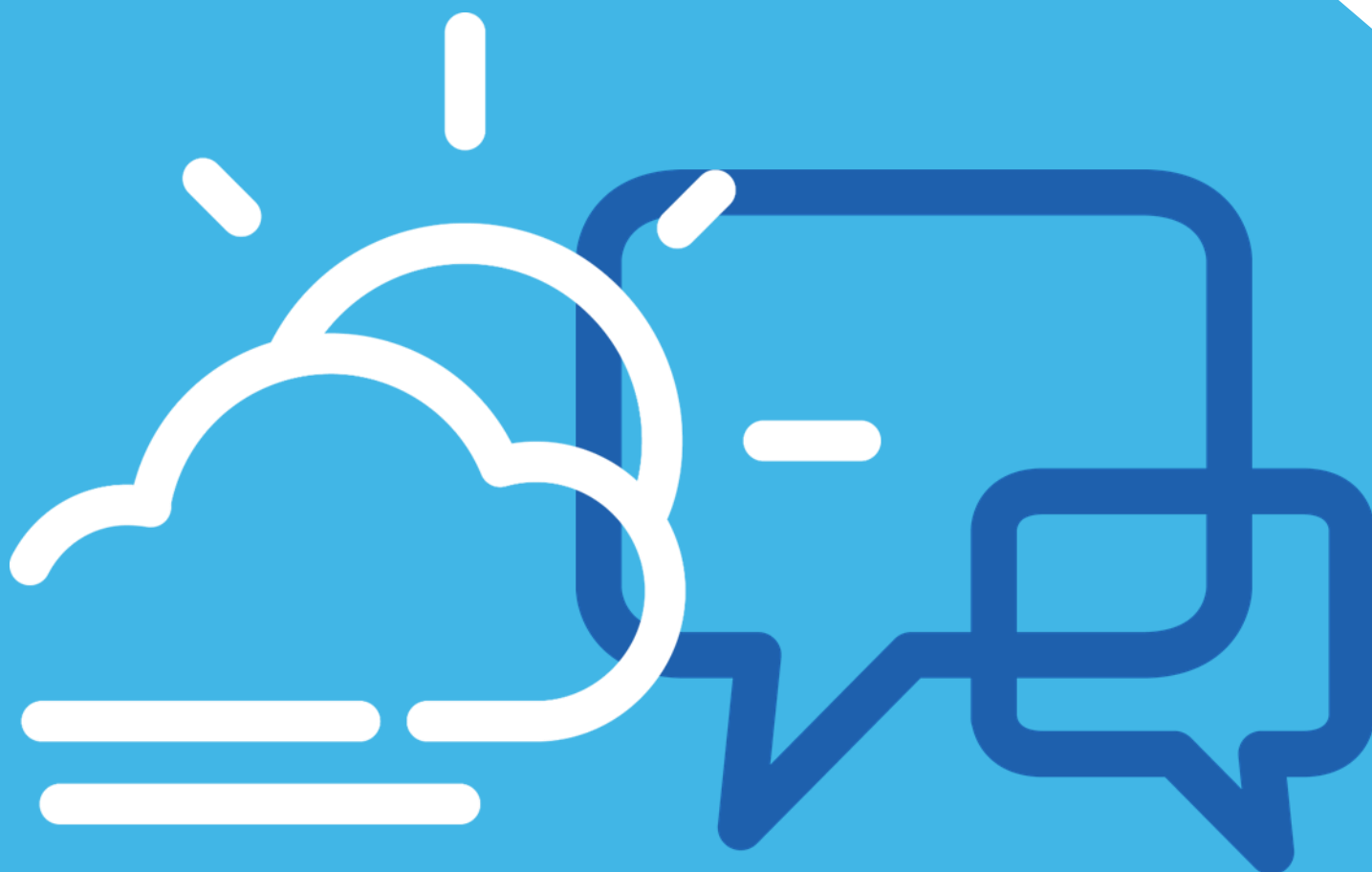


Waste Management Policy

Greater Manchester Mental Health NHS
Foundation Trust



Improving Lives

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Waste Management Policy

Document Name:	Waste Management Policy
Executive Summary:	<p>This policy sets out the principles that will guide the organisation's thinking on waste management in accordance with current legislation.</p> <p>These will be reviewed annually to ensure compliance with current legislation and best practice guidelines together with ensuring relevance with current healthcare activity within the Trust.</p> <p>The policy places a responsibility on all staff involved in the generation, handling, and disposal of waste to ensure compliance with current legislation through adherence with Trust procedures.</p>
Executive Lead:	Suzanne Robinson – Chief Finance Officer
Document Author:	Gary Roberts – Waste and Logistics Manager
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Ratified by:	GMMH Risk Management Committee
Consultation:	All staff via SharePoint
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Superseded Docs	GMW Waste Management Policy and Procedures and any other NWBH Waste Management policies and procedures.
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CQC Regulation Reference:	Regulation 12: Safe care and treatment Regulation 15: Premises and equipment
Risk Register Reference:	N/A
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Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the Trust intranet is the controlled copy.
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1. Introduction

1.1 Purpose

Waste Management is the generic term given to the whole spectrum of activities associated with waste, namely, its generation, handling, storage, and transportation from point of source (department / clinical area) to final place of disposal (recycling / landfill / incinerator / alternative treatment technologies).

In the 2018 HM Government Waste Strategy: “Our Waste, Our Resources: A Strategy for England” (<https://www.gov.uk/government/publications/resources-and-waste-strategy-for-england>) it is stated that a heavier financial burden for the producers of waste will be implemented following the ‘polluter pays’ principle. The waste producer has the duty to comply with the legislation in place and to protect the natural world by leaving it in a better condition for future generations.

There are several new objectives proposed in this strategy, including the creation of legislation for mandatory separate food waste collections by 2023 and 75% recycling rate for packaging by 2030. The Trust will follow these principles and continually contribute for a better management of earth’s resources.

The Trust Board is committed to comply with all relevant legislation and recognises its legal obligations for the management of waste through its Green Plan (Jan 22).

To assist in complying with all the requirements of Waste Management throughout the Trust a Waste Management Manual is provided to direct and advise on all aspects of daily Waste Management related activities.

[GMMH Waste Management Manual.pdf](#)

1.2 Scope

Climate change and the environmental impact of waste

The UK Climate Change Act 2008 (<https://www.legislation.gov.uk/ukpga/2008/27/contents>) introduced legally binding targets to cut emissions of greenhouse gases by at least 80% by 2050 from a 1990 base year. The Act also introduced powers to ask public-sector organisations to report on the work they are doing to adapt to climate change. Waste is now a high priority as it has a significant carbon footprint. It includes the emissions during production of the products that then go to waste; transport of the products and transport related to waste disposal; and the treatment and disposal arrangements such as alternative non-burn technologies, incineration, and methane from landfill. This demonstrates the importance of reusing, recovering, and recycling products as much as possible in line with waste hierarchy principles. The Trust is committed through the Green Plan to reducing its impact on the environment and in applying the waste hierarchy to achieve that end.

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Specifically, the following legislation applies to waste generation in healthcare facilities.

Legal and statutory obligations

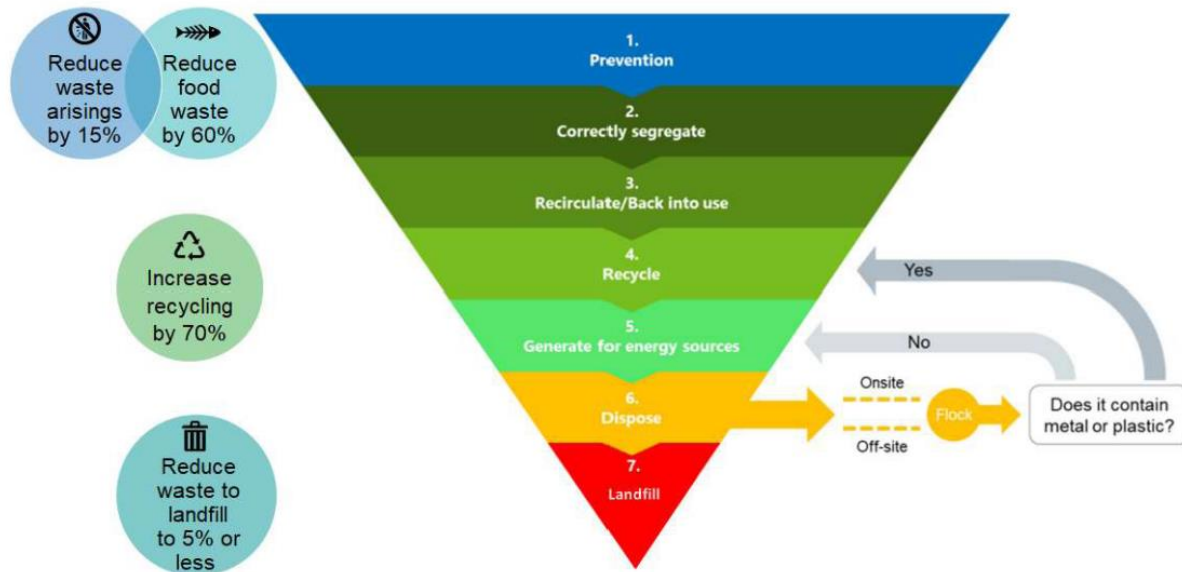
The management of waste is tightly controlled by several legal and statutory obligations, with the main aims of protecting the environment and human health. The main UK act of parliament covering waste management is The Environmental Protection Act 1990 (though there are also close links with The Health & Safety at Work Act 1974). Several statutory instruments have been created following this act of parliament (this list is not exhaustive):

- The Controlled Waste (England & Wales) Regulations 2012.
- The Waste (England & Wales) Regulations 2011.
- The Environmental Permitting (England & Wales) Regulations 2010.
- The Waste Batteries & Accumulators Regulations 2009 (Amended 2015).
- The Waste Electrical & Electronic Equipment (WEEE) Regulations 2006 (Amended 2013).
- The Waste Management (England & Wales) Regulations 2006.
- Clean Neighbourhoods and Environment Act 2005.
- The List of Wastes (England) Regulations 2005.
- Technical Guidance WM3 Guidance on the classification and assessment of waste (2015).
- The Hazardous Waste (England & Wales) Regulations 2005.

The Trust as an organisation, and every member of staff generating waste, has a legal duty of care to ensure all waste is segregated and disposed of correctly. With the introduction of the waste hierarchy in The Waste (England & Wales) Regulations 2011 there is also the duty to ensure all practicable measures have been taken to reduce waste, prepare waste for reuse, recycle waste, and recover energy from non-recyclable waste rather than sending it for disposal. The Trust is required to apply the waste hierarchy to all waste streams. Producers of waste must now sign waste transfer notes with a declaration that they have complied with their duty to apply the waste hierarchy (set out below, with prevention being the most favourable and disposal the least favourable):

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Waste management hierarchy and NHS 2030 targets

The Trust is obliged to meet the requirements of new legislation and best practice guidance:

- Continue to comply with Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste.
- Comply with the Health and Care act 2022 and the NHS Clinical Waste Strategy to meet NHS Net zero targets and reduce Scope 3 indirect emissions.
- Comply with General data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018.

2. Definitions

Wherever the word 'Trust' appears in this document it refers to Greater Manchester Mental Health NHS Foundation Trust.

The Trust will dispose its waste in accordance with the following applicable chapters of the European Waste Catalogue.

- Chapter 16 – Other waste from industrial processes.
- Chapter 18 – Healthcare waste.
- Chapter 20 – Municipal waste and similar materials from commerce and industry.

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Clinical Waste	<p>Clinical waste is defined under the Controlled Waste (England and Wales) Regulations 2012 as follows:</p> <p>“clinical waste” means waste from a healthcare activity (including veterinary healthcare) that –</p> <p>(a) contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms</p> <p>(b) contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or</p> <p>(c) is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance within the meaning of Council Directive 67/548/EEC on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances.</p>
Controlled Waste	<p>Controlled waste is defined by Section 75 of the Environmental Protection Act 1990 as: household, industrial and commercial waste or any such waste.</p> <p>For the purposes of this policy all Trust waste is controlled waste.</p> <p>(For interpretation of the definitions of ‘household,’ ‘industrial’ and ‘commercial’ waste see EPA s.75 and the Controlled Waste Regulations 2012)</p>
COSHH	Control of Substances Hazardous to Health Regulations
CQC	Care Quality Commission
DEFRA	Department for Environment, Food and Rural Affairs
EA	Environment Agency
EPR	Environmental Permitting Regulations
GMMH	Greater Manchester Mental Health NHS Foundation Trust
Hazardous Waste	<p>Hazardous Waste is defined in law by Reg. 6 of the Hazardous Waste Regulations 2005 and Reg. 4 of the List of Wastes Regulations 2005.</p> <p>Further guidance on the classification of Hazardous Waste is provided in the Environment Agency publication: Technical Guidance WM2: Interpretation of the definition and classification of hazardous waste.</p> <p>N.B. <i>To ensure capture of all waste substances that may require additional management control, the scope of this policy takes a broad interpretation of the definition of hazardous waste that may include waste substances that fall outside of this legal definition (see section 2).</i></p>
HTM	Health Technical Memorandum
HWCN	Hazardous Waste Consignment Note

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IPC	Infection Prevention and Control
MHRA	Medicines & Healthcare products Regulatory Agency
MFT	Manchester University NHS Foundation Trust
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.
RBH	Royal Bolton NHS Foundation Trust
SLA	Service Level Agreement – a specification in a NHS Goods and Services Contract.
SOP	Standard Operating Procedure
Waste	<p>Waste is defined throughout the EU by the Waste Framework Directive (and in the UK by Section 75(2) of the Environmental Protection Act 1990) as:</p> <p><i>“Any substance or object which the holder discards or intends or is required to discard”</i></p> <p>In law once something has become waste it remains waste irrespective of potential for reuse or intrinsic value. Waste is subject to all relevant regulation until it is deemed to have reached “end of waste status.”</p> <p>Determining end of waste status is not straightforward, but for the Trust’s purposes can be either: final disposal or treatment/reprocessing by a permitted operator via a process that has been approved by the Environment Agency.</p>
Waste Hierarchy	<p>The Waste Hierarchy is defined by Art.4 of Directive 2008/98/EC as the:</p> <p><i>“Priority order in waste prevention and management legislation and policy:</i></p> <ul style="list-style-type: none"> a) Prevention. b) Preparing for re-use. c) Recycling. d) Other recovery, e.g., energy recovery; and e) Disposal.”
WEEE	Waste Electrical and Electronic Equipment Recycling
WTN	Waste Transfer Note
WTN’s	Waste Transfer Notes
WWL	Wrightington, Wigan and Leigh NHS Foundation Trust

3. Duties

The Trust identifies clear lines of accountability in relation to waste management as follows.

3.1 Board/Lead Committee

The Risk Management Committee has overall responsibility for the approval of this document.

3.2 Chief Executive

The Chief Executive has overall responsibility for ensuring compliance with all statutory regulations and guidance relating to waste management to ensure that all waste produced by the Trust is disposed of in accordance with current legislation and best practice guidance.

The Chief Executive also has overall responsibility to ensure that the waste management policy is implemented and adhered to across the Trust and should provide sufficient resources to ensure waste is handled and disposed of safely and in accordance with the relevant legislation.

3.3 Chief Finance Officer

The Chief Finance Officer has strategic responsibility for ensuring sufficient resources are available to the Trust to meet its waste management obligations.

3.4 Associate Director of Capital, Estates and Facilities

The Associate Director of Capital, Estates and Facilities is responsible for the deployment of resources to ensure the safe and compliant management of waste in line with the relevant legislation and to ensure managers and staff within Capital, Estates and Facilities Directorate are trained and competent to provide an efficient waste management service in all areas and premises occupied by the Trust. Along with directing and supporting the establishment and management of Trust wide waste infrastructure and services.

3.5 Head of Facilities

The Head of Facilities alongside the Associate Director of Capital, Estates and Facilities is to ensure the deployment of resources to ensure all waste is handled and disposed of safely and in accordance with relevant legislation. The Head of Facilities is also responsible for over-seeing the following areas.

- Incident reporting.
- Application of Policy.
- Has responsibility to ensure that all staff are aware of and comply with this policy.
- Shall ensure that all staff involved are aware of the risks of the waste being disposed of and are provided with adequate protective clothing and equipment.
- Shall ensure that sufficient training is in place to conform to the relevant codes of practice.
- Shall ensure that waste is disposed of by a 'registered' waste removal contractor.
- Shall ensure risk assessments are in place and appropriate action taken to minimise risk.
- Identify and apply appropriate monitoring and control procedures to ensure compliance.
- Monitor and manage compliance of any waste related contracts in force.

3.6 Waste and Logistics Manager and Policy Lead

The Waste and Logistics Manager leads on all Waste management areas including.

- Develop and implement waste policies and organisation-specific guidance in line with current legislation; be accountable for implementation of HTM 07-01.
- Promote and provide the structure and resources to allow the effective segregation of clinical waste.
- Collate and report all accurate waste data as required in ERIC and ensure compliance with duty of care responsibilities.
- Carry out a review of the Trust's Waste Management Policy and procedures at a pre-determined intervals to ensure they are relevant and suitable.
- Waste Contract management with all service providers (ensuring that all contractors meet the current legislative requirements whilst ensuring the Duty of Care is sustained) Including the setting up of new sites and closing sites when GMMH no longer provide a service at the location.
- Leading on all matters relating to operational waste management and disseminating any information to all staff regarding best practice and legislation updates.
- Advising the Trust's Procurement team on all matters relating to contract specifications and operational requirements.

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- Providing an impact assessment on all imminent waste related legislation.
- Identifying and applying appropriate monitoring and control procedures to ensure compliance with legislation.
- Waste performance reporting (inclusive of waste financial performance, Key Performance Indicator reports and Premises Assurance Model (PAM)).
- Facilitating Trust compliance with this policy.
- Working closely with the following stakeholders to develop policies and procedures and ensuring the correct disposal of specialised wastes:
 - Infection Prevention and Control Department (IPC).
 - Transport Department.
 - Capital and Estates Department.
 - Pharmacy Department.
 - Procurement Department.
 - Service provider and Departmental Leads.
 - Waste Champions Network.
- Delivery of waste reduction initiatives.
- Conduct compliance checks and provide reports on findings.
- Regular audit and quarterly report on waste practices.
- Shall ensure that personal protective and basic hygiene precautions are adhered to.
- Assisting producers with the correct classification and segregation of waste and a reduction in waste produced.
- Shall ensure that adequate appropriate training is given to all staff involved in the handling of waste materials, and that all staff periodically attend refresher training.
- Shall ensure that waste disposal complies with the appropriate codes of practice, e.g., correct use of coloured bags.
- Shall keep records of training.
- Shall ensure collection points are correctly identified, clean and tidy etc.
- Shall ensure that all incidents and spillages are reported and documented with action follow up.
- Produce and apply cleaning procedures and schedules for all storage areas and receptacles.
- Shall ensure systems are in place for the accurate identification of wastes and a consignment note system is operated and the record of consignments maintained.

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3.7 Chief Nurse

The Chief Nurse is to provide sufficient resources to ensure all waste is handled and disposed of safely and in accordance with the relevant legislation in service user environments.

3.8 Directors / Service Managers / Leads

Are responsible for ensuring staff under their management, who have responsibilities for handling waste, are adequately trained to fulfil the requirements of this policy. They are responsible for making staff aware of this policy and any subsequent updates to it and ensuring staff understand its implications. They are responsible for informing the Waste and Logistics Manager of the closure of any wards or departments or the opening of any new service units that require waste collection services.

3.9 Head of Procurement

The Head of Procurement is responsible for the tendering processes leading to the award of contracts relating to the disposal of waste. The Head of Procurement will also include packaging type on tender criteria and work to ensure waste is reduced at source through appropriate purchasing decisions.

Whilst delivering the safe and sustainable selection of health products and waste Services and implement sustainable procurement initiatives.

3.10 Infection Prevention and Control Department

It is the responsibility of the Infection Prevention and Control Department to provide advice and guidance to Clinical staff on matters relating to Infection Prevention and Control with regards to the handling of Waste. The IPC Team will also monitor waste on their audits and report the findings back to the Waste and Logistics Manager.

3.11 Capital and Estates Services

It is their responsibility to ensure all contractors / sub-contractors working under their management on Trust premises are made aware of the Trust's waste management policy and work within the terms of its requirements via the local induction process.

3.12 The Associate Director of Pharmacy

The Associate Director of Pharmacy provide advice and guidance, as required, on safe procedures for the handling and disposal of pharmaceutical waste materials (Controlled and special waste types).

3.13 Matrons and Local Managers (Ward Managers and Heads of Departments)

Are responsible for ensuring staff under their management, who have responsibilities for handling waste, are trained to fulfil the requirements of this policy. They are responsible for making staff aware of this policy and any subsequent updates to it and ensuring staff understand its Implications. They are also responsible for informing the Waste and Logistics Manager of the closure of any wards or departments or even the opening of any new service units that require waste collection services.

They are also responsible for the following areas:

- Incident reporting and investigation.
- Shall ensure that all staff involved are aware of the nature and dangers of the waste being disposed of.
- Shall ensure that waste disposal complies with the appropriate codes of practice, e.g., correct use of coloured bags.
- Shall keep records of training.
- Appropriate PPE shall be provided as necessary and appropriate and as identified in the formal risk assessment.
- Formal risk assessments will be carried out on all processes and types of waste handled and disposed of by the Trust.

3.14 Waste and Compound Operatives / Porters

- Shall be familiar with the policy and procedures for hospital waste management and be aware of emergency procedures.
- Shall report dangerous waste situations to their line managers as soon as they are identified and assist with the incident report form.
- Shall not handle any waste assessed to be too heavy or of which the correct method of disposal is unfamiliar. If in doubt, the employee must contact his/her line manager.
- Shall wear protective clothing in accordance with the policies in force in their respective workplace.
- Shall be responsible for personal hygiene.
- Shall assist with the reduction of waste and improvement of the policy and safe working practices.
- Shall ensure that the nature and dangers of the waste to be carried are made known to the collectors or handlers (contractors) through proper segregation and clear labelling.
- To transport waste safely, both on and off site and to follow safe working practices.
- To only collect and transport correctly sealed and labelled waste.

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- Shall ensure that no waste is damaged or spilt in transit and if such an incident should occur, report it, and follow the correct procedure.
- Assisting with the correct classification of waste and the reduction of waste produced.
- Shall ensure that clinical and pharmaceutical waste is stored in a safe, secure locked compound.

3.15 Employees

- Shall be familiar with the policy and procedures for waste management and be aware of emergency procedures.
- Shall report issues relating to waste incidents to their line managers as soon as they are identified and assist with the incident report form.
- Shall not handle any waste assessed to be heavy or of which the correct method of disposal is unfamiliar. If in doubt, the employee must contact his/her manager.
- Shall wear protective clothing in accordance with the policies in force in their respective workplace.
- Shall be responsible for personal hygiene.
- Shall assist with the reduction of waste and improvement of the policy and safe working practices.
- Shall ensure that the nature and dangers of the waste to be carried are made known to the collectors and handlers (normally Porters and Drivers) through proper segregation and clear labelling.
- To only collect and transport correctly sealed and labelled waste.
- Assisting with the correct classification of waste and the reduction of waste produced.
- Shall ensure that clinical and pharmaceutical wastes are stored in a safe, secure, designated storage area and that this is always locked.

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4. Processes and Procedures

4.1 Procurement Procedures

GMMH Procurement Department must ensure that its procedures incorporate the principles of the waste framework directive. All procurement contracts must consider the waste outputs that may be generated and ensure that appropriate measures are in place to minimise the cost and environmental impact. This must be prioritised in all waste contracts throughout the Trust.

4.2 Life Recycling Processes

It is the responsibility of GMMH to as far as is reasonable and economically practical to re-use donate or resell articles which have not reached their end of life.

4.3 Targets

The Trust produces a significant amount of waste across all its waste streams and as the Trust develops its policies to comply with the Waste Framework Directive it is imperative that these volumes are reduced across all waste streams.

The Trust also has the aim of reducing the quantities of hazardous waste produced across all sites within its overall waste types generated in line with the new NHS England targets for clinical waste which is to produce 60% Offensive 'Non-Infectious Healthcare waste, 20% Infectious Orange Bag Waste destined for Alternative Treatment and 20% Infectious Yellow Bag Waste / Sharps containers / Medicinal waste containers which are destined for Incineration by 2025.

The Trust will be working on a longer-term Waste management strategy to identify specific targets for non-hazardous waste streams by Q1 - 2024 to align to the Waste Hierarchy.

Our aim is to reduce our overall waste arisings and reduce the volume of general waste produced across the organisation.

4.4 Legislation and Benchmark Standards

4.4.1 Waste and Environment

The Trust recognises the environmental and health impacts of waste generation and disposal as this leads to pollution, which is detrimental to health. The Trust seeks to limit adverse environmental impact through waste prevention.

Significant environmental and health impacts can include:

- use and contamination of land for deposition of solid household and commercial waste.
- potential emission of non-organic and persistent organic pollutants from incorrectly managed clinical waste incinerators.

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- generation of methane gas from disposal of biodegradable waste to landfill.
- pollution of land and water by incorrect segregations and disposal of solid and liquid wastes.

A full list of legal references is provided in the Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

4.4.2 Transport Legislation

Transport legislation is based on the principles of hazard and risk assessment, and substances (including waste) classified according to their primary hazard. These are classified as dangerous goods and are assigned to different classes depending on the predominant hazard. Dangerous goods are liquid or solid substances and articles containing them, which have been tested and assessed against internationally agreed criteria. For further information on transport requirements please speak to the Waste and Logistics Manager.

4.4.3 Health and Safety

Employers have a general duty, under the Health and Safety at Work etc. Act 1974, as far as is reasonably practicable, to ensure the health, safety and welfare of their employees and visitors to their premises.

These duties are legally enforceable.

The basic principles of health and safety and the “hierarchy of control” will apply,

- eliminate risk.
- reduce the impact of risk.
- protect against risk.

4.4.4 Risk Assessment

Complementary to the Health and Safety at Work Act 1974, the Control of Substances Hazardous to Health Regulations (COSHH) requires that before carrying out any work liable to expose an employee to anything hazardous to health, the employer must have assessed the risks to health and taken steps to prevent or control exposures to potentially hazardous substances.

Formal risk assessments will be carried out by GMMH on all processes and types of waste handled and disposed of by the Trust.

Risks will be reassessed on any significant change to methodology or legislation.

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4.4.5 Care Quality Commission (CQC)

4.4.5.1 Essential standards of quality and safety

The Care Quality Commission (CQC) regulates all providers of regulated health and adult social care activities in England. CQC's role is to provide assurance that the care people receive meets essential requirements of quality and safety.

The registration requirements are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and include a requirement relating to safety and suitability of premises.

Failure to comply with the requirements is an offence, and under the 2008 Act, CQC has a wide range of enforcement powers that it can use if the provider is not compliant. These include the issue of a warning notice that requires improvement within a specified time, prosecution, and the power to cancel a provider's registration, removing its ability to provide regulated activities. Outcome ten of CQC's 'Guidance about compliance' focuses on the "safety and suitability of premises" and decrees that "people receive care in, work in or visit safe surroundings that promote their wellbeing."

References within this guidance relate to the minimum approved standard or technological solution. Further information on treatment and disposal options should be sought from waste management contractors and the appropriate regulatory authority.

4.5 Duty of Care

The nature of much of the waste produced in the Trust poses a particularly stringent "duty of care" on managers, employees, and contractors alike. Users have a responsibility to abide by this policy for the handling of any form of waste, to ensure compliance with current legislation and avoid prosecution either as individuals or the Trust as a whole.

4.5.1 Lower Tier Waste Carriers Licence

The Trust must monitor its status with regards to being a Lower Tier Waste Carrier. The Trust recognises its duty to register as a Lower Tier Waste Carrier in its current legal status.

Please contact the Waste and Logistics Manager for further details.

4.5.1.1 Waste Carrier

Waste carriers transport commercial, industrial and household waste, known as controlled waste, as part of their business. Trust employees transport waste in their cars and other Trust vehicles. The Trust is registered as a Lower Tier Carrier with the Environment Agency.

4.5.1.2 Waste Consignor

The Trust in its capacity as 'landlord' consigns on behalf of several separate independent organisations referred to as 'producers' of hazardous waste. In this capacity the Trust is responsible for ensuring that pre-acceptance audits are provided by the 'producers' and passed on to the waste contractor. Hazardous waste consignment notes must accurately describe the waste.

Detailed guidance is given in the Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

4.5.2 Environmental Protection Act 'Duty of Care'

Under the Environmental Protection Act 1990 it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management licence, contrary to the conditions of a licence 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 (including clinical) waste 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.

4.5.3 Code of Practice

The Trust recognises its responsibilities under the 'Duty of Care' code of practice. Full details can be found on the Department for the Environment, Food and Rural Affairs and Environment Agency websites.

4.5.4 Producer / Duty Holder Responsibilities

The Code of Practice on the Duty of Care describes several responsibilities placed on duty holders. Regarding the 'Producer' of the waste the following points must be ensured:

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

Detailed information is given in the Waste Management Manual

[GMMH Waste Management Manual.pdf](#)

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4.5.5 Record Keeping

Producers must keep records to demonstrate an audit trail from creation to end disposal of waste produced from its activities. Such records must be open to inspection by the enforcement agencies at any time. The hazardous waste regulations require records of hazardous waste consignment notes to be kept for three years. These notes must be filled on site by the person responsible for completing consignment notes. Producer returns must also be kept with the consignment notes.

Detailed policy on record keeping is described in the GMMH Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

4.5.6 Externally Managed Trust 'Producer' Waste – Acute Hospital Premises and Community Sites

The Trust's also utilises the services of its landlords on some of its premises for waste management services. The Trust recognises its responsibilities for this waste and all duty of care obligations in terms of reviewing waste disposed of through this route.

The Trust has Service Level agreements (SLA) in place for waste management services with the following Acute Hospital sites:

- Manchester University NHS Foundation Trust (**MFT**) (This is delivered at the following locations: **Laureate House, Anson Road, Gaskell House, and the Rawnsley Building**)
- Wroughtington, Wigan and Leigh NHS Foundation Trust (**WWL**) (This is delivered at the following locations: **Sir Christopher Home Unit, Royal Albert Edward Infirmary, Wigan and Hazelmore, Lindamere & Pennington Units at Leigh Infirmary Hospital**)
- Royal Bolton NHS Foundation Trust (**RBH**) (This is delivered at the **GMMH RBH Rivington Unit along with Honeysuckle Lodge** by IFM Bolton)

Please note that GMMH provides waste services to those locations that are not covered by waste management SLAs with Acute Trust's. Details of arrangements for all sites including Care groups can be found by contacting the Trust's Waste Management team.

Each SLA specifies the minimum waste management compliance levels required and each service provider based on the following key principles:

1. Waste management practices harmonise with this policy and the principles in the waste management policy.
2. All procedures must be in line with the Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste principles.
3. A site 'register' must identify all waste consigned from the site produced by GMMH staff working and producing waste at the site. This must include the HWCN's, WTN,

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Quarterly returns, Part E's and certificates of destruction as deemed necessary by law and this policy.

4. A 'Duty of Care' audit report must be provided annually to the Trust by each 'Landlord' acting on behalf of the Trust consigning any waste through third party contractors.
5. Risk Assessments and SOP's must be provided to the Trust for all handling and storage activities involving Trust waste.
6. All waste must be stored in a secure and safe manner at each site
7. A reporting system for non-conformities identified in internal monitoring relating to GMMH staff waste related activities must be established.

4.5.7 Waste produced in service user homes by Community Mental Health Teams

The Trust provides community-based services to patients in the home environment. All community mental health teams must comply with the Trust waste management manual procedures and ensure that all staff are trained to do so.

Internal departmental monitoring will be conducted every quarter with non-conformities reported to the Trust.

4.5.8 Trust SLA for 'Tenants' producing and storing waste on Trust premises

In cases where the Trust acts as a Landlord an SLA will be established with each tenant that identifies the following minimum principles:

- Waste authorised to be onsite in storage.
- Trust agreement with waste classifications using WM3 EA Technical Guide.
- Storage standards including security.
- Record Keeping.
- Duty of Care embedded principles.

4.5.9 Waste Management Accountability and Monitoring Arrangements

All staff are deemed in law to be waste 'Producers, and as such have a line of accountability, and personal responsibility to ensure that waste generated in GMMH premises, is disposed of safely and in fully accordance with this Waste Management Policy document. The Trust Waste Management arrangements and lines of accountability are summarised and outlined in the Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

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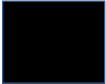
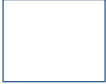
4.6 Safe Management of Healthcare Waste Guidance

The Trust is committed to implementing the colour coded segregation system as set down in the Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste. Segregation of waste at the point of production into suitable colour-coded packaging is vital to good waste management. Health and safety, carriage and waste regulations require that waste be handled, transported, and disposed of in a safe and effective manner. The following colour-coded waste segregation guide represents best practice and ensures, at minimum, compliance with current legislations.

To ensure the safe segregation of waste products, it is the Trust policy to use colour-coded scheme for all its healthcare packages including plastic bags and coloured safety containers for disposing of waste.

Colour	Description
 Yellow	Waste which needs disposal by incineration. Indicative treatment / disposal required is incineration in a suitably permitted or licensed facility.
 Orange	Waste which may be “treated” Indicative treatment/disposal required is to be “rendered safe” in a suitably permitted or licensed facility usually alternative treatment plants (ATP’s). However, this waste may also be disposed of by incineration.
 Purple	Cytotoxic and Cytostatic waste Indicative treatment / disposal required is incineration in a suitably permitted or licensed facility
 Yellow / Black	Offensive / Hygiene waste* Indicative treatment/disposal required is municipal incineration / energy from waste at a suitably permitted or licensed facility or landfill as a last resort.
 Blue	Medicinal waste for Incineration Indicative treatment/disposal required is incineration in a suitably permitted facility.

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 Black / Clear	Domestic (municipal) waste Minimum treatment / disposal required is landfill, municipal incineration / energy from waste or other municipal waste treatment process at a suitably permitted or licensed facility. Recyclable components should be removed through segregation. Clear / opaque receptacles/bags may also be used for domestic waste.
 Clear	Recycling Components removed by segregation into Mixed Recycling to included cardboard, paper, plastic metals etc. Use clear bag to identify for DMR bulking and transport to Recycling / Recovery / Re-use Facility

Detailed procedures are provided in the GMMH Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

4.7 Storage, Handling and Transport of Waste

The Trust recognises under its Duty of Care responsibilities both on environmental and Health and Safety grounds that it is required to have robust procedures for the safe storage, handling, and transport of all types of waste.

The Trust has produced a separate document titled 'GMMH Waste Management Manual.' This document contains detailed information on procedures to meet this obligation, all Trust Divisions and Managers must ensure that all staff are aware of and adhere to these procedures.

All bins and waste compounds must be always locked when not in use in line with the Trust's Fire Management Policy and local fire risk assessments.

4.8 Record Keeping and Documentation

4.8.1 Hazardous Waste Producer Reference

Producers of hazardous waste are required to create a unique identifier for each site that produces hazardous waste. This must begin with the Trust name or location name. This must then be used by waste contractor collecting waste from each location. It is an offence not to use this identifier.

All contract holders must ensure the unique identifier is used. This information can be obtained from the Waste and Logistics Manager.

4.8.2 Documentation

As the producer of the waste, GMMH premises bears the legal responsibility of ensuring that waste documentation is complete and accurate. There are two different types of documentation required for waste transfers:

Consignment notes that are used for hazardous wastes.

Waste transfer notes that are used for non-hazardous wastes.

A consignment note is used to track the movements and ensure the safe disposal of hazardous wastes. It also ensures that the information accompanying the waste is sufficient to enable its safe disposal. A new consignment note must be completed for each individual collection of hazardous waste. Each note will consist of producer, carrier, and consignee copies.

4.8.3 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 & annexes).
and

Consignee returns to the producer or holder.

Where relevant, the register should also contain records of any rejected loads or carrier schedules. Guidance on consignment notes and their completion is provided in a series of guides to the Hazardous Waste Regulations.

Detailed information is provided in the GMMH Waste Management Manual.

[GMMH Waste Management Manual.pdf](#)

4.8.4 Location of the Register

The location of the register depends on the number of Trust locations and whether 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.

4.8.5 Controlled Waste Transfer Notes (WTN's)

Waste transfer notes can only be used for the collection of non-hazardous wastes streams. This would include non-hazardous medicines, Waste Electrical and Electronic Equipment (WEEE), municipal waste and all other waste consigned by the Trust which is classed as a controlled waste. A record of this document must be kept at premises for two years.

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4.8.6 Certificates of Destruction

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

4.8.7 Record Holders

Any Trust employee designated as a record holder must receive training in their duties by the Trust Waste and Logistics Manager.

4.9 Business Continuity Plans

In the event of any service failures or disruptions, we are to refer to the GMMH Waste management business continuity plans that can be found on Share Point.

Each waste contractor is obliged to provide the Trust with their business continuity plans, quality assurance processes and environmental policies. These can be found on the GMMH Waste management business continuity plan page on Share Point (<https://dearauahotmail.sharepoint.com/sites/CEFSeniorLeadershipTeam/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCEFSeniorLeadershipTeam%2FShared%20Documents%2FGovernance%20and%20Assurance%20Programme%2FEPRR%2FBusiness%20Continuity%20Plans%2FWaste%20Management&p=true&ga=1>).

5. Training Requirements

5.1 Information and Training

Infection prevention and Control training is provided for all clinical staff as part of their mandatory training programme. Clinical waste and safe disposal of sharps is included in the mandatory sessions. Infection Prevention Nurses link programme covers clinical waste and sharps management. Local induction for all staff should include training on waste categorisation and waste disposal.

5.2 Legal Requirements

Given the broad spectrum of responsibilities and the technical difficulty of compliance, effective training must be provided. This will also require a well communicated information campaign to promote the procedural requirements set down in the new waste policy.

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

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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 and secure storage of waste
- Transport of dangerous goods, including clinical waste, waste medicines and diagnostic specimens.

5.3 Staff Training Awareness

It is essential that a co-ordinated effective information campaign is implemented to coincide with the introduction of new waste streams, management protocols and training. Clear easily understood guidance will be distributed to all managers. Additionally, a poster campaign will be launched to supplement the guidance at all sites.

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 management 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.

5.4 Information

The Trust will provide information on waste disposal to all relevant staff members by way of posters, training leaflets and trials.

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

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6. Monitoring

Minimum Requirement	Frequency	Process for Monitoring	Evidence	Responsible individual(s)	Response Committee (s)
Pre-Acceptance Audits	Annual if sites produce over five tonnes of clinical waste or every 5 years if they produce under five tonnes of clinical waste	Review of pre acceptance register held by our clinical waste contractor.	Clinical Waste: Environmental Permitting Regulations (EPR) 05 07	Waste and Logistics Manager	TBC
Duty of Care Desktop Audits	Annually	The Trust will undertake duty of care audits on an annual basis of all its waste contractors.	This will be done with the assistance of an external contractor. Although the focus will be on hazardous waste, controlled waste will also be audited.	Waste and Logistics Manager	TBC

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Minimum Requirement	Frequency	Process for Monitoring	Evidence	Responsible individual(s)	Response Committee (s)
Internal Audits	Annually	Planning and review by the Waste and Environmental Manager	Internal audits will have the pass standard of 85% compliance.	Waste and Logistics Manager	TBC
External Reports	Bi-annually	The Trust policy is to complete on at least a basis an external audit of its activities in relation to waste management.	This is recommended practice within the Safe Management of Health-care Waste Version 1 guidance and part of CQC audits although not yet mandatory.	Waste and Logistics Manager	TBC
Waste Contractor Reports	Monthly	Reviewing and reporting on the monthly data from the respective service portals	Presented via the CEF Dash-board	Waste and Logistics Manager	TBC

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Minimum Requirement	Frequency	Process for Monitoring	Evidence	Responsible individual(s)	Response Committee (s)
Internal Trust Report	Annual	Trust Annual Report	<p>This will include:</p> <p>The Trust's short, medium, and long-term targets for reducing the amount of waste generated in each waste category</p> <p>an indication of the progress of the waste management action plan to show whether the strategy is on course. Details of the amount and cost of waste disposal in the last year, for each Trust site.</p> <p>Details of</p>	Waste and Logistics Manager	TBC

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Minimum Requirement	Frequency	Process for Monitoring	Evidence	Responsible individual(s)	Response Committee (s)
			<p>any environmental incidents involving waste.</p> <p>And the level of investment in reducing waste, expressed as a percentage of annual expenditure on waste disposal.</p>		

7. Resource / Implementation Issues

Services will be expected to ensure that budgets are in place to enable compliance with this waste management policy. This will include for the provision of any ad-hoc waste collection services from their site or location on top of their normal service provisions. (e.g. collection of clinical or non-clinical waste mattresses, WEEE and hazardous waste).

This could also include increasing the service frequency of the various waste (Confidential, Clinical and Domestic) collections at site and any associated costs because of that.

Please speak to the Waste and Logistics Manager for further information.

8. Risk Issues

Improper waste management risks the welfare of personnel working on Greater Manchester Mental Health NHS Foundation Trust (GMMH) premises and has the potential to affect a wider network of people including service users, visitors and waste contractors who transport waste from GMMH sites to the final points of disposal. This risk extends to the environment within GMMH premises and beyond.

Waste disposal is costly for GMMH and with annual increases in government set waste taxes, this cost continues to rise. Failure to comply with the waste procedures increases expenditure on waste disposal and may result in GMMH being found in breach of its duty of care, resulting in heavy fines and prosecutions. It is therefore imperative that all staff understand what is expected of them, and co-operate fully, making all GMMH activities and premises safer for all.

9. References and Acknowledgements

9.1 References

Unique Identifier	Title and web links from the document library
TBC	Waste Management Manual
HS01	Health and Safety Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
HS02	Manual Handling Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
COV03	Covid -19 Vaccine Handling and Management Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
AZH5	Disposal of AstraZeneca Covid-19 Vaccine https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
IPC01	Infection P&C Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
IPC02	Sharps Safe Handling Disposal https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
MM04	Medicines Management Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
MM06	Controlled Drug Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
EF01	Fire Safety Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
EF05	Catering Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
EF13	Medical Device Management Policy https://dearauahotmail.sharepoint.com/sites/Documents/SitePages/TrustPolicies.aspx
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<https://www.gov.uk/government/publications/resources-and-waste-strategy-for-england>

10. Subject Expert and Feedback

For any queries, questions or further information on waste management including specific procedures under this policy, please contact the author: Gary Roberts – Waste and Logistics Manager.

11. Review

This document will be reviewed **annually** or sooner considering any organisational, legislative, or other changes.

12. Appendices

All Appendices will be found in the supplementary GMMH Waste Management manual.

[GMMH Waste Management Manual.pdf](#)