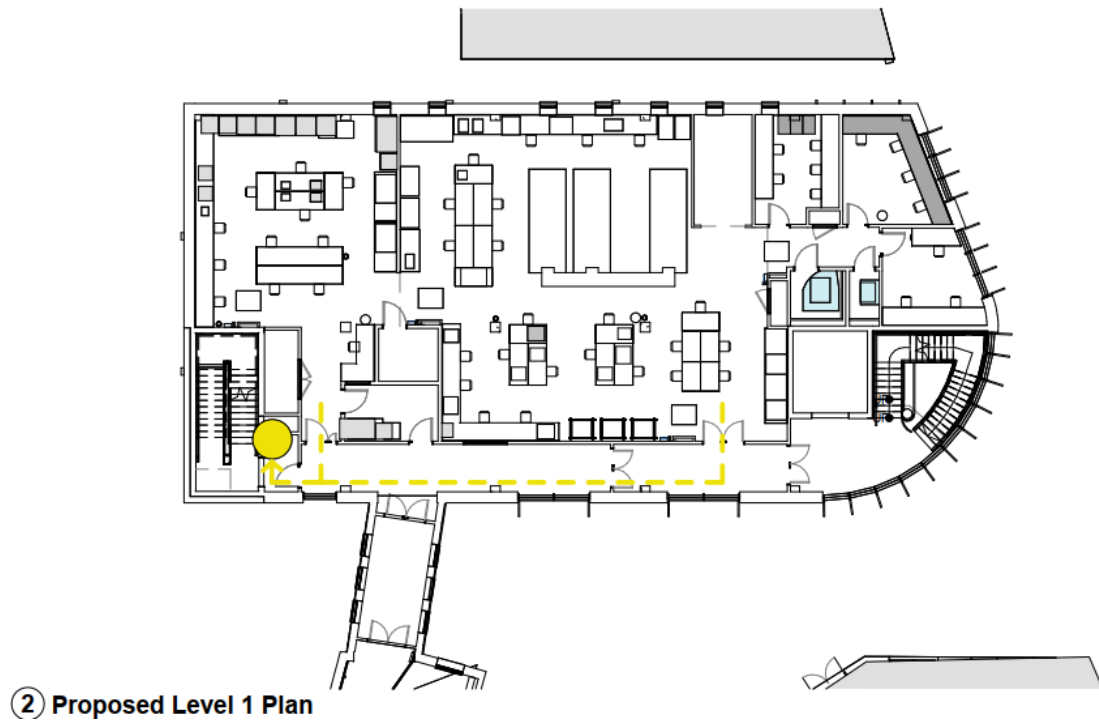
Figure 3-2 – Ground Floor Disposal Route



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

- 3.4.6. The route from Level 1 is shown in **Figure 3-3**.

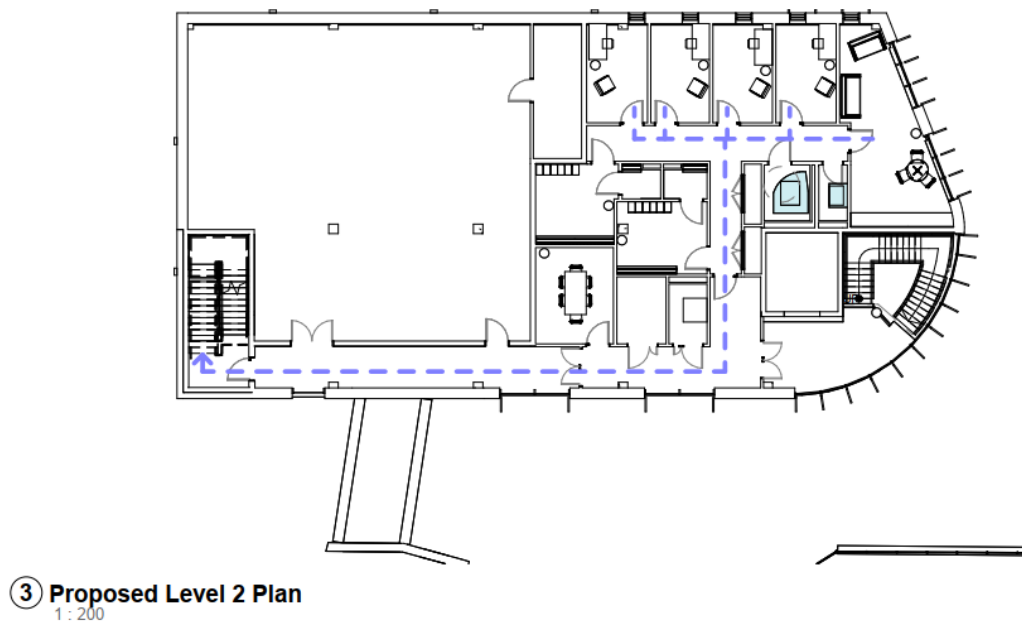
Figure 3-3 – Level 1 Disposal Route



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

3.4.7. The route from Level 2 is shown in **Figure 3-4**.

Figure 3-4 – Level 2 Disposal Route



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

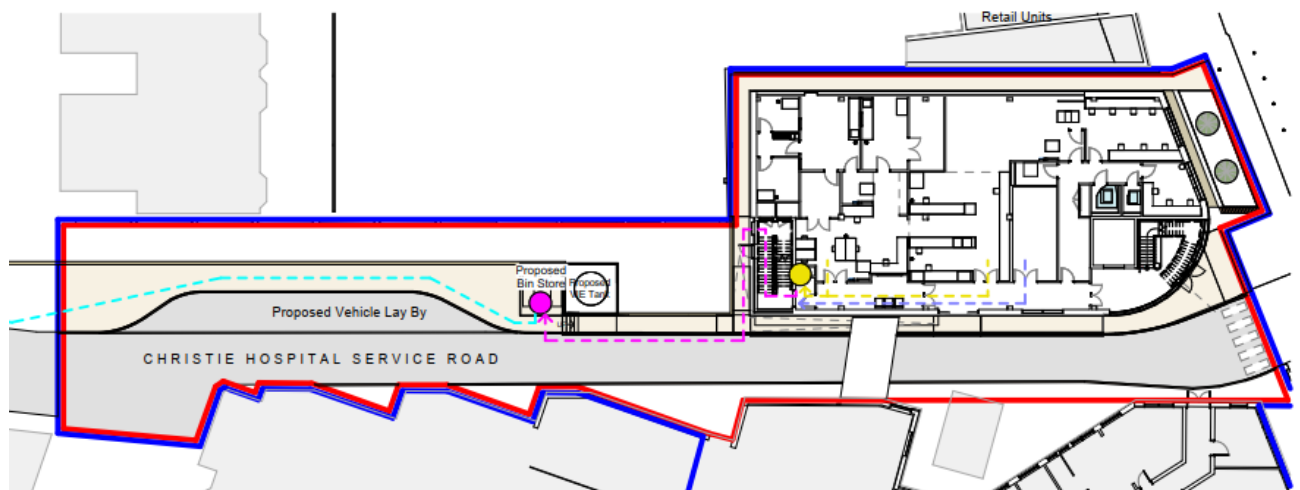
3.4.8. Cardboard packaging will be segregated at source and taken by staff directly to the external waste bin store.

- 3.4.9. Food waste bins with internal liner bags will be provided at selected locations including the staff rest area.
- 3.4.10. Segregated food waste will be collected from each location and taken direct to the external waste bin store where a 240 litre bin will be provided exclusively for food waste.
- 3.4.11. Refuse, DMR and food waste will be bagged at all times during transport through the laboratory.
- 3.4.12. All forms of waste being transported within the proposed development will be kept to designated routes and operational procedures developed and implemented to avoid contamination between clean equipment, supplies, general and healthcare waste.

Stage 2 – Interim Storage

- 3.4.13. The Proposed Development provides an external bin store as shown in **Figure 3-5**. This will be used to store all general waste arising from the Proposed Development pending transfer of refuse, DMR and cardboard to the main hospital waste compound and food waste the hospital kitchen area.

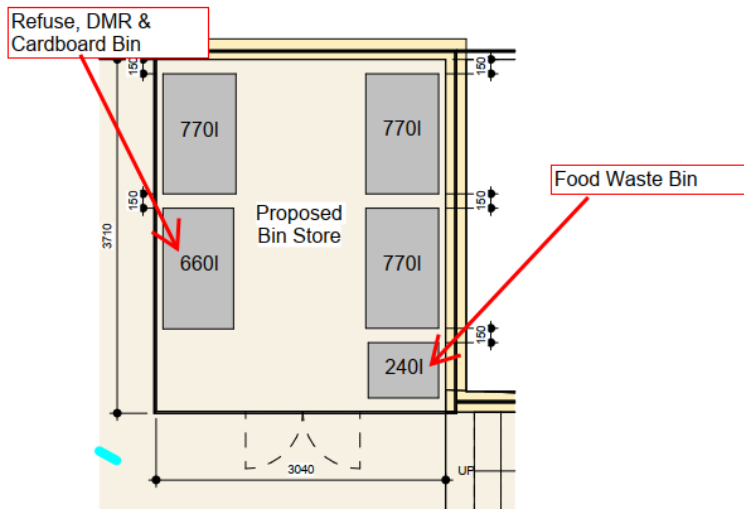
Figure 3-5 - External Bin Store



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

- 3.4.14. Refuse, DMR and cardboard from the Proposed Development will be stored in a designated 660 litre bin in the external bin store.
- 3.4.15. Food waste from the Proposed Development will be stored in a designated 240 litre bin in the external bin store.
- 3.4.16. The layout of the external bin store and general waste bins is provided in **Figure 3-6**.

Figure 3-6 - External Bin Store Layout



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

3.4.17. The dimensions of the bins provided for general waste in the external bin store is provided in **Table 3-4**.

Table 3-4 – Bin Dimensions

Bin Type	Width (mm)	Depth (mm)	Height (mm)
240 litre Wheeled Bin *	580	740	1,100
660 litre wheeled Bin	1,320	740	1,265

* MCC guidance, Waste Storage and Collection Guidance for New Developments (2017)

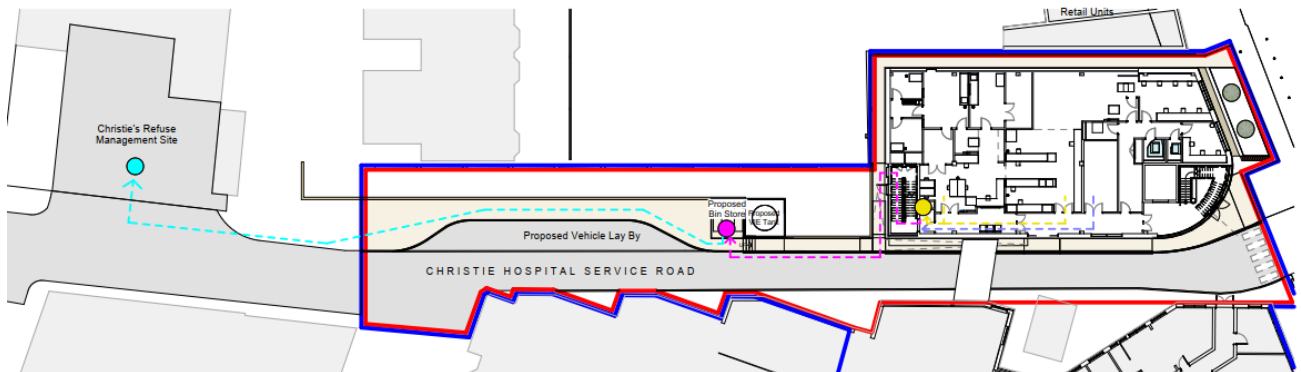
3.4.18. The management of the external bin store is the responsibility of the hospitals on-site FM team who will:

- Ensure that it is maintained in a clean and tidy condition;
- Clean the store bins as required; and
- Be on hand to resolve any issues associated with the external bin store which may arise during the operation of the Proposed Development.

3.4.19. On a daily basis or as demand requires, FM will transfer refuse, DMR and cardboard from the external bin store to the main hospital waste compound.

3.4.20. The location of the main hospital waste compound and route taken in transferring refuse, DMR and cardboard bins from the Proposed Development external bin store is shown in **Figure 3-7**.

Figure 3-7 - Location of External Bin Store and Transfer Route



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

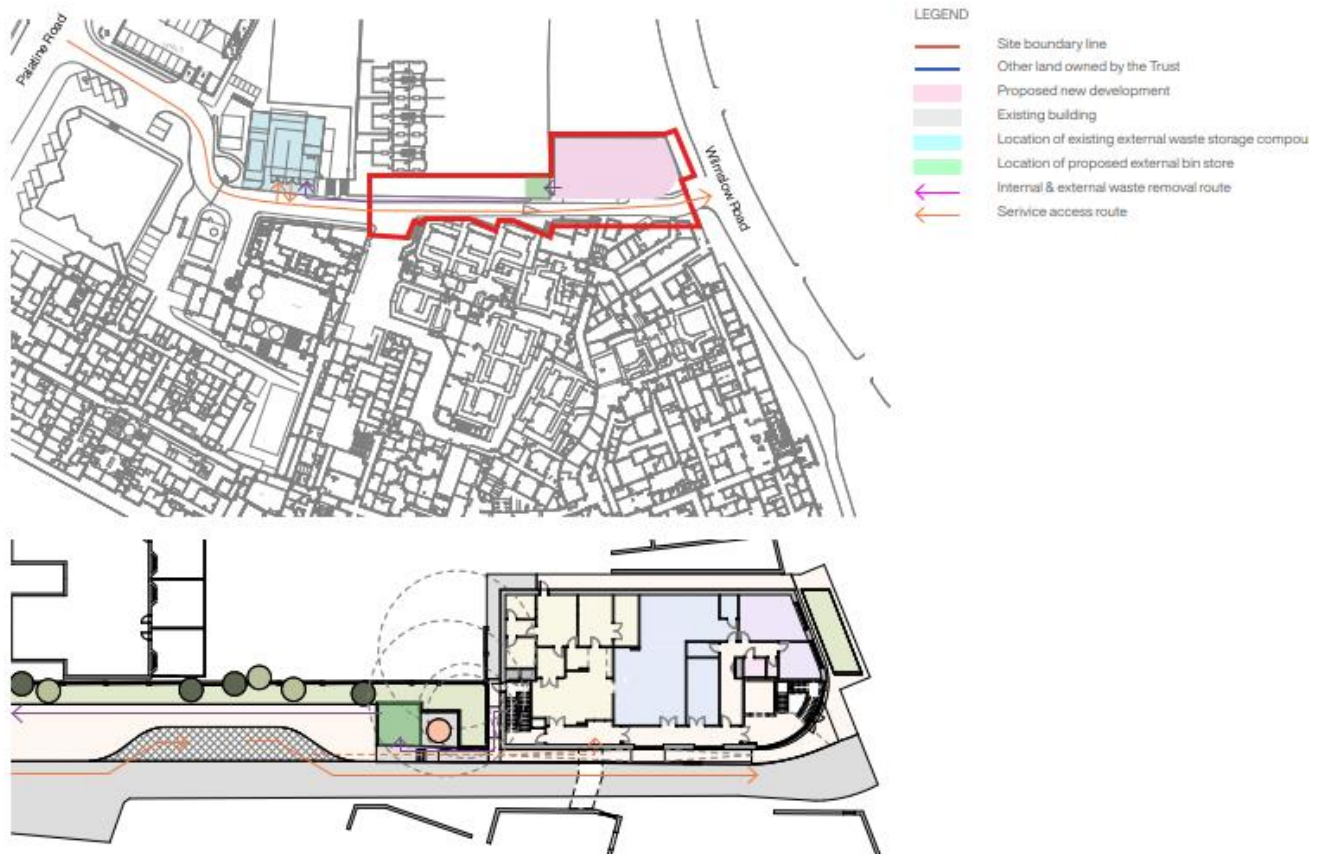
- 3.4.21. FM will place refuse in the refuse compactor, DMR in the 1,100 litre bins provided for mixed recyclables and cardboard to the baler, before returning the empty bin to the external bin store.
- 3.4.22. On a daily basis or as demand requires, FM will transfer food waste from the external bin store to the main hospital kitchen food waste area, before returning the empty bin to the external bin store.
- 3.4.23. Confidential waste containers will also be provided and serviced on a like for like exchange basis with the appointed contractor directly from the areas that they are deployed.
- 3.4.24. All waste storage areas will have clear signage to prevent cross contamination of refuse, recycling and food waste with healthcare waste.

Stage 3 – Waste Collection

- 3.4.25. General wastes generated within the Proposed Development will be collected for off-site treatment by a commercial waste management contractor appointed by the on-site FM team.
- 3.4.26. The established main hospital waste compound will be retained and used to manage the additional waste arising from the Proposed Development.
- 3.4.27. The main hospital waste compound will be clearly signposted to prevent cross contamination of refuse, recycling and food waste.
- 3.4.28. The management of the main hospital waste compound is the responsibility of the hospitals on-site FM team who will:
 - Ensure that the compound is maintained in a clean and tidy condition;
 - Ensure the safe and efficient working of the compaction equipment provided to treat refuse and cardboard;
 - Ensure the configuration of the bins within the main hospital waste compound is correct and does not hinder the ability to efficiently store and present waste pending collection;
 - Clean the main hospital waste compound and bins as required; and
 - Be on hand to resolve any issues associated with the main hospital waste compound which may arise during the operation of the Proposed Development.

3.4.29. Figure 3-8 shows the route waste collection vehicles take to enter and exit the main hospital waste collection areas.

Figure 3-8 – Vehicular Access to Main Hospital Waste Area



3.4.30. Details relating to the operations within the existing main hospital waste compound are detailed below.

REFUSE

- 3.4.31. Refuse from the existing hospital is currently collected in bags from designated collection points across the Hospital and taken to the main hospital waste compound for compaction in one of 2 No. 24.5m³ compactors.
- 3.4.32. Refuse from the Proposed Development will be transferred in 240 litre bins from the external bin store to the waste compactor area in the external waste compound.
- 3.4.33. **Table 3.5** estimates the impact of additional refuse arising from the proposed development on compactor demand from established Hospital activities.

Table 3-5 - Refuse Waste Management

Source of Refuse	Weekly Uncompacted Total (litres)	Weekly Compacted Total (litres)
Established Hospital	128,625 *	42,875 **
Proposed Development	680 ***	227
* Assumes 3:1 compaction ratio ** 2 No. 24.5 Cu m compactors collected every 8-10 days (8 days used for this table). *** See Table 3-3		

- 3.4.34. The estimated refuse quantity arising from the proposed development would represent an additional 0.5% treatment demand on the 2 No. site waste compactors. However, it should be noted that similar types and quantities of waste are already processed in the waste compound from established Pathology activities. The waste from the Proposed Development will not require an increase in compactor collection frequency.
- 3.4.35. On scheduled refuse collection days, the appointed waste management contractor will exchange the full refuse compactor units for empty containers ready to receive waste. This is an established collection procedure currently used to collect compacted refuse produced by the Hospital.

DMR

- 3.4.36. DMR from the existing hospital is currently collected in bags at designated collection points across the Hospital and when near full, transferred to 13 No. 1100ltr external bins in the main hospital compound. These bins are collected weekly by the appointed waste contractor in a refuse collection vehicle.
- 3.4.37. DMR from the Proposed Development will be transferred in 240litre wheeled bins from the external bin store in the Proposed Development and taken to the main hospital waste compound pending collection.
- 3.4.38. The quantity and collection frequency of DMR from the established Hospital activities and potential impact of DMR from the Proposed Development is provided in **Table 3-6**.

Table 3-6 – DMR Waste Management

Source of DMR	Weekly Total (litres)	Daily Total (litres)	No. 1,100 litre bins required Weekly Collection	No. 1,100 litre bins required twice Weekly Collection
Established Hospital	14,300	2,043	13	7
Proposed Development	544*	78	1	1
Total	14,844	2,121	14	8
* See Table 3-3				

- 3.4.39. Based solely on the DMR arisings at the Proposed Development, there is a requirement for an additional 1,100 litre DMR bin in the main hospital waste compound. However, as similar types and quantities of waste are already processed in the waste compound from the established Pathology activities this is likely to be not required. The DMR from the Proposed Development should not require a significant increase in storage or collection frequency.
- 3.4.40. On scheduled DMR collection days, the appointed commercial waste contractor will park their refuse collection vehicle (RCV) in the allocated space provided adjacent to the main hospital waste compound. The contractor will empty the bins into the RCV and return empty bins to the compound. This is an established collection procedure currently used to collect DMR produced by the Hospital.

CARDBOARD PACKAGING

- 3.4.41. Cardboard packaging is currently collected from wards and departments across the Hospital and taken to the cardboard baler in the main hospital waste compound. Bales are collected weekly by the appointed waste contractor.
- 3.4.42. Cardboard packaging from the Proposed Development will be transferred in a 240 litre bin from the Proposed Development external bin store to the cardboard baler area in the external waste compound.
- 3.4.43. **Table 3.7** estimates the impact of additional cardboard packaging arising from the proposed development on baler demand from established Hospital activities.

Table 3-7 - Cardboard Baling

Source of Cardboard Packaging	Weekly Uncompacted Total (litres)	Weekly Compacted Total (litres) *	Number of Bales
Proposed Development	136	46	<1
* Assumes 3:1 compaction ratio			

- 3.4.44. The estimated cardboard quantity arising from the proposed development represents less than one bale per week and should not necessitate an increase in collection frequency from a weekly

collection to accommodate this additional waste. This is an established collection procedure currently used to collect cardboard bales produced by the Hospital.

- 3.4.45. It should be noted that as similar types and quantities of waste are already processed in the waste compound from the established Pathology activities there is unlikely to be an increase in the number of bales generated.

FOOD WASTE

- 3.4.46. The Hospital currently provides 3 No. 240 litre bins for food waste in the temporary storage area at the rear of the main kitchen area. These bins are emptied by the appointed contractor on alternate days.
- 3.4.47. The number of the bins required to accommodate current and additional food waste from the Proposed Development is detailed in **Table 3-8**.

Table 3-8 - Estimate Food Waste Generation

Source of Food Waste	Weekly Total (litres)	Daily Total (litres)	Storage Requirement (2 Day Contingency)	No. 240 litre Bins Daily Collection (2 Days Storage)
Established Hospital	2,160	309	618	3
Proposed Development	136	19.4	39	Mixed with Hospital waste
Total	2,296	328.4	657	3

- 3.4.48. The estimated potential quantities of food waste arising from the proposed development will not require additional 240 litre bins or impact daily collection requirements.
- 3.4.49. Food waste will be collected directly from the temporary storage area at the rear of the kitchen. This is an established collection procedure currently used to collect food waste produced by the Hospital.

4 MANAGEMENT OF HEALTHCARE WASTE

4.1 INTRODUCTION

- 4.1.1. This chapter outlines the strategy that will be adopted to manage the healthcare waste arising from the Proposed Development once operational.

4.1 WASTE MINIMISATION

- 4.1.1. Good procurement and resource efficiency practices will ensure contractors work with the Trust in targeting waste elimination and minimisation.
- 4.1.2. This strategy focusses on managing waste once it has been produced and refers to the waste hierarchy to promote the efficient recovery or as the least preferred option, disposal of healthcare wastes.

4.2 WASTE GENERATION MODEL

- 4.2.1. Each clinical area will be provided with sufficient waste receptacles/containers to promote the segregation of healthcare wastes, to include hazardous clinical and non-hazardous offensive wastes, as recommended by the Department of Health guidance HTM 07-01¹.
- 4.2.2. Healthcare waste arising within laboratory areas at the Proposed Development will be segregated at point of arising into the following key waste types.
- Soft infection risk wastes stored in UN approved clinical waste bags e.g. PPE or other soft wastes contaminated with bodily fluids deemed to present an infection risk;
 - Diagnostic waste including anatomical wastes stored in UN approved rigid plastic lidded bins of various sizes, and
 - Used sharps such as hypodermic needles stored in a UN approved sharps receptacle.
- 4.2.3. For the purposes of this operational waste strategy, the quantity of laboratory healthcare waste arising from the Proposed Development has been estimated using laboratory healthcare waste volumes arising from a Pathology laboratory of similar size set across two floors in Hertfordshire (approx. 936m² internal floor area).

¹ <https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/>

Table 4-1 – Estimated Weekly Healthcare Waste Generation

Waste Type	Annual Quantity (kg)	Weekly Quantity (kg)	Weekly Quantity (No. Bags, Units or Receptacles)
Soft infection risk waste in bags (80 litre)	2,000	39	39*
Diagnostic waste in sealed yellow units (30 and 60 litre)	12,236	235	58 **
Sharps receptacles (5 litre)	52	1	1 ***
* Assumes infection risk waste bags are standard 80 litre UN bags and closed weighing 1kg ** Assumes diagnostic waste in 60 litre sealed units weighs 4kg *** Assumes sharps receptacles weigh 1kg when closed			

4.3 PROPOSED WASTE MANAGEMENT STRATEGY

4.3.1. The proposed strategy for healthcare waste generated at the Proposed Development is broken down into the following stages:

- Source Segregation;
- Interim Storage, and
- Waste Collection.

Stage 1 – Source Segregation

- 4.3.2. Laboratory healthcare waste will be segregated at point of arising dependent upon waste type into the healthcare waste containers listed in **Table 4-1**.
- 4.3.3. UN approved clinical waste bags will be secured in purpose-built healthcare waste bins within each laboratory area. A typical example is shown in **Figure 4-1**.

Figure 4-1 - Typical healthcare waste bin.



- 4.3.4. Sharps receptacles for syringes, scalpels etc. will be provided at selected locations. A typical example is shown in **Figure 4-2**.

Figure 4-2 - Typical clinical waste sharps receptacle



- 4.3.5. Sealed yellow units for typical pathology wastes including specimens will be provided at selected locations. A typical example is shown in **Figure 4-3**.

Figure 4-3 - Typical sealed clinical waste receptacle



- 4.3.6. Used bags, completed sharps receptacles and other bespoke UN approved containers will be exchanged as and when required by staff and taken directly to the external waste bin store.
- 4.3.7. The location of the external bin compound and route taken in transferring healthcare waste from the laboratory is shown in **Figures 3-2, 3-3 and 3-4**.
- 4.3.8. All waste storage areas will have clear signage to prevent cross contamination.
- 4.3.1. Healthcare waste will be contained at all times during transport through the laboratory with warnings and highlights of the content clearly displayed.
- 4.3.2. All healthcare waste being transported within the laboratory will be kept to designated services corridors and routes and operational procedures developed and implemented to avoid contamination between clean equipment and supplies and general and clinical waste.

Stage 2 – Interim Storage

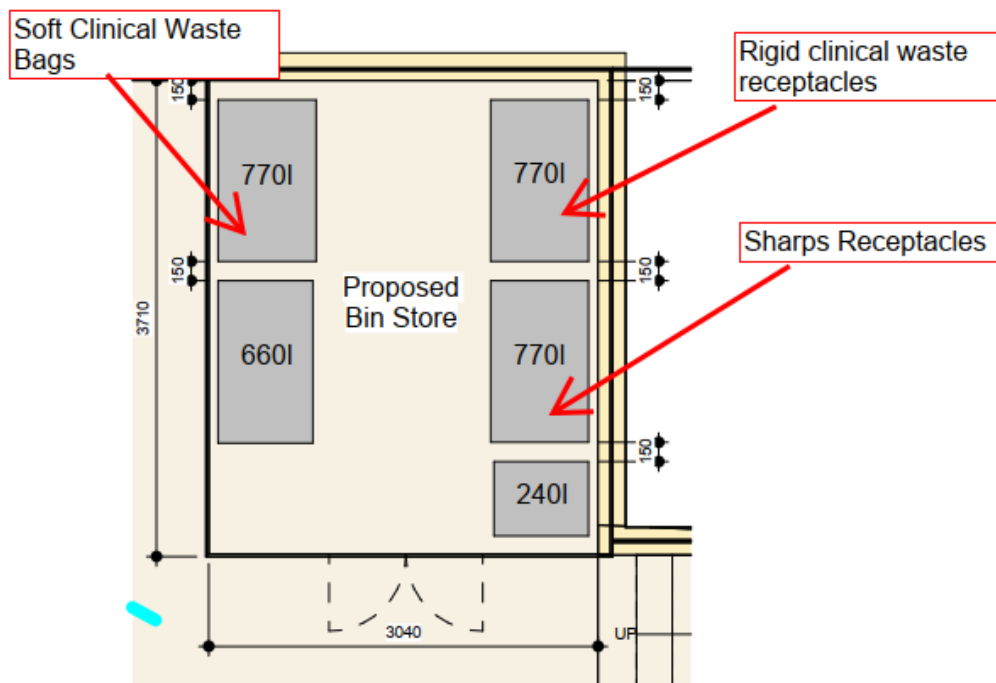
- 4.3.3. The Proposed Development provides an external bin store as shown in **Figure 3-5**. This will be used to store all laboratory healthcare waste arising from the Proposed Development pending transfer to the main hospital waste compound.
- 4.3.4. Using the estimated healthcare waste generation summarised in **Table 4-1**, **Table 4-2** summarises the external bin storage requirement.

Table 4-2 – External Bin Store Healthcare Waste Bins

Waste material	Units per day	770 litre UN Approved Bin
Soft infection risk waste in bags (80 litre)	6	1
Diagnostic waste in sealed yellow units (30 and 60 litre)	8	1
Sharps receptacles (5 litre)	<1	1

- 4.3.5. The external bin store will require 3 No. 770 litre bins for healthcare waste.
- 4.3.6. The layout of the external bin store and general waste bins is provided in **Figure 4-4**.

Figure 4-4 - External Bin Store Layout



Source: Day Architectural Ltd, Project ref CDEREK, Day Ref 1608-24; Num 900103, Rev P02

- 4.3.7. The dimensions of the bins are shown in **Table 4-3**.

Table 4-3 - Bin Dimensions

Bin Type	Width (mm)	Length (mm)	Height (mm)
770 litre UN approved bin	1,260	765	1,300

- 4.3.8. The external bin compound will be clearly signposted to ensure cross contamination waste is minimised.
- 4.3.9. The management of the external healthcare waste compound is the responsibility of the on-site Facilities Management (FM) team who will:
- Ensure that the compound is maintained in a clean and tidy condition;
 - Ensure the configuration of the bins within the compound is correct and does not hinder the ability to efficiently store and present waste pending collection;
 - Clean the waste compound and bins as required; and
 - Be on hand to resolve any issues associated with the waste compound which may arise during the operation of the Proposed Development.

Stage 3 – Waste Collection

- 4.3.10. The wastes from the external bin store will be transported by the on-site FM team to the main hospital waste compound which has a secure lockable section which is to store only healthcare wastes prior to scheduled collection
- 4.3.11. Healthcare waste is currently collected on an exchange bin basis five times per week (33 No. per day), this accommodates a total of 165 No. 770 litre UN approved bins. Bagged soft infection risk waste and sharps receptacles arising from the Proposed development will not require additional UN approved bins to be provided in the external waste compound or impact collection frequency as similar types and quantities of waste are already processed in the waste compound from established Pathology activities.
- 4.3.12. Diagnostic waste in sealed yellow units would require an additional UN approved bin to be provided in the external waste compound. However, similar types and quantities of waste are already processed in the waste compound from established Pathology activities, therefore the impact on current waste storage capacity or collection frequency should not be impacted.
- 4.3.13. The appointed healthcare waste contractor will park their refuse collection vehicle (RCV) in the allocated space provided adjacent to the healthcare waste compound.
- 4.3.14. The waste contractor will collect used bins from the healthcare waste compound in exchange for cleaned empty bins to be taken to healthcare waste compound ready for immediate use. This is an established collection procedure currently used to collect healthcare waste produced by the Hospital.

5 SUMMARY AND CONCLUSIONS

5.1 SUMMARY

Management of General Waste

- 5.1.1. Each workspace, laboratory and operational support area will be provided with sufficient waste receptacles/containers to promote the separation of DMR, cardboard packaging and food waste from refuse.
- 5.1.2. Staff will be responsible for collecting refuse, DMR and cardboard packaging across the Proposed Development and transferring to the external bin store.
- 5.1.3. FM will collect waste from the external bin store on a daily or scheduled basis and transfer to the existing main hospital waste compound.
- 5.1.4. Food waste will be stored in the external bin store and FM will transfer on a scheduled basis to the waste storage area at the rear of the main hospital kitchen.
- 5.1.5. On scheduled refuse collection days, the appointed waste management contractor will exchange the full refuse compactor units for an empty containers ready to receive waste. This is an established collection procedure currently used to collect compacted refuse produced by the Hospital.
- 5.1.6. The estimated quantity of refuse arising from the proposed development represents an additional 0.5% treatment demand on the site waste compactors. However, this will not impact the established collection arrangements as similar quantities of refuse are already processed in the waste compound from established Pathology activities.
- 5.1.7. On scheduled DMR collection days, the appointed commercial waste contractor will park their refuse collection vehicle (RCV) in the allocated space provided adjacent to the main hospital waste compound. The contractor will empty the bins into the RCV and return empty bins to the compound. This is an established collection procedure currently used to collect DMR produced by the Hospital.
- 5.1.8. DMR arising from the proposed development will not impact storage or collection frequency as similar types and quantities of waste are already processed in the main hospital waste compound from established Pathology activities.
- 5.1.9. Baled cardboard packaging will be collected weekly by the appointed contractor. This is an established collection procedure currently used to collect cardboard bales produced by the wider Hospital.
- 5.1.10. The estimated cardboard quantity arising from the proposed development represents less than one bale per week and should not necessitate an increase in collection frequency from a weekly collection to accommodate this additional waste.
- 5.1.11. Food waste will be collected directly from the waste storage area at the rear of the kitchen. This is an established collection procedure currently used to collect food waste produced by the Hospital.
- 5.1.12. The estimate quantities of food waste arising from the proposed development will not impact established storage or scheduled collection requirements.
- 5.1.13. Confidential waste containers will also be provided and serviced on a like for like exchange basis with the appointed contractor directly from the areas that they are deployed.

Management of Healthcare Waste

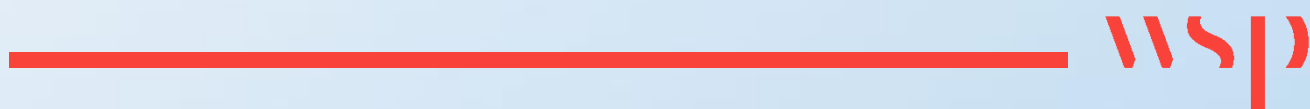
- 5.1.14. Each clinical area will be provided with sufficient waste receptacles/containers to promote the segregation of healthcare wastes, to include hazardous clinical and non-hazardous offensive wastes, as recommended by the Department of Health guidance HTM 07-01.
- 5.1.15. Staff will be responsible for collecting used healthcare waste bags and receptacles across the Proposed Development and transferring directly to the external bin store.
- 5.1.16. Daily or on a scheduled basis FM will collect healthcare waste from the external bin store and transport to the main hospital external healthcare waste compound.
- 5.1.17. The waste contractor will collect used bins from the healthcare waste compound in exchange for cleaned empty bins to be taken to healthcare waste compound ready for immediate use. This is an established collection procedure currently used to collect healthcare waste produced by the Hospital.
- 5.1.18. Laboratory healthcare waste produced at the Proposed Development can be accommodated within the daily collection schedule established at the Hospital as similar types and quantities of waste are already processed in the waste compound from established Pathology activities. .

5.2 CONCLUSION

- 5.2.1. This Strategy has considered the need to lessen the overall impact of waste generation through the provision of dedicated storage for general waste, recycling and healthcare waste from the operation and occupation of the Site.
- 5.2.2. The quantity of waste arising from the Proposed Development can be managed to align with the Hospital's established waste management arrangements. Minor alterations to storage and collection schedules will be required as specified within this strategy document.
- 5.2.3. The proposals set out in this Strategy meet the requirements of relevant National and local waste policy and follow applicable guidance including those in the Department of Health's Health Technical Memorandum 07-01 Safe and Sustainable Management of Healthcare Waste.

Appendix A

NATIONAL & LOCAL WASTE POLICY & GUIDANCE



National Waste Policy

National Planning Policy Framework (Updated 2025)²

The National Planning Policy Framework (NPPF), revised in December 2024, sets out the government's planning policies for England and how these are expected to be applied. This document replaces the previous version of the National Planning Policy Framework published in December 2023.

The following extracts are of relevance to the Proposed Development:

'2. Achieving sustainable development

...

8. Achieving sustainable development means that the planning system has three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways (so that opportunities can be taken to secure net gains across each of the different objectives):

...

c) an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.'

National Planning Policy for Waste (2014)³

The National Planning Policy for Waste replaced Planning Policy Statement 10: Planning for Sustainable Waste Management (PPS 10) and is to be considered alongside other national planning policy for England - such as Our Waste, Our Resources: A Strategy for England.

The Policy includes the following which is of relevance to the Development:

'8. When determining planning applications for non-waste development, local planning authorities should, to the extent appropriate to their responsibilities, ensure that:

- *new, non-waste development makes sufficient provision for waste management and promotes good design to secure the integration of waste management facilities with the rest of the development and, in less developed areas, with the local landscape.'*

Our Waste, Our Resources: A Strategy for England (2018)⁴

² Ministry of Housing, Communities and Local Government (2025) *National Planning Policy Framework* [National Planning Policy Framework - GOV.UK](#)

³ MHCLG (2014) *National Planning Policy for Waste* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/364759/141015_National_Planning_Policy_for_Waste.pdf

⁴ Department for Environment, Food and Rural Affairs (Defra) (2018) *Our Waste, Our Resources: A Strategy for England* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765914/resources-waste-strategy-dec-2018.pdf

The strategy sets out how England will preserve the stock of material resources by minimising waste, promoting resource efficiency and moving towards a circular economy. At the same time, the country will minimise the damage caused to the natural environment by reducing and managing waste safely and carefully, and by tackling waste crime.

It combines actions the country will take now, with firm commitments for the coming years and gives a clear longer-term policy direction in line with the 25 Year Environment Plan. This is the blueprint for eliminating avoidable plastic waste over the lifetime of the 25 Year Plan, doubling resource productivity, and eliminating avoidable waste of all kinds by 2050.

Waste Management Plan for England (2021)⁵

The Waste Management Plan for England fulfils the requirements of the Waste (England and Wales) Regulations 2011 for waste management plans to be reviewed every six years.

While the Resources and Waste Strategy sets out a vision and a number of policies to move to a more circular economy, such as waste prevention through policies to support reuse, repair and remanufacture activities, the Waste Management Plan for England focuses on waste arisings and their management. It is a high-level, non-site specific document. It provides an analysis of the current waste management situation in England and evaluates how the Plan will support implementation of the objectives and provisions of the Waste (England and Wales) Regulations 2011.

Local Waste Policy & Guidance

Guide to Development in Manchester - Supplementary Planning Document and Planning Guidance (SPD) (2007)⁶

Manchester City Council produced this document as a means of guiding those involved in the development process in the preparation of design and access statements to accompany all planning applications for major developments. The document sets out the City Council's stance on a wide range of issues, demonstrating, where applicable, their links to the Manchester Unitary Development Plan (UDP).

Chapter 4 on waste management requires that all developments should have a waste management strategy included in the Environmental Standards Statement. This is to ensure that adequately sized bin storage areas, access for collection crews and vehicles, and other aspects of waste management are designed into the development at the earliest stage.

Manchester City Council, Core Strategy Development Plan Document (Adopted 2012)⁷

⁵ Defra (2021) *Waste Management Plan for England*

<https://www.gov.uk/government/publications/waste-management-plan-for-england-2021>

⁶ Guide to Development in Manchester - Supplementary Planning Document and Planning Guidance

https://www.manchester.gov.uk/downloads/download/644/guide_to_development_in_manchester_-_supplementary_planning_document_and_planning_guidance_spd

⁷ Manchester City Council, Core Strategy Development Plan Document

https://www.manchester.gov.uk/info/200074/planning/6573/core_strategy_2012-2027

The Core Strategy was adopted by Manchester City Council in 2012 and is the key document in Manchester's Local Development Framework. It covers a period of 15 years from 2012 to 2027. It describes Manchester today and outlines the Council's vision for Manchester in 2027 along with the planning policies which will be used to deliver that vision.

Policy EN19 states the Council will:

Require all developers, including those of new waste management facilities within the District, to demonstrate the proposal's consistency with the principles of the waste hierarchy (prevention, reduction, re-use, recycling/composting, energy recovery, final disposal).

and

Require all developers to submit a waste management plan to demonstrate how both construction and demolition waste will be minimised and recycled on site wherever possible and how the sustainable waste management needs of the end user will be met.

and

Require waste management practices to have full regard to the environmental, social and economic impacts of such development and encourage long-term benefits in improving the environment, the regeneration of areas in need of investment and co-location with other employment uses where appropriate.

Manchester City Council, Waste Storage and Collection Guidance for New Developments v7 (2023)⁸

This guidance contains minimum standards for planners, architects, developers and property managers to assist in planning and designing systems for the storage and collection of refuse, and for recycling facilities in domestic and commercial properties.

⁸ Manchester City Council, Waste Storage and Collection Guidance for New Developments
https://www.manchester.gov.uk/downloads/download/6048/waste_management_strategy_and_proforma



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