

Planning Statement

North Manchester General Hospital Waste Compound Relocation

Manchester University Hospital NHS Foundation Trust

July 2024

Turley

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1. Introduction

1.1 This Planning Statement ('this Statement') has been prepared by Turley on behalf of Manchester University NHS Foundation Trust ('MFT', 'the Trust' or 'the Applicant') to accompany an application for full planning permission for the relocation of the existing waste compound at North Manchester General Hospital ('NMGH'), including the erection of a single storey modular building for staff use.

1.2 The description of development is as follows:

"Relocation of existing waste compound to a purpose-built facility off Crescent Drive within the southeast corner of North Manchester General Hospital, comprising the erection of a single storey modular building for staff amenity facilities (including a canopy extension to cover waste storage area), free-standing canopy to cover waste and cardboard compactors, dedicated bin storage areas, tug charging point, box van parking spaces, a bin wash and spill kit station and vehicular and pedestrian access from Crescent Drive."

1.3 The purpose of this Statement is to assist Manchester City Council ('MCC') and other stakeholders in understanding the background and requirement for the proposals as well as identifying the prevailing policy framework and an assessment of compliance with it.

Background

1.4 This application forms part of the comprehensive redevelopment of NMGH. Significant regeneration plans for the redevelopment of NMGH were announced by the former Prime Minister in September 2019¹. NMGH is in dire need of investment and is a focus for the Government and MFT for the delivery of modern, purpose-built and integrated healthcare facilities. On 03 October 2020, funding was confirmed by the Government for the redevelopment of NMGH.

1.5 In March 2021, MCC approved the Strategic Regeneration Framework (SRF) to guide the comprehensive redevelopment of NMGH. The SRF sets out the vision for the new campus to comprise of a healthcare hub, including a new acute hospital and a modern mental health hospital, a wellbeing hub, education hub, healthy neighbourhood hub and village green.

1.6 Following the adoption of the SRF, a number of planning applications have been submitted to and approved by MCC in relation to the wider redevelopment proposals at NMGH. Those of greatest relevance are detailed in **Table 1.1** below.

¹ [New hospital building programme announced - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/new-hospital-building-programme-announced)

Table 1.1: Relevant Planning Applications in relation to NMGH Redevelopment

Reference	Description	Status
128563/FO/2020	Erection of part single, part two storey building to form 150-bed adult mental health inpatient unit (AMHU) with associated access, parking, soft and hard landscaping, following demolition of existing buildings.	Planning permission granted in January 2021. Under construction.
128905/FO/2020	Erection of a multi-storey car park and cycle hub (1,025 car parking spaces) in association with North Manchester General Hospital and associated enabling works comprising the demolition of five existing buildings; the provision of two areas of temporary car parking; service diversion works; landscaping and other associated works.	Planning permission granted in March 2021. Construction completed.
139865/FO/2024	Provision of a vehicular and pedestrian access road between Central Drive and Ellis Road with associated footpaths, patient drop off area outside the adult mental health inpatient unit, six no. accessible car parking bays and the creation of an egress point from the existing car parking area to the north-west, including landscaping and associated works	Planning permission granted in April 2024.

- 1.7 This planning application forms part of the second phase enabling works package necessary to prepare the wider site for future redevelopment. The relocation of the existing waste compound is necessary to release land within this area of the site for the wider redevelopment of NMGH but also to provide a purpose-built waste compound with improved facilities for staff.
- 1.8 Relocating the existing waste compound to a purpose-built facility within a part of the site, which will be unaffected by the wider redevelopment of NMGH, will ensure there will be no disturbance to the operation of the existing hospital and future facilities.
- 1.9 The intention is that the waste compound in this location is 'temporary' until the wider site is successfully redeveloped. Following this, the waste compound will be relocated within the wider site. These timescales are to be determined and will be discussed and agreed with MCC during the course of this planning application.

This Document

1.10 The full list of accompany documents and drawings are listed in **Appendix 1**.

1.11 The remainder of the statement is structured as follows:

- **Chapter 2** describes the application site and its immediate local context.
- **Chapter 3** describes the proposed development.
- **Chapter 4** appraises the proposed development against the relevant planning policy context.
- **Chapter 5** sets out the conclusion and planning balance in favour of consent for the proposed development.

2. Site and Surroundings

North Manchester General Hospital

- 2.1 The application site is located at NMGH which is located about 4 km to the north of Manchester City Centre and 0.8 km to the north of Crumpsall District Centre. NMGH is a significant healthcare and employment asset. It comprises around 27 ha and is the home to a district hospital, an intermediate care facility (Crumpsall Vale) and a mental health hospital (Park House).

Figure 2.1: Site Context Plan (Source: Design and Access Statement, prepared by Sheppard Robson (July 2024)).



Existing Waste Compound Site

- 2.2 The existing waste compound is located at the north-western edge of NMGH, as shown in **Figure 2.3** and **Section 3.5 of the Design and Access Statement**. The existing waste compound consists of compactors, bin storage area (including a covered area for chemical, WEE and battery waste) and a building at the west of the compound. This single-storey building provides a small office area, break out space and loading bay. Four no. storage containers and skips are available at the north and south of the compound respectively.

- 2.3 The existing waste compound is across two areas which are separated by a vehicular route which provides access around the NMGH estate for all users and visitors to the hospital, including staff and servicing vehicles. Therefore, this has resulted in an 'ad hoc' arrangement of managing and storing waste across the two areas.
- 2.4 The redevelopment proposals at NMGH provide an opportunity for a purpose-built waste compound to be built to promote efficiencies in waste management but also improve the safety and wellbeing of staff using the waste compound.

Figure 2.2: Existing Waste Compound at NMGH



Proposed Waste Compound Site

- 2.5 The proposed waste compound site ('the Site') is located in the southeast of the NMGH site, adjacent to the new Greater Manchester Mental Health unit ('GMMH'), as approved under LPA ref. 128563/FO/2020. The Site is set back from Crescent Drive with dense trees and shrub screening the Site from the road and adjacent buildings (see **Location Plan (ref. 02800)** and **Figure 2.3**).
- 2.6 The Site is currently used as an overflow surface car park for staff use only; however, this use is no longer required following the opening of the new Multi-Storey Car Park and Cycle Hub in 2023 (approved under LPA ref. 128905/FO/2020).
- 2.7 The primary vehicle access into the Site is via Crescent Drive and Central Drive, both of which are key access roads into the hospital and used to access the existing waste compound. In addition, the Site benefits from pedestrian routes to the north and west off Crescent Drive to safely access and egress the Site. These will be retained.

Figure 2.3: Proposed waste compound site shown in relation to existing waste compound site (blue line – NMGH boundary; yellow line – existing waste compound site; red line – proposed waste compound site).



2.8 The Site is not subject to any site-specific Development Plan policies or any statutory or non-statutory environmental designations; however, the following are relevant:

- According to MAGIC Map², there are no statutory designated sites for nature conservation within the Site or in proximity.
- There are no listed buildings immediately adjacent or proximate to the Site.
- The Site is not located within a Conservation Area; however, the Crumpsall Green Conservation Area is c. 500m to the northwest of the Site; and
- According to the Environment Agency Flood Risk Map for Planning³, the Site is within Flood Zone 1, which indicates that the Site has a low risk of flooding.

² [Magic Map Application \(defra.gov.uk\)](https://magic.defra.gov.uk/)

³ [Flood risk information for this location - Flood map for planning - GOV.UK \(flood-map-for-planning.service.gov.uk\)](https://flood-map-for-planning.service.gov.uk/)

3. The Proposed Development

3.1 This planning application seeks full planning permission for the relocation of the existing waste compound servicing NMGH, comprising of the following elements:

- 1no. single-storey modular building.
- Waste storage, specifically
 - 30no. 1100L bins for general waste and cardboard.
 - 60no. 770L Stericycle bins.
 - 40no. covered 240L bins for paper and confidential waste.
 - 4no. storage containers.
 - 2no. 20-yard skips.
 - 1no. 10-yard skips.
 - 2no. compactors (one for general waste and one for cardboard).
 - 1no. covered area for chemical waste, WEEE waste and battery waste.
 - 4 no. cages for WEEE waste.
 - 1no. stacked palettes storage.
- 1no. bin wash station with enclosure.
- Associated access and parking spaces, specifically
 - 3no. box van parking spaces.
 - 1no. tug charging point.
 - Sliding gate at the main entrance.
 - Dedicated pedestrian route, along with 10no. pedestrian barriers.
 - Pedestrian gate access at the north of the site.

3.2 The description of development is therefore as follows:

“Relocation of existing waste compound to a purpose-built facility off Crescent Drive within the southeast corner of North Manchester General Hospital, comprising the erection of a single storey modular building for staff amenity facilities (including a canopy extension to cover waste storage area), free-standing canopy to cover waste and cardboard compactors, dedicated bin storage areas, tug charging point, box van parking spaces, a bin wash and spill kit station and vehicular and pedestrian access from Crescent Drive.”

3.3 The key aspects of the scheme are described below, and further details are provided in the accompanying Design and Access Statement and technical reports.

3.4 The intention is that the waste compound in this location is ‘temporary’ until the wider site is successfully redeveloped. Following this, the waste compound will be relocated within the wider site. These timescales are to be determined and will be discussed and agreed with MCC during the course of this planning application.

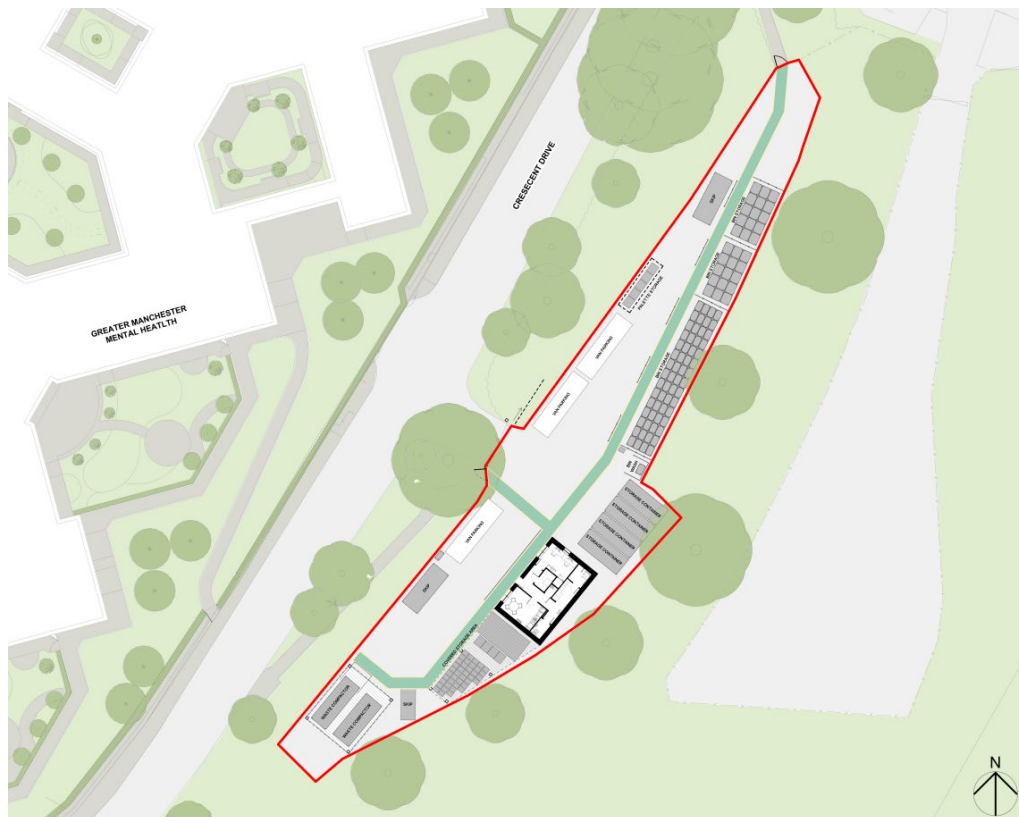
Layout and Use

3.5 The proposed site layout shows the majority of the bin storage areas positioned along the eastern boundary of the site, including four no. storage containers and the bin wash and spill kit station. The modular building is located in the southeast of the site and includes a canopy extension which provides cover for the bin storage area to the

southwest of the building. The two compactors (general waste and cardboard) are located in the most southerly point of the site and are enclosed by a canopy.

- 3.6 Associated van parking is located along the western boundary of the Site, with an area also reserved for skips and pallet storage, as required.
- 3.7 A dedicated pedestrian route is also proposed within the Site, which will be clearly demarcated including with pedestrian barriers, to allow staff to move safely around the site.
- 3.8 The modular building is proposed to provide improved facilities for staff of the waste compound. The facilities to be provided include a teapoint and break room, office space, storage space for PPE and an accessible WC and shower.
- 3.9 The landscape buffer adjacent to the western boundary of the Site will be maintained to provide significant screening of the waste compound from the surroundings, primarily GMMH. Similarly, the layout of the waste compound has been arranged to create as much distance from the operations within the Site to GMMH.
- 3.10 Overall, the layout proposed is much more efficient and safer than the existing arrangement and has been designed to respect its location within the hospital site and adjacent uses.

Figure 3.1: Proposed Site Layout Plan (dwg ref. 23130-SRA-NM171-00-DR-A-02804)



Scale and Massing

- 3.11 The proposed development includes a single storey modular building providing amenity facilities for staff of the waste compound. The modular building also includes a canopy to over the waste storage area to the southwest of the building. A standalone canopy is also proposed to cover the waste compactors in the south of the Site. These canopies are required to protect equipment from inclement weather and also to minimise any potential noise / odour impacts on the surrounding area.
- 3.12 Full dimensions of the proposed built structure can be found in the relevant drawings⁴. The staff building and canopy that provides covered storage area for WEEE waste, chemical and battery waste, paper and confidential waste will be 24m length x 6.7m width x 3.6m height. Canopy for the 2no. waste compactors will be 8.65m length x 6.98m width x 5.7m height. These dimensions are indicative until the modular supplier is confirmed.
- 3.13 Due to the landscape buffer surrounding the Site, the building and structures within the Site are well screened from Crescent Drive, as demonstrated in Section 4.14 of the Design and Access Statement, therefore minimising visual impact from the proposed development.
- 3.14 The existing fence around the perimeter of the Site will be retained. The entrance gates will be replaced with a sliding gate c. 2m in height. A pedestrian gate is also provided off Central Drive and an additional pedestrian gate to the north, as per the existing arrangement. All access points will be securely controlled.

Appearance and Materiality

- 3.15 The proposed modular building will be wrapped in dark grey cladding, including the integrated canopy that covers the external storage area. Dark grey UPVC window frames, aluminium door and cladded base will also be provided to complement the cladding. The standalone canopy will also be wrapped in dark grey cladding to match the modular building.
- 3.16 As outlined above, due to the screening provided by the landscape buffer adjacent to the western boundary of the Site, the buildings will be well screened such that there will be limited visual impact from Crescent Drive.
- 3.17 The proposed entrance gates will be painted green to match the existing fence around the perimeter of the Site.

Landscaping

- 3.18 The Site benefits from existing landscape buffers around the perimeter of the Site primarily to the east and west. All existing landscaping including trees, hedges and grassed areas will be retained ensuring the environment around the Site is maintained

⁴

Waste Transfer Compound Staff Building General Arrangement Elevations (dwg ref. 23130-SRA-NM171-XX-DR-A-02830) and Waste Transfer Compound Compactor Canopy General Arrangement Elevations (dwg ref. 23130-SRA-NM171-XX-DR-A-02831).

to provide appropriate screening to the waste compound. Some tree pruning may be necessary to facilitate the structures on site; however, no trees will be removed and there will be no impacts on root protection areas as there is no intrusive ground works proposed. An area of soft landscaping to the rear of the modular building is proposed to enhance the environment in this area of the Site.

- 3.19 Within the Site, hard landscaping will be proposed in the form of pedestrian barriers, guiding staff around the Site and ensuring their safety.
- 3.20 The existing surface of the Site comprises of asphalt. Where necessary, the Site will be levelled using concrete to create suitable hard standing areas for the building, structures and equipment required.

Vehicular and Pedestrian Access

- 3.21 The only vehicular access point to and from the Site is off Crescent Drive, where the existing bellmouth junction will be retained.
- 3.22 The existing entrance gate will be replaced with a c. 2m high sliding gate to ensure vehicles can access the site easily and securely. The main entrance will also include a separate pedestrian access gate with new access control system. An additional swing gate to the north of the Site is provided as an additional pedestrian access into the site.
- 3.23 Pedestrian and vehicular movement around the Site is proposed to be appropriately segregated to ensure that pedestrians can safely move around the site while delivery and service vehicles are operating in the area. This will be achieved by the use of road markings and pedestrian barriers.

Lighting

- 3.24 Installation of artificial internal/ external general and emergency lighting is proposed to be LED lighting throughout the Site. The external colour of the lighting to the main external waste compound space is proposed to be of 2700K (Warm White) to meet the ecological requirements outlined in the accompanying Ecological Assessment.
- 3.25 Full lighting details relating to the internal and external of the building, external operational waste management area, external task areas/ high risk areas and emergency lighting (both internal and external) can be found in Section 5.6 of the Design and Access Statement and relevant drawings⁵.

Summary

- 3.26 Overall, the proposed development has been designed to be of a high quality and sustainable development that respects and integrates well within its surroundings, providing minimal impact whilst ensuring the efficient running and functioning of the waste facilities for the NMGH are maintained.

⁵ Column Lighting Locations (dwg ref. 7-10724-CCL-XX-XX-DR-MEP-6301 Rev 0) and Compound Column Lighting Isolux (dwg ref. 7-10724-CCL-XX-XX-DR-MEP-6302 Rev 0)

- 3.27 The layout of the waste compound provides a much more efficient and safer environment than the existing waste compound and improves the amenity and working environment for the staff through the provision of purpose-built facilities.

4. Planning Policy Context and Appraisal

- 4.1 In accordance with the provisions of Section 38(6) of the Planning and Compulsory Purchase Act 2004 and Section 70(2) of the Town & Country Planning Act 1990, this application must be determined against of the adopted Development Plan, unless material considerations indicate otherwise.
- 4.2 In this case the adopted Development Plan comprises:
- The Places for Everyone Plan for Greater Manchester (March 2024)
 - Manchester Core Strategy (“CS”) (2012) (including Addendum to Manchester Core Strategy 2024)
 - ‘Saved’ Unitary Development Plan (“UDP”) policies (1995 and alternations on various dates)
- 4.3 Other material considerations include:
- Guide to development in Manchester Supplementary Planning Document (2017)
 - National Planning Policy Framework (“the Framework” or “NPPF”) (December 2023)
 - North Manchester General Hospital Site Redevelopment Programme Strategic Regeneration Framework (SRF) (2021)
- 4.4 A summary of the relevant environmental and technical policies according to key themes and an appraisal of the proposed development against each is provided below. The full planning policy context is included in **Appendix 2**.

Principle of Development

- 4.5 The need to radically transform NMGH has been supported by the Government through the confirmation of funding to deliver the redevelopment of the NMGH site. The redevelopment proposals are clearly in accordance with the Core Strategy’s vision that by 2027, Manchester will be a city with an increased and sustainable healthy population. This is further supported by the Our Manchester Industrial Strategy which seeks to ensure that opportunities to improve health through regeneration are taken to drive economic and community renewal.
- 4.6 The redevelopment of NMGH is one such opportunity that is recognised within the Our Manchester Industrial Strategy, confirming that NMGH is a significant community asset in North Manchester and has the potential to transform the surrounding community whilst facilitating economic growth and social renewal of this part of Manchester.
- 4.7 Further to this is the identification of the redevelopment of NMGH, within the Recovery and Investment Plan as key strategic investment proposition to contribute to the economic recovery of North Manchester and the city as a whole.

- 4.8 Furthermore, PfE policy JP-P6 states that to help tackle health inequality, new development should enable the continued enhancement and successful operation of our hospitals.
- 4.9 This planning application through the relocation of the existing waste compound to a purpose-built facility plays a part in releasing land for the wider redevelopment proposals at NMGH. Furthermore, the Site for the proposed waste compound will not be impacted by the wider redevelopment proposals and therefore can remain in-situ until its permanent location is identified.
- 4.10 The previous use of the Site as an overflow staff car park is no longer required due to the opening of the Multi-storey Car Park and Cycle Hub in 2023. As such, the re-use of a previously developed site accords with the NPPF (paragraphs 123 and 124) in promoting an effective use of land, which safeguards and improves the environment.
- 4.11 Due to its previous use, the existing site access and egress can be utilised in its current form, providing safe and convenient access for both vehicles and pedestrians. Importantly, the proposed development maximises its location in being surrounded by existing landscape buffers – trees and woodlands – through using these natural features to provide screening to minimise any potential impacts.
- 4.12 Overall, it is considered that the proposed development and the role it plays in the redevelopment of NMGH, fully aligns with and entirely supports the vision for Manchester and the wider city region to be a city with an increased and sustainable healthy, population.
- 4.13 Notwithstanding this, the proposed development is located on a previously developed site, making effective use of land whilst minimising impact on the environment and surrounding development. The proposed development will provide the same level of waste storage capacity, as existing, however, provides a much more efficient and safer environment than the existing waste compound and improves the amenity and working environment for the staff through the provision of purpose-built facilities.
- 4.14 It is therefore considered that the principle of the proposed development is wholly acceptable and in accordance with the aforementioned policies and strategies.

Design

- 4.15 PfE Policy JP-P1 requires, amongst other things, development to conserve and enhance the natural environment and respect and acknowledge the character and identify of the locality in terms of design, siting, size, scale and materials used. CS Policy EN1 requires development to maximise the opportunities for good design and outlines those proposals in Northern Character Area (within which the Site is located) should respond to the underlying topography and varied townscape created by the balance between built form and the tree-covered landscape.
- 4.16 In addition, the Guide to Development in Manchester SPD sets out the seven key design principles which together create successful places. These include principles relating to character and context, continuity and enclosure, legibility, ease of

movement and adaptability. Within these principles, the SPD confirms a number of key considerations when designing new places, including:

- Design should respect and be informed by location.
- Site boundaries and treatment should contribute to the street scene.
- Safe routes, including those for pedestrians, will be promoted

- 4.17 In support of the above, the NPPF confirms at paragraph 131, that *“good design is a key aspect of sustainable development, creates better places in which to live and work and helps make development acceptable to communities”*. Paragraph 135 goes on to state that, amongst other things, development will function well, are sympathetic to the surrounding built environment and landscape setting and optimise the potential of the site to accommodate appropriate amount and mix of development.
- 4.18 As outlined in Section 3 of this Statement and within the Design and Access Statement prepared by Sheppard Robson, the proposed development has been designed to be of a high quality and sustainable development. It has utilised the existing landscaping to ensure that it integrates well within its surroundings causing minimal visual impact, whilst ensuring the efficient running and functioning of the waste facilities for the NMGH are maintained.
- 4.19 The layout of the waste compound provides a much more efficient and safer environment than the existing waste compound and improves the amenity and working environment for the staff through the provision of purpose-built facilities.
- 4.20 Overall, the proposed scheme represents good design and accords with Section 12 of the NPPF, PFE Policy JP-P1, CS Policy EN1 and the Guide to Development in Manchester SPD.

Other Environmental and Technical Considerations

Waste Management

- 4.21 The MCC Waste Management Proforma has been completed and accompanies this planning application. In reference to this and as discussed throughout this Statement and the accompanying documents, the proposed waste compound provides the same level of capacity and operates in the same manner as the existing compound. The only change to this is that collection times will start from 7am (as opposed to between 4am and 6am as the currently situation).
- 4.22 The Waste Management Strategy that MFT deploys is in accordance with the MFT Waste Management Policy (**Appendix 3**). This confirms that the Trust is committed to achieving excellence in waste management, as well as reducing its waste related carbon footprint to reach net zero carbon by 2038 and recognises the role that all employees must play to deliver this aim.
- 4.23 In order to take account of the waste hierarchy, the Trust seeks to implement the following wherever possible:

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

4.24 The proposed Waste Collection Strategy will be as per the existing strategy (Appendix A of the Curtins Transport Note); however, all collection times will now occur from 7am onwards. The proposed Waste Collection Strategy is as follows:

- The Stericycle bins will be emptied daily.
- General Waste Compactor emptied during Monday/ Thursday and the following Wednesday (over a fortnight).
- Confidential waste every Wednesday.
- Remaining items will be emptied, as required.

4.25 Overall, it is considered that the proposed development and the Waste Management Strategy deployed by the Trust is in accordance with CS Policy EN19 and GD04 Waste Storage and Collection Guidance for New Developments (v7).

Transport and Accessibility

4.26 PfE policies JP-C1, JP-C6 and JP-C8 and CS policies CC5 and T1 are all focussed on ensuring that the transport network is accessible and meets the needs of all people, including prioritising pedestrians. This includes through ensuring that safe, attractive and integrated walking infrastructure is provided, and that routes are direct and easily navigable creating, where necessary, dedicated separate space for people walking.

4.27 Paragraph 108 of the Framework requires that transport issues are considered from the earliest stage of development proposals, so that the potential impacts of development on transport networks can be addressed and the environmental impacts of traffic and transport infrastructure can be identified, assessed and considered. Paragraph 114 goes on to state that when assessing development proposals, it should be ensured, amongst other things, that safe and suitable access to the site can be achieved by all users.

4.28 Curtins have prepared a Transport Technical Note which assesses the scheme in relation to transport and highways matters. This confirms the following:

- The existing vehicle access off Crescent Drive and the existing pedestrian footpaths into the site will be retained. The existing vehicle gates will be replaced with an access-controlled sliding gate, and the two pedestrian access points will be provided with access-controlled gates. The location of the gates has been provided so that one vehicle can wait before them without blocking Crescent Drive.

- Swept path analyses⁶ have been prepared to demonstrate access and circulation around the proposed layout for the typical vehicles, which are considered to be a 7.5t Panel Van, a 7.9m long Refuse Vehicle, and an 8.6m Waste Compactor Vehicle.
- The proposed Waste Collection Strategy will be as per the existing strategy (Appendix A of the Transport Note); however, all collection times will now occur from 7am onwards (see paragraph 4.24 above).
- The above strategy confirms that waste collection is spread throughout the week, resulting in less than five trips per day, as a worst-case scenario. On this basis, the number of vehicles requiring access to the waste compound is **negligible**, particularly compared to the overall number of vehicles accessing the hospital.
- The lengths of trips vehicles are required to take through the hospital is reduced, as the proposed waste compound site location is closer to the access points of the hospital.

4.29 In conclusion, the highway network would not experience any adverse traffic impact resulting from the proposed development. It is also considered that the impact on the highway network within the NMGH site itself is improved in comparison to the existing situation. This is due to the proposed site being located closer to the NMGH site entrances reducing the lengths of vehicular trips and that is a segregated facility with a dedicated access and egress for both vehicles and pedestrians, as opposed to the existing situation.

4.30 Therefore, the proposed development accords with all relevant national and regional transport planning policies and guidance including Paragraph 108 of the NPPF; PfE policies JP-C1, JP-C6 and JP-C8; CS Policies CC5 and T1.

Noise

4.31 Paragraph 191 of the Framework states that new development should be located at appropriate location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. Specifically, development should mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development, and avoid noise giving rise to significant adverse impacts on health and quality of life.

4.32 Similarly, Core Strategy Policy DM1 states that all development should have regard to the effects on amenity, including noise. PfE Policy JP-C5 notes that design and management of streets can mitigate the impacts of noise pollution.

4.33 RSK Acoustics have prepared a Noise Impact Assessment which concludes, without mitigation, there is a significant adverse impact for closest hospital façade (at GMMH)

⁶ Drawing 32425-HYD-XX-XX-SK-C-0001 P3 within Transport Note.

during both daytime and nighttime period, and an adverse impact predicted at the residential receptor to the south east (12 Longshaw Close) during the night-time only.

4.34 Mitigation measures to address the above impacts are being explored, and comprise:

- **Operational Plan Amendments** – Changes to the operational times of the site are expected, reducing the noise impact in the early morning periods. It can therefore be expected that the noise impact of the site during the calculated night-time period (23:00-07:00) will be reduced.
- **Equipment Changes** – The waste team are investigating the possibility of updating equipment, selecting quieter models.
- **Acoustic Screening** – screening of the compactors is being considered. It is recommended that the barriers are at a minimum of equal height to the compactors and positioned as close as operationally possible in order to maximise their efficiency regarding noise attenuation.
- **Acoustic fencing** – It is expected that acoustic fencing around the site's perimeter is to also be installed. It is recommended that the line of sight is broken from the noise sources associated with the compound activities to the hospital façade.

4.35 At present, all mitigation measures are at the planning stage. Prior to installation, the methods of mitigation are to be assessed in terms of their effectiveness via computer noise modelling and assessment, with recommendations to be given as to the expected effectiveness. It is anticipated that once implemented, the mitigation methods put in place will significantly reduce the noise impact of the proposed waste compound, such that the proposed development will be in accordance with the aforementioned policies.

Biodiversity

4.36 Paragraph 180 of NPPF, PfE Policy JP-G8 and Core Strategy Policy EN15 and EN9 make clear that proposals must aim to conserve and enhance biodiversity and encourage opportunities to incorporate biodiversity in and around developments.

4.37 RSK Biocensus have prepared a Preliminary Ecological Appraisal (PEA) Report. In the first instance, this confirms that a Biodiversity Net Gain assessment is not required as the site only consists of hardstanding with no ecological value, and it will not affect the surrounding habitats.

4.38 The PEA also concludes that:

- It is unlikely the development will have any direct or indirect impacts on the site or any other nationally designated site, SSSI, Site of Biological Interest.
- The surrounding habitats are not species-rich and are of little intrinsic botanical value.

- The proposed development will not result in any bird habitat loss, as the development does not require vegetation removal.
- One tree was identified as having suitable features to support roosting bats and three trees require further assessment to establish if potential roosting features (PRFs) are present.

4.39 The following recommendations are provided in the PEA:

- To treat or remove the invasive species (which is Rhododendron) by a specialist contractor so as to prevent its spread.
- Any tree maintenance works should take place outside of the breeding bird season and should not be undertaken from March to August inclusive.
- Incorporate bird and bats boxes into the development.

4.40 As such, the proposed development complies with CS Policies EN15 and EN9, Policy JP-P2 of PfE and paragraphs 180 of NPPF.

Arboriculture

4.41 CS Policy EN9 states that new development will be expected to maintain existing green infrastructure in terms of its quantity, quality and multiple function, including through protecting existing street trees and promoting new planting. PfE policy JP-G7 also states that to deliver the aims and objectives of the Greater Manchester Tree and Woodland Strategy, existing trees and woodland should be protected.

4.42 Furthermore, the NPPF emphasises the importance of trees to the character and quality of urban environments and their mitigation and adaptation impact to climate change. Planning decisions should ensure opportunities are taken to incorporate trees elsewhere in development and that existing trees are retained wherever possible (Paragraph 136).

4.43 As outlined throughout this Statement and the accompanying documents, the proposed development does not require the removal of any existing trees. Rather the proposed development has been designed and located to ensure the protection of the existing trees and utilise the benefits of the surrounding trees, including through screening.

4.44 At most, some trees may require pruning to facilitate the positioning of the proposed modular building and canopies. As the proposed development does not include any intrusive ground works, and the levelling of the site, where necessary, will involve the laying of concrete; the root protection areas of trees will not be impacted.

4.45 Nevertheless, the Tree Constraints Appraisal which has been undertaken for a number of areas across the NMGH site, prepared by Rowbottom's Tree Services Ltd, accompanies this planning application and should be read alongside drawing 23130-SRA-NM171-00-DR-A-02805 P01.

- 4.46 However, as the proposed development does not impact any existing trees, the proposed development aligns with PfE Policy JP-G7, CS Policy EN9 and paragraph 136 of the Framework.

Flood Risk and Drainage

- 4.47 Paragraphs 165 and 173 of the NPPF, PfE Policy JP-S4 and Core Strategy Policies EN4 and EN14 focus on flood risk and new development. These policies assert that proposals should be directed away from areas that are at the greatest risk of flooding; and where development is permitted local planning authorities should ensure flood risk is not increased elsewhere. In addition, these policies note that development should utilise sustainable drainage systems, where possible. Core Strategy Policy EN17 also requires development to avoid any adverse impact on water quality, including during the construction phase.
- 4.48 The Site is located within Flood Zone 1 and is less than 1 hectare in size; as such, a Flood Risk Assessment is not required. Hydrock have prepared the accompanying Drainage Management Strategy and confirms:
- Surface water drainage to the nearest private surface water sewer is considered the preferred method, due to this not being feasible into the ground or into a watercourse. Surface water runoff from roofs and external areas will be directed to the below ground gravity network at a restricted rate of 8.7l/s.
 - No above ground flooding for the 1 in 30-year storm event should occur. An assessment of extreme storm event, the 100-year event plus 40% climate change has been carried out. The storm-water volumes generated by this event are classed as exceedance flooding and will be safely contained on site and directed away from the buildings.
 - Due to the nature of the development, surface water runoff from the waste facilities will be drained via drainage channels and enter the foul network. This will require trade effluent consent from United Utilities.
 - The proposed drainage layout will be designed in accordance with building regulations. SuDS guidance will be taken from Ciria C753.

- 4.49 The proposed development is therefore in accordance with CS Policies EN4 and EN14, Policy JP-S4 of PfE and paragraphs 165 and 173 of the NPPF.

Sustainability

- 4.50 The proposed modular building has a number of sustainability benefits, including:
- Minimises waste and transport on-site.
 - Uses standardised components, ensuring consistent build quality.
 - Easily demountable at the end of its use and can be re-used.
 - Benefits from natural and mechanical ventilation and heat recovery.
 - LED lighting to be used throughout all internal and external areas.
 - Provides domestic hot water and space heating via packaged air source heat pump.

- Uses metering and submetering to support monitoring and measurement of energy consumption across the Site.

4.51 These sustainability benefits accord with the aim of the CS and PfE in delivering a carbon neutral Greater Manchester no later than 2038 and the NHS own goal in 'Delivering a 'Net Zero' National Health Service by 2040 (direct emissions) and 2045 (emissions influenced).

Air Quality and Odour

4.52 CS Policy EN16 and paragraph 192 of the NPPF requires development to take measures to minimise and mitigate the local impact of emissions from traffic generated by the development, as well as emissions created by development itself. Similarly, PfE policy JP-S5 outlines a number of measures that will be taken to improve air quality. In addition, CS Policy DM1 states that all development should have regard to the effects on amenity, including odour.

4.53 The Site is not within an Air Quality Management Area, and as demonstrated above and through the Curtins transport assessment, the proposed development will maintain the same number of trips as per the existing situation. The proposed development will generate less than 5 vehicular trips per day comprising a negligible amount. As such, an Air Quality Assessment is not required to support the planning application.

4.54 In relation to odour, it has been confirmed by Manchester City Council that no odour complaints have been received for the past three years at the current waste compound.

4.55 As the proposed waste compound provides the same amount of waste facilities which are more appropriately located and screened, it is considered that there will be no to minimal odour impact arising from the proposed development.

4.56 As such, the proposed development accords with CS Policies EN16 and DM1, PfE policy JP-S5 and paragraph 192 of the NPPF.

Lighting

4.57 CS Policy DM1 and Paragraph 191 of the Framework confirms that development should limit the impact of light pollution from artificial light on local amenity intrinsically dark landscapes and nature conservation.

4.58 Drawings, prepared by Clancy Consulting, that illustrates the description and location of the compound column lighting are provided as part of the application. It confirms that the proposed lighting passes the reduction of nighttime light pollution, energy efficient external lighting and internal and external lighting levels test. The lighting strategy has been prepared in accordance with the recommendations within the Ecological Appraisal.

4.59 Hence, the proposed development is in accordance with the NPPF (paragraph 191).

Summary

- 4.60 This Section has demonstrated that the principle of development is acceptable and not only supports the wider strategic aims of regenerating the NMGH site but makes effective use of land through the provision of purpose-built improved facilities on previously developed land.
- 4.61 The design of the scheme has been informed by environmental and land use considerations, in particular the impacts on existing hospital buildings. Where minor potential impacts have been identified, these are considered to fall within established thresholds of acceptability subject to the appropriate mitigation measures being put in place.
- 4.62 It has been demonstrated that the proposed development accords with national and local planning policy and guidance.

5. Summary and Conclusion

- 5.1 This Statement has been prepared on behalf of MFT to support the relocation of the existing waste compound at the NMGH. This planning application forms part of the second phase enabling works package necessary to prepare the wider site for future redevelopment; of which these wider proposals are recognised both nationally through the receipt of Government funding for the redevelopment proposals, and locally through MCC's identification of the redevelopment of NMGH as a key strategic investment proposition to contribute to the economic recovery of North Manchester and the City as a whole.
- 5.2 The relocation of the existing waste compound is necessary to release land within this area of the site for the wider redevelopment of NMGH but also presents the opportunity to provide a more efficient and safer working environment for staff. Furthermore, relocating the existing waste compound to a purpose-built facility within a part of the site which will be unaffected by the wider redevelopment of NMGH, will ensure there will be no disturbance to the operation of the existing hospital and future facilities.
- 5.3 This Statement and the accompanying technical documentation demonstrate that the proposed development would accord with all relevant national, regional and local planning policies and will not result in an adverse impact on the environment or, importantly, the functioning of the existing hospital.
- 5.4 As such, in accordance with paragraph 11(c) of the NPPF the presumption in favour of a grant of planning permission applies.

Appendix 1: Document and Drawings Schedule

Technical Documents

Approved Document	Document Reference
Planning Statement, prepared by Turley	N/A
Design and Access Statement, prepared by Sheppard Robson	23130-SRA-NM171-ZZ-RP-A-00100
Transport Technical Note, prepared by Curtins	084501-CUR-XX-XX-T-TP-00001 P04
Preliminary Ecological Appraisal Report, prepared by RSK BioCensus	2487123
Site Tree Constraints Appraisal, prepared by Rowbottom's Tree Services Ltd	RTS/14052024-006
Noise Impact Assessment, prepared by RSK Acoustics	2062435-RSKA-RP-001-(02)
Drainage Management Strategy, prepared by Hydrock	32425-HYD-XX-XX-RP-D-0001
Waste Proforma, prepared by Turley	N/A

Drawing List

Approved Drawing	Drawing Reference
Sheppard Robson	
Location Plan	23130-SRA-NM171-ZZ-DR-A-02800 P03
Proposed Site Plan	23130-SRA-NM171-ZZ-DR-A-02801 P02
Existing Site Plan	23130-SRA-NM171-00-DR-A-02803 P02
General Arrangement Site Plan	23130-SRA-NM171-00-DR-A-02804 P02
Site Layout with Existing Tree Survey Overlay	23130-SRA-NM171-00-DR-A-02805 P01
Staff Building General Arrangement Ground Floor Plan	23130-SRA-NM171-00-DR-A-02820 P02
Street Furniture and Markings	23130-SRA-NM171-00-DR-A-02860 P02
Staff Building General Arrangement Elevations	23130-SRA-NM171-XX-DR-A-02830 P03
Compactor Canopy General Arrangement Elevations	23130-SRA-NM171-XX-DR-A-02831 P03
Staff Building General Arrangement Sections	23130-SRA-NM171-XX-DR-A-02840 P02
Proposed Site Sections	23130-SRA-NM171-XX-DR-A-02850 P02
Proposed Gates	23130-SRA-NM171-XX-DR-A-02861 P02
Hydrock	
Finished Levels and Earthwork Volumes	32425-HYD-XX-XX-DR-D-0200 P2
External Works Plan	32425-HYD-XX-XX-DR-D-0250 P2
Drainage Layout	32425-HYD-XX-XX-DR-D-0500 P2

Vehicle Tracking	32425-HYD-XX-XX-SK-C-0001 P5
Clancy Consulting Limited (Lighting)	
Column Lighting Locations	7-10724-CCL-XX-XX-DR-MEP-6301 Rev 0
Compound Column Lighting Isolux	7-10724-CCL-XX-XX-DR-MEP-6302 Rev 0

Appendix 2: Full Planning Policy Context

The adopted Development Plan for MCC comprises:

- Places for Everyone (PfE) (2024)
- The Manchester Core Strategy (CS) (2012), including Addendum to Manchester Core Strategy 2024
- Saved policies of the Manchester Unitary Development Plan (UDP) (1995)
- Strategic Regeneration Framework, North Manchester General Hospital Site Redevelopment Programme (2021)
- Greater Manchester Waste Development Plan (April 2012)
- Greater Manchester Minerals Plan (April 2013)

Other material considerations include:

- The National Planning Policy Framework (the NPPF) (February 2019)
- Guide to Development in Manchester Supplementary Planning Document (2017)
- Our People, Our Place – The Greater Manchester Strategy (2016)
- Our Manchester Industrial Strategy: Developing a more inclusive economy (2019)
- The Greater Manchester 2040 Transport Strategy (February 2017)
- Manchester Climate Change Framework (2020-2025)
- Site Redevelopment Programme (November 2020)
- Delivering a 'Net Zero' National Health Service (October 2020)
- The NHS Long Term Plan (January 2019)
- Powering Recovery: Manchester's Recovery and Investment Plan (November 2020)

The Core Strategy references and aligns with the Framework's 'presumption in favour of sustainable development'⁷. This means that planning applications that accord with the policies in the Development Plan should be approved without delay, unless material considerations indicate otherwise.

Key themes and requirements of relevant Development Plan documents and other material considerations are summarised below.

⁷ National Planning Policy Framework (2023), para. 11

The Importance of Health

Paragraph 85 of the NPPF advises that planning decisions should aim to achieve healthy, inclusive and safe places. PFE sets out the vision of “Greater Manchester to be one of the best places in the world to grow up, get on and grow old, a place where people live healthy lives”. Paragraph 4.14.1 of the Core Strategy shares similar vision, stating Manchester will be “a City with an increased and sustainable healthy population and a community which both benefits from and drives the City’s productivity upwards”.

The redevelopment of NMGH is identified in ‘Powering Recovery: Manchester’s Recovery and Investment Plan’ as one of four strategic investment propositions in which it states that it “is a major asset with a transformational potential”⁸ and confirms that whilst providing much needed new and improved healthcare facilities for the local community; the investment will provide an important source of local employment over a number of years.

In support of the above, the NPPF advises that LPA’s should support proposals that make more effective use of sites for community uses, such as hospitals, provided this maintains or improves the quality of service provision.

Regenerating NMGH

The Our Manchester Industrial Strategy, states the following:

“The redevelopment of North Manchester General Hospital – a significant community asset in North Manchester – presents potential to stimulate economic regeneration whilst breaking the cycle of ill health to offer a better future for residents. Working in partnership on a health-led investment programme, alongside integrating local services tailored to the needs of the local community, has the potential to transform the surrounding community and lead to wider economic and social renewal in the north of the city.”

Indeed this is a key priority driving the redevelopment of NMGH, as outlined in the SRF, the vision seeks to redevelop the NMGH site to provide a focal point for the community, with integrated health and social care facilities, high-quality new homes, and access to better education and training alongside more inviting public open spaces.

As a result, the redevelopment programme will deliver transformational development that will result in generational change for the North Manchester community, creating new jobs, promoting healthy lifestyles, developing skills and contributing to a net zero carbon environment for the benefit of the local neighbourhood and beyond.

As discussed above, the redevelopment of NMGH is recognised by the City, within the Recovery and Investment Plan as key strategic investment proposition to contribute to the economic recovery of North Manchester and the City as a whole.

⁸ Bullet point 3, Page 21, Powering Recovery – Manchester’s Economic Recovery and Investment Plan (November 2020)

The NHS Long Term Plan makes a firm commitment to address health inequalities and improve coordination between local services, advocating an increasing focus on preventing people becoming ill.

It is therefore clear that there is support at a local, regional and national scale to improve health services through regeneration to seek to address imbalances in economic growth and prosperity across city-regions. This support for the redevelopment of NMGH is clear, in particular, the importance the City is placing on these proposals to contribute to the economic recovery of North Manchester and the City as a whole.

Enhancing Existing Waste Management Facilities

The supporting text to Core Strategy Policy EC4 confirms, “demand for employment space in the north is expected to be driven by manufacturing and engineering, environmental technologies, healthcare and biotechnologies⁹”.

Core Strategy Policy EC2 identifies that where there is existing employment space, such as NMGH, the Council have expressed their support for enhancing these sites.

The NPPF also states that planning decisions should help create the conditions in which businesses can invest, expand and adapt; enabling each area to build on its strengths and address any challenges of the future¹⁰. The NPPF also confirms that planning decisions should recognise and address the specific locational requirements of different sectors¹¹.

In specific to waste management facilities, PfE Policy JP-S6 sets out the following measures to help reaching the Region to become a leading green city region by 2038: to promote overall reduction in the level of waste produced; recognising the role of existing infrastructure in managing waste and protect such facilities; using sustainable design and construction techniques to reduce carbon emissions.

Core Strategy Policy EN19 requires development of new waste management facilities within the District to demonstrate the following:

- The proposal’s consistency with the principles of the waste hierarchy of prevention, reduction, re-use, recycling/ composting, energy recovery and final disposal.
- Plan for and, where appropriate, use sustainable modes for waste transport.
- 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.

⁹ Core Strategy (2012), para. 8.60

¹⁰ National Planning Policy Framework (2023), para. 85

¹¹ National Planning Policy Framework (2023), para. 87

Achieving Well-Design Places

Crucial to securing economic development is creating well designed places that enable employers to attract and retain the best and most highly skilled professionals.

Paragraph 135 of the Framework provides significant commentary and guidance on the importance of creating well-designed places. The importance of making efficient use of space on a site and ensuring all proposals are visually attractive and sympathetic to local character is also identified to be a key consideration. All developments are to establish or maintain a strong sense of place that contributes to creating welcoming, distinctive and vibrant places to live and work.

The overarching design related point from the NPPF is the importance of high standards of design; paragraph 124 states that “The creation of high quality buildings and places is fundamental to what the planning and development process should achieve.” In terms of decision making, the NPPF guides Local Planning Authorities to approve, where possible, proposals for sustainable developments (paragraph 38).

PfE Policy JP-P1 states that development should be distinctive, socially inclusive, resilient (capable of dealing with major environmental events and able to respond easily to varied and changing needs and technologies), durable and resource-efficient.

Spatial Policies SP1, EC1 and C1 within the Core Strategy and the Guide to Development in Manchester Strategic SPD confirm that to achieve a positive contribution to neighbourhoods, developments should enhance or create character, and minimise detrimental impacts on adjacent uses. Proposals should be designed in a way that makes best possible use and efficient use of space available.

Core Strategy Policy EN1 relates to design principles and outlines that all development in the city will be required to follow the seven principles of urban design: character, continuity and enclosure, quality of the public realm, ease of movement, legibility, adaptability and diversity.

The SRF recognises the importance of ensuring a high standard of architectural design and quality with the use of appropriate materials across the site. This includes the careful consideration of external treatment of retained buildings / elevations to ensure an appropriate transition from old to new.

Transport and Accessibility

Paragraph 108 of the Framework requires that transport issues are considered from the earliest stage of development proposals, so that the potential impacts of development on transport networks can be addressed and the environmental impacts of traffic and transport infrastructure can be identified, assessed and considered.

PfE Policy JP-C1 requires development to fully consider the needs of all people and those modes which make most efficient and sustainable use of limited road space by the hierarchy of pedestrians, cyclists, people doing business or providing services and people in personal motorised vehicles. Policy JP-C6 and Policy JP-C8 aim to prioritise safe and convenient access to the site and buildings for all users; incorporating highway design at a human scale using street-based perceptions.

CS Policy CC5 and Policy T1 state that developers should improve pedestrian safety; and provide adequate parking provision for cars.

Noise, Odour and Lighting

Paragraph 191 of the Framework states that new development should be located at appropriate location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. Specifically, development should mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development, and avoid noise giving rise to significant adverse impacts on health and quality of life. It also confirms that planning policies and decisions should limit the impact of light pollution from artificial light on local amenity intrinsically dark landscapes and nature conservation.

PfE Policy JP-C5 expects design and management of streets will mitigate the impacts of noise pollution from road transport.

Core Strategy Policy DM1 states that all development should have regard to the effects on amenity, including noise, odour.

Addressing Other Environmental and Technical Matters

For ease of reference, a summary of the key environmental and technical policies from the adopted Development Plan and the NPPF are summarised below.

Development Management and Design

Paragraph 135 of the NPPF recognises the importance of design and confirms that development should be visually attractive, sympathetic to local character, establish a strong sense of place and optimise the potential of the site, whilst creating places that are safe, inclusive and accessible, and which promote health and well-being.

Core Strategy Policy DM1 outlines key development management matters, to which all developments should demonstrate consideration as part of any planning application. The relevant matters include layout, scale, materials and appearance of the proposed development and effects on amenity, noise and traffic generation. Consideration must be given to safety and crime prevention, refuse storage and collection, flood risk and drainage and any biodiversity effects.

Reference is made to the Guide to Development in Manchester SPD (April 2017) which recognises the importance of design in delivering sustainable development across the City and provides developers more detailed design related guidance.

Biodiversity

Paragraph 180 of NPPF, PfE Policy JP-G8 and the Core Strategy Policy EN15 and EN9 make clear that proposals must aim to conserve and enhance biodiversity, and encourage opportunities to incorporate biodiversity in and around developments.

Where the benefits of a proposed development are considered to outweigh the loss of an existing element of green infrastructure, the developer will be required to demonstrate how this loss will be mitigated.

Arboriculture

The Framework emphasises on the importance of trees to the character and quality of urban environments and their mitigation and adaptation impact to climate change. Planning decisions should ensure opportunities are taken to incorporate trees elsewhere in development and that existing trees are retained wherever possible (Paragraph 136).

PfE Policy JP-G7 is committed to significantly increase tree cover and connect people to the trees around them. This will be achieved via protecting trees during the construction phase of development.

Heritage

The NPPF requires LPA's to ensure an applicant describes the significance of any heritage assets identified, including through a desk-based assessment (paragraph 189).

PfE Policy JP-P2 confirms the historic environment and heritage assets, along with their settings, should be conserved, sustained and enhanced.

Core Strategy Policy EN3 outlines that the Council will encourage development that complements and takes advantage of the historic and heritage features of its districts and neighbourhoods.

Flood Risk and Drainage

Paragraph of 165 and 173 of NPPF, PfE Policy JP-S4 and Core Strategy Policies EN4 and EN14 focus on flood risk and new development. These policies assert that proposals should be directed away from areas that are at the greatest risk of flooding; and where development is permitted local planning authorities should ensure flood risk is not increased elsewhere. The Core Strategy Policy EN17 also requires development to avoid any adverse impact on water quality, including during the construction phase.

**Appendix 3: Manchester University NHS
Foundation Trust Waste
Management Policy (May 2024)**

DOCUMENT CONTROL PAGE

Title:	Waste Management Policy
Version:	Version: 5 Reference Number: EF30
Supersedes:	Supersedes: WM4 Changes: 1. Restructure and removal of all waste procedures (e.g. GMO waste) which are now published as associated documents 2. Reference to a range of different teams and waste governance forums – now made consistent throughout.
Application:	All staff

Originated /Modified By:	Rosie Barker (Waste & Resources Manager)
Designation:	Waste & Sustainability
Ratified by:	Estates & Facilities Group Management Board
Date of Ratification:	Thursday 27 th April 2023

Issue / Circulation Date:	Monday 15 th May 2023
Circulated by:	Rosie Barker, Waste & Resources Manager
Dissemination and Implementation:	- Published on the policy section of the Trust's intranet, replacing the previous version - Held on Concerto - Circulated to Clinical Effectiveness Leads (CELs) - Circulated to E&F Directors - Circulated to Project Co - Circulated to Operational Health, Safety and Wellbeing Committee/Corporate Health & Safety
Date placed on the Intranet:	Wednesday 10 th May

Planned Review Date:	30th April 2026
Responsibility of:	Rosie Barker (Waste & Resources Manager)

Minor Amendment (If applicable) Notified To:	
Date notified:	

EqIA Registration Number:	183-18-R23
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1. Introduction

- 1.1. Manchester University NHS Foundation Trust (The Trust) generates large quantities of waste as a result of its activities. This policy sets out the requirements for the safe handling and disposal of the Trust's waste in compliance with legislation.
- 1.2. The Trust is committed to achieving excellence in waste management, as well as reducing its waste related carbon footprint to reach net zero carbon by 2038 and recognises the role that all employees must play to deliver this aim. An adequate level of waste disposal infrastructure must be provided to all wards and departments, along with correctly labelled waste receptacles and a well-managed collection service.
- 1.3. Training is of key importance in achieving compliance with this policy, and a bespoke e-learning programme has been developed, in addition to face-to-face training. Training must be made available to, and undertaken by, all clinical staff.
- 1.4. This policy will be underpinned by communications, monitoring and auditing of practices and facilities against the requirements of this waste policy and associated procedures. Any areas where practice falls short of requirements will be promptly investigated and appropriate remedial action taken to prevent reoccurrence and to ensure legislative compliance as well as continual improvement of waste management practices.
- 1.5. In addition to managing and improving the systems currently in place, the Trust is also committed to delivering innovation in waste management and will seek and assess potential schemes based on cost savings and improved environmental performance for their suitability for implementation at MFT.

2. Purpose

- 2.1. The Trust attaches the greatest importance to the management of waste in a manner that is safe for its employees, and all other persons likely to be affected by the production, storage, transport and disposal of any waste arising from our activities.
- 2.2. The purpose of this document is to enable the Trust to manage waste in accordance with relevant legislation. This will enable the Trust to:
 - Economically manage waste,
 - Reduce carbon footprint from waste generation and disposal to contribute to MFT's target of reaching net zero carbon by 2028,
 - Prevent harm to health or pollution of the environment from waste arising at the Trust.

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2.3. The highest priority will be accorded to the following aims and objectives:

- Safeguard against the uncontrolled release or spillage of waste material.
- Minimise the production and environmental impact of waste by reviewing materials used and practices employed.
- Ensure that healthcare waste and other waste is properly and efficiently segregated, stored, transported and disposed.
- Ensure procedures for waste management are established, adopted, understood and implemented.
- Provide information, instruction, training and supervision as necessary to ensure the implementation of waste management systems.
- Regularly review all activities to ensure compliance with environmental and health & safety legislation.
- Take note of, and implement any actions necessary, to address relevant matters raised through relevant waste governance channels*.

The assistance and co-operation of Trust and service provider employees is required in the pursuit of these aims and objectives.

3. Roles & Responsibilities

- 3.1 Due to the diverse nature of waste, responsibility for aspects of this policy falls across a large number of individuals at all levels within the Trust. The Trust Chief Executive has overall responsibility to ensure that policy is implemented and that the Trust operates in accordance with legislative requirements.
- 3.2 Day to day responsibility for implementation of, and adherence to this policy is delegated to individuals as set out at Appendix 3A.
- 3.3 All employees have a responsibility in their area to ensure that the objectives and targets of the policy are met. Detailed accountability information is provided at Appendix 3A, 3B, 3C.
- 3.4 Any questions about the content policy should be directed to MFT's Waste Team via ECOTeam@mft.nhs.uk.

4. Detail of Trust approved procedural document

4.1 'Duty of Care'

- 4.1.1 Under the Environmental Protection Act 1990, Reg 34 'Duty of Care' it is unlawful to deposit, recover or dispose of controlled (including clinical) waste to a contractor facility that is not in possession of the appropriate waste permit

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issued under the Environmental Permitting Regulations. Furthermore, this must not be in a manner which is contrary to the conditions of the permit or the terms of an exemption, or in a way which causes pollution of the environment or harm to human health.

- 4.1.2 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.
- 4.1.3 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.
- 4.1.4 The DEFRA issued 'Duty of Care code of practice 2016' describes several responsibilities placed on duty holders. With regard to the 'Producer' of the waste the following incumbent principles must be complied with by the Trust:
 - Accurate identification and description of the waste,
 - Waste kept safe & secure,
 - Waste transferred to the authorised carrier/sites.
- 4.1.5 The Trust will ensure that a 'Duty of Care' audit file will be held on file for every waste contractor it utilises.
- 4.1.6 As a minimum, this will include relevant site permits/exemptions, Waste Carriers/Brokers/Dealers licenses and waste transfer notes and/or hazardous waste consignment notes as appropriate.
- 4.1.7 This will be reviewed by the Trust and appropriate action will be taken to remedy any breaches of legislation. In the worst cases, the Trust will consult the Environment Agency for further direction.
- 4.1.8 Where waste disposal contracts are held by individual departments, rather than the Trust's Waste Team, those departments are responsible for keeping an up to date 'Duty of Care' audit file.

4.2 Sustainability

- 4.2.1 Under the Waste (England and Wales) Regulations, waste must be managed in accordance with the waste hierarchy (see below). The Trust must provide a confirmation statement that the waste hierarchy has been implemented each time waste is collected by a waste contractor.
- 4.2.2 The following waste hierarchy principles of waste management must be considered in the order given below (from 1. As most preferable to 5. As least preferable):

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1. Waste prevention and minimisation

Preventing waste arising by using less material to complete a task. Minimising waste of resources through smarter procurement, better stock rotation, and maximising use (e.g. removing unnecessary items from theatre packs, digital communications instead of printed, rationalise use of non-sterile gloves)

2. Reuse

Keeping items in the “chain of use” for as long as possible before disposal, through maximum use of resources, sharing unwanted resources with other departments in the Trust and repairing items wherever cost effective and practicable e.g. multi-use medical instruments, metal cutlery and crockery, reusable batteries, furniture and ward items no longer needed by one department, used in another.

3. Recycling (Materials Recovery)

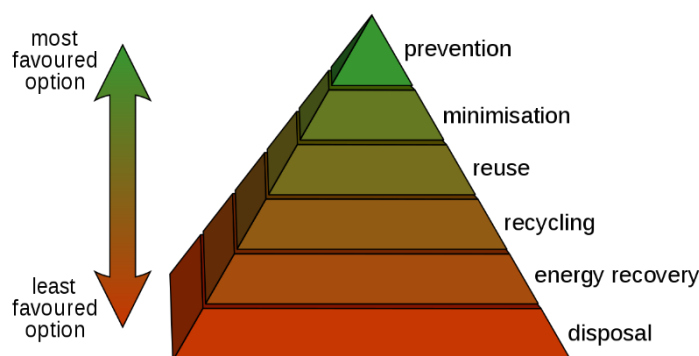
Where waste cannot be prevented, most non-healthcare wastes, and some healthcare waste items, can be recycled – using waste items to make new products e.g. recycling polystyrene used to package delivery of items

4. Energy recovery (i.e. Energy from Waste (EfW))

Where wastes cannot be recycled, they can be used instead of other types of fuel in energy production at a suitable facility. This option should be used for all residual waste material, rather than being landfilled or incinerated without energy recovery (as below)

4. Disposal

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



4.2.3 The Trust will seek to implement the following wherever possible:

- Reduction of the use of virgin plastics in packaging
- Use of reusable containers
- Reduction of packing volumes in partnership with departments including procurement to minimise waste levels

- Use of innovative technology techniques wherever possible to maximise the reuse of materials.

4.2.4 This policy also builds in the key principles of:

- The Trust's Green Plan ('Code Green: Delivering Net Zero Carbon at MFT 2022-2025')
- NHS England's clinical waste strategy (published March 2023)
- Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste (which replaced existing HTM 07-01 Safe management of healthcare waste in March 2023)

4.3 Management of costs associated with waste management

- 4.3.1 All costs arising from the production, storage, transfer and disposal of waste will be managed in accordance with this policy and all appropriate budgetary constraints and targets, through relevant waste governance channels*.
- 4.3.2. Certain wastes must undergo higher cost treatment and disposal methods. By ensuring that wastes are correctly segregated, costs associated with waste management can be kept to a minimum while still complying with legal requirements.
- 4.3.3 The Department will endeavour to meet national targets set by NHSE taking into account service provision and regional differences.

4.4 Definition of waste

4.4.1 The legal definition of waste is:

"Any substance or object which the producer or the person in possession of it discards or intends or is required to discard."

"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.

4.4.2 Healthcare wastes are wastes that:

- Are generated by healthcare activities and
- Are of a type specifically associated with such activities

For example:

A dressing is generated by healthcare activities, and is specifically associated with such activities - **healthcare waste**

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Food waste, may be generated by healthcare activities (for example, following a dietician's plan), but is not specific to such activities - **not a healthcare waste**.

4.4.3 For the majority of healthcare wastes, the disposal route required will depend on what it is contaminated with, not what the item is, for example, gloves will require high temperature incineration if contaminated with cytotoxic medicine, alternative treatment (industrial sterilisation process) followed by Energy from Waste (EfW) or landfill if contaminated with infectious bodily fluid or can be sent directly to EfW or landfill if uncontaminated.

4.4.4 A glossary of the main waste streams is included in Appendix 2.

4.5 Waste identification & segregation

4.5.1 The Trust generates between 40-50+ waste streams on each site. The following section of this policy document therefore **must** be read in conjunction with the relevant associated procedural document – which contains details for disposal of these waste streams (for example, confidential waste, mercury, IT waste, estates waste)

4.5.2 The associated procedural documentation provides guidance for staff when deciding how to segregate and is of key importance for effective onwards management of waste through the supply chain. This is very important because if waste is not identified and segregated correctly at source, its onwards journey to disposal will be compromised in terms of health & safety (of other people handling the waste), legal compliance and impact on the environment.

4.5.3 One of the key responsibilities placed on the Trust under the waste regulations is to clearly identify **all** waste as required by the List of Waste Regulations and then ensure that the mixing of hazardous and non-hazardous waste is prevented unless due to the nature of the waste this is unavoidable.

4.5.4 The Trust will ensure that all waste is identified using the appropriate European Waste Code (EWC) and in accordance with the methodology set down in the Environment Agency WM3 (WM4 due to be issued in 2024) technical guidance on the classification of waste.

4.5.5 In order to facilitate the correct classification and identification of waste the Trust is committed to implementing the colour coded segregation system as set down in the HTM 07-01 Safe Management of Healthcare Waste. Segregation of waste at the point of production into suitable colour-coded packaging is deemed essential to facilitating compliant and effective waste management.

4.5.6 Health & safety, transport and waste regulations require that waste is handled, transported and disposed of in a safe and effective manner. The following colour-coded waste segregation guide represents best practice and ensures (if followed) compliance with current legislations.

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- 4.5.5 In order to ensure the safe segregation of waste products, it is the Trust's policy to use a colour-coded scheme for all its healthcare packages including bags, rigid containers and sharps bins.
- 4.5.6 The Trust aims to ensure that a harmonised waste management and segregation system will be implemented across all Trust locations by the end of 2024. It is acknowledged that there are differences at the major acute locations in the way that healthcare waste is segregated and consigned as a legacy of Trust mergers. These differences in approach are incorporated into this policy and supporting procedural documents until such a time as full harmonisation is achieved.
- 4.5.7 All healthcare related activities provided at locations controlled by the Trust, will follow these principles of segregation. Any third-party healthcare service provider, who are a tenant in Trust controlled premises, will be expected to comply with Trust policy in all waste related matters

Safe management of healthcare waste colour coding chart.	
Colour	Description
 Purple	Hazardous Medicinal Cytotoxic and Cytostatic waste* Indicative treatment / disposal required is high temperature incineration in a suitably permitted or licensed facility
 Yellow	Waste which needs disposal by incineration. Indicative treatment / disposal required is incineration in a suitably permitted or licensed facility. Innovative alternative technologies may be considered if suitably permitted. This disposal route also includes both GMO waste and Category A waste which have special requirements detailed in '9.0 Associated Documents'
 Red	Anatomical waste for incineration Indicative treatment / disposal required is incineration in a suitably permitted facility. This must be undertaken in a timely manner and with EA guidance standards of 48 hrs. (72 at weekends).
 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 (ATPs). However, this waste may also be disposed of by incineration.
 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.

Safe management of healthcare waste colour coding chart.	
Colour	Description
 Blue	Non- Hazardous Medicinal waste for incineration Indicative treatment/disposal required is incineration/treatment in a suitably permitted facility.
 White	Amalgam waste For recovery facility
 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.
 Green	Recycling Components removed by segregation into Mixed Recycling to include cardboard, paper, plastic metals etc. Use clear bag to identify for DMR bulking and transport to Recycling / Recovery / Re-use Facility

4.5.7 Appendix 1 provides a flow chart, to aid decision making, with respect to the correct segregation, packaging and disposal of a given waste stream. Staff must also take physical properties of waste into consideration. For example, a correctly colour-coded sharps bin must be used for disposal of any items that could cut or pierce the skin.

4.5.8 Trust departments operating at facilities owned or managed by other organisations (for example, community teams) may find different colour codes or arrangements are in use. Staff should use the procedures for the location they are based at if compliant, however, any concerns that these arrangements do not support compliance with legislation should be raised with the Waste Team.

4.6 Waste storage and collection

4.6.1 Once waste has been segregated at source, it must remain segregated while awaiting collection. Arrangements will vary across departments, depending on waste types produced, storage space, and waste collection provider. Disposal areas will have appropriate reference materials on display to advise users.

Point of production - waste containment

4.6.2 Waste can arise from a number of sources across the Trust, both in the clinical and non-clinical environment. The Trust will provide appropriate guidance and resource to ensure the correct waste containment options for disposal are

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available through procurement to ensure the safe and secure management of all waste at the point of production – as per ‘Site Specific Waste Management SOPs’ outlined as at “9.0 Trust Associated Documents” (page 20).

4.6.3 The Trust waste management procedures which support this policy as per ‘Site Specific Waste Management SOPs’ outlined at ‘9.0 Associated Documents’ - will detail the options and requirements. The following aspects will be considered/ provided:

- Waste receptacles in clinical settings for the capture of healthcare waste must comply with HTM 07 01 Safe Management of Healthcare waste,
- Where possible, the Trust will utilise the provision of reusable waste containers, including those provided by contracted waste companies. The Trust will over the life of this policy extend the use of such containers across all Trust locations.
- Domestic services at each facility will provide plastic bags for clinical and domestic waste streams,
- All clinical waste streams must be identified with appropriate Duty of Care information to ensure the waste is traceable from point of production to point of disposal. This may be in the form of a label on the package, or a tag provided by domestic services.
- Waste receptacles need to:
 - Be fit for purpose,
 - Allow for the segregation of wastes appropriately,
 - Appropriate for safe moving and handling

Liquid waste

4.6.4 Medicines must never be disposed of to drain. Any waste items containing liquid medicine must not be emptied to drain before disposal. For example, IV bags with medicine added or full should be placed directly in purple containers as appropriate, without emptying first. Partially filled syringes with needles should be disposed of directly into the yellow or purple sharps bin, without being discharged.

4.6.5 In the case of controlled drugs which must be put beyond use, the medicine should be emptied onto absorbent material, which must then be disposed of in a blue or yellow rigid container. For large quantities, controlled drugs destruction kits may be required – please see the Controlled Drugs Policy for further details.

4.6.6 Fluid remaining in saline or glucose IV bags with no medicinal additives may be emptied down the dirty sink or sluice (never hand wash basin), and then disposed of in orange or tiger bags. If IV bags cannot be emptied, they should be disposed of in rigid containers.

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- 4.6.7 Catheter bags and other items containing bodily fluid may be emptied down the dirty sink or sluice prior to disposal in a tiger or orange bag as appropriate. If they cannot be emptied, they must be disposed of in an orange rigid container.
- 4.6.8 Blood remaining in a blood transfusion bag should be emptied down the dirty sink or sluice, and the transfusion bag disposed of in a tiger bag. Full blood bags should be disposed of as recognisable anatomical waste.
- 4.6.9 Liquids must not be disposed of in the tiger waste stream.
- 4.6.10 In the case of a spill of blood or other bodily fluids, or cleaning up following a procedure, sufficient absorbent material, such as paper towels, bed roll or absorbent granules must be used to eliminate free-flowing liquid, before disposal in orange or tiger bags as appropriate.

Equipment & resource at point of disposal

- 4.6.11 The Trust will ensure that appropriate equipment and resource will be provided at the point of disposal to safely, securely and effectively control and manage all waste streams.
- 4.6.12 In cases where the facilitation of the above at any site requires the use of compactors, balers, skips or waste equipment the Trust will ensure that the following is implemented.
- Risk assessment
 - Appropriate installation
 - Safe operating procedures
 - Education and training
 - Safety signage
 - Supervision
 - Regular maintenance

4.7 Waste transport

- 4.7.1 The Trust acknowledges that it is primarily a 'producer' and 'consignor' of waste and as such will fulfil its responsibilities under both the waste and dangerous goods regulations.
- 4.7.2 In cases where the waste produced by the Trust is classed as dangerous goods e.g. clinical waste, asbestos, radioactive, batteries and certain hazardous chemical wastes, the Trust will meet its regulatory duties under the applicable dangerous goods regulations and international agreements.
- 4.7.3 The Trust policy deems it necessary to appoint a Dangerous Goods Safety Advisor (DGSA) to support the Trust in ensuring it meets its obligations under these regulations as far as waste is concerned.

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- 4.7.4 The Trust will implement the necessary procedures to ensure waste classed as dangerous goods is classified, packaged, labelled and documented in accordance with the dangerous goods regulations. This may on occasion require the sourcing and use of UN approved packages which may either be purchased by the Trust or supplied by waste contractors. In all cases the Trust will seek to hold on file all relevant UN test certificates for such packages and ensuring they are used in accordance with the criteria set.
- 4.7.5 Employees of the Trust are engaged in transport of waste in either Trust vehicles, lease vehicles or private cars. This includes the movement of clinical waste by the community teams and estates related chemicals between sites. Under the waste regulations such movements are subject to the need to register as a 'Lower Tier Carrier' with the Environment Agency. This enables the Trust e.g., community nurses, midwives etc. to move Trust-generated waste between sites, e.g., community premises to the main Trust locations or from patient homes. In certain cases, this will also necessitate the production of waste transfer and/or hazardous waste consignment notes. The Trust will ensure this meets all statutory requirements and that staff receive appropriate training to comply with relevant legislation – see 'Patient Homes Waste Procedure' at '9.0 Associated Documents' for further details.
- 4.7.6 The Trust will also produce any necessary dangerous goods procedures for the transport of hazardous waste that fall under the legislation. These procedures are documented separately to this policy.
- 4.7.7 Staff must not transport waste without being familiar with the requirements set out above and the accompanying procedural documents. Departmental managers are responsible for ensuring this policy is complied with on this matter.

4.8 Trust generated waste in community settings

Externally managed Trust 'Producer' waste – community premises

- 4.8.1 The Trusts 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.
- 4.8.2 The Trust has SLA arrangements in place for waste management services with the following parties:
- NHS PS
 - CHP
 - GP led/controlled premises.
 - Other (e.g. Manchester City Council)

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

- Waste management practices harmonise with this policy and the principles in the waste management policy,
- All procedures must be in line with the HTM 07 01 Safe Management of Healthcare waste principles.
- A site 'register' must identify all waste consigned from the site produced by staff working and producing waste at the site. This must include HWCN's, WTN, Quarterly returns, Part Es and certificates of destruction as deemed necessary by law and this policy.
- 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, including all waste transfer notes, hazardous waste consignment notes and Part Es/quarterly returns.
- Risk assessments and SOPs must be provided to the Trust for all handling and storage activities involving Trust waste.
- All waste must be stored in a secure and safe manner at each site,
- A reporting system for non-conformities identified in internal monitoring relating to staff waste related activities must be established.

Waste produced in patient homes by community-based nursing and midwifery teams

4.8.4 The Trust provides community-based services to patients in the home environment. All community-based nursing teams must comply with the Trust waste management procedures and ensure that all staff are trained to do so - see 'Patient Homes Waste Procedure' at '9.0 Associated Documents' for further details.

Trust SLA for 'tenants' producing and storing waste on Trust premises

4.8.5 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

4.9 Record keeping and documentation

4.9.1 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.

The Trust's unique identifier is: **MANCHE**

4.9.2 Documentation

As the producer of the waste, the Trust must meet its legal responsibility of ensuring that waste documentation is complete and accurate. There are two different types of documentation required for waste transfers:

- **Hazardous waste 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 hazardous waste consignment note must be completed for each individual collection of hazardous waste. Each note will consist of three copies – a producer copy, a carrier copy and a consignee copy.

4.9.3 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:

- Standard or multiple hazardous waste consignment notes (including both main notes and annexes)
- Consignee returns (Part Es/quarterly 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 EA guides to the Hazardous Waste Regulations.

4.9.4 Location of the hazardous waste register

The Trust's Waste Team holds the hazardous waste register for the majority of the Trust's hazardous waste.

Where hazardous waste disposal contracts are held by individual departments, rather than the Trust's Waste Team, those departments are responsible for keeping an up-to-date hazardous waste register.

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4.9.5 'Controlled Waste Transfer Notes' (WTNs)

Waste transfer notes can only be used for the collection of non-hazardous wastes streams. This would include non-hazardous medicines, non-hazardous 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 for two years.

4.9.6 'Certificates of Destruction'

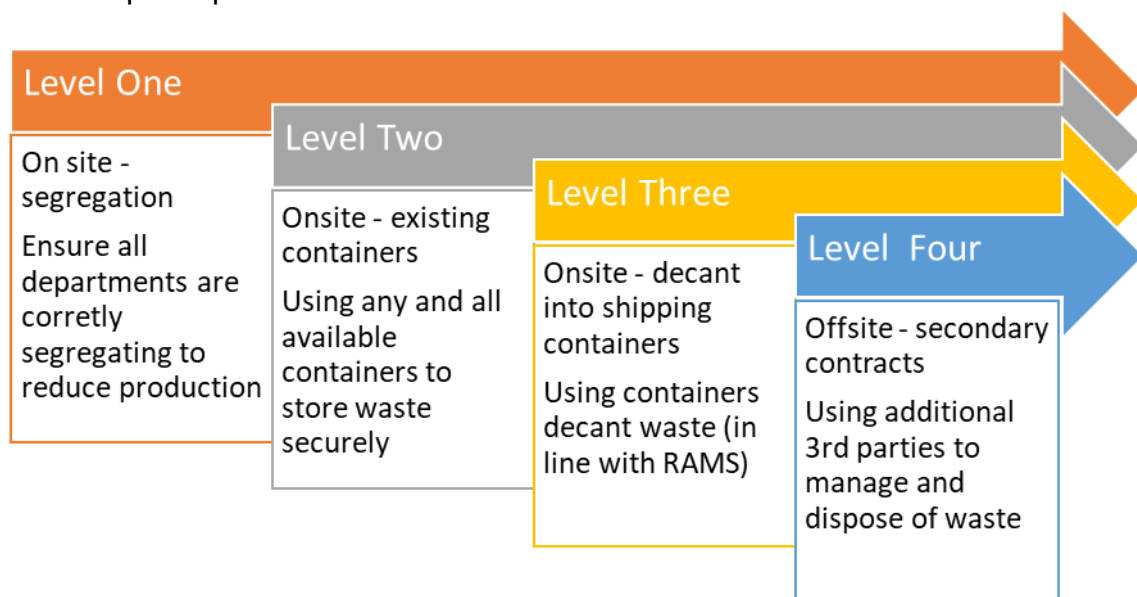
The Trust policy is that 'certificates of destruction' must be provided for confidential waste, IT WEEE waste and pharmacy waste as minimum. This is not a legal requirement in most cases but essential in order to maintain the 'cradle to grave' audit trail for this waste.

4.9.7 Record holders

Any Trust employee designated as a record holder must follow the procedure set down in this policy.

4.10 Contingency Planning

4.10.1 Over the past few years there have been a series of service failures and issues within the waste market, and specifically the healthcare waste market. It is therefore necessary to include waste management within Business Continuity plans within each care organisation. The following is advised as a method of escalation – see details at 'Contingency Process for Waste Collection Service Disruption' procedure at '9.0 Associated Documents'



4.11 Monitoring, audit and review

4.11.1 External Reports

The Trust policy is to complete on at least an annual basis an external audit of its activities in relation to waste management. This is recommended practice within the HTM: Safe Management of Healthcare Waste 07 01 guidance and also part of CQC audits although not yet mandatory. The Trust's waste tonnage data is published annually as part of wider mandatory ERIC returns (Estates Return Information Collection) and in our annual report.

4.11.2 Internal report

The Trust will produce annually a report on waste management that will include:

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

4.11.3 Waste contractor reports

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

This information will then be reported into the Trust's waste governance channels* for review and comment.

4.11.4 Pre-acceptance audits

The Trust will fulfil its legal duty to submit pre-acceptance audits for each premises it consigns clinical waste from when first registered and subsequently every year as required by Clinical Waste: Environmental Permitting Regulations (EPR) PR 05 07 and any superseding guidance (e.g. "Additional guidance for permit holders") This will be undertaken on the basis of the standards set down and Trust policy. A minimum of 1/3 of wards and departments will be

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completed annually with all areas being covered in a 3-year period. This will be submitted to the waste contractor and will be held on file by them for inspection by the Environment Agency.

4.11.5 Duty of Care audits

The Trust will undertake desktop duty of care audits on an annual basis of all its waste contractors. Although the focus will be on hazardous waste, controlled waste will also be audited.

5. Equality Impact Assessment.

The Trust is committed to promoting Equality, Diversity and Human Rights in all areas of its activities.

It is important to address, through consultation, the diverse needs of our community, patients, their carers and our staff. This will be achieved by working to the values and principles set out in the Trust's Equality, Diversity and Human Rights Strategic Framework.

To enable the Trust to meet its legislative duties and regulatory guidance, all new and revised approved documents, services and functions are to undertake an equalities impact assessment to ensure that everyone has equality of access, opportunity and outcomes regarding the activities. Contact the Service Equality Team (SET) on **0161 701 9231** for support to complete an initial assessment. Upon completion of the assessment, SET will assign a unique EqIA Registration Number

The Trust undertakes Equality Impact Assessments to ensure that its activities do not discriminate on the grounds of:

Religion or belief	Age	Marriage or Civil Partnership
Disability	Race or ethnicity	Pregnancy and Maternity
Sex or gender	Sexual orientation	Gender re-assignment
Human Rights	Socio economic	

Before any committee, group or forum validate a policy or approved document an EqIA Registration Number will be required.

Equality Impact Assessment

Please record the decision whether the policy, service change or other key decision was assessed as relevant to the equality duty to:

Eliminate discrimination and eliminate harassment

Advance equality of opportunity

Advance good relations and attitudes between people

Not relevant	X	Relevant	
Changes to this policy since the last version			

fall into 'Category 1: Existing policy' of the Equality Impact Assessment Steps (i.e. the changes to the policy are simply administrative, such as changing the name of the policy or contact details or expert clinician on the policy, or documentation change and the policy has an existing EqIA registration number).	
Please enter the EqIA registration Number:	183-18-R23

6. Consultation, approval and ratification process

The following stakeholders were consulted on this version of this policy:

- 1) E&F H&S Assurance Committee (EFHSAC)
- 2) Group Operational Health, Safety and Wellbeing Committee (OHSWC)
- 3) Energy & Sustainability Team
- 4) MFT's Independent Waste Advisor (Mark Butterworth, Specialist Training Services)

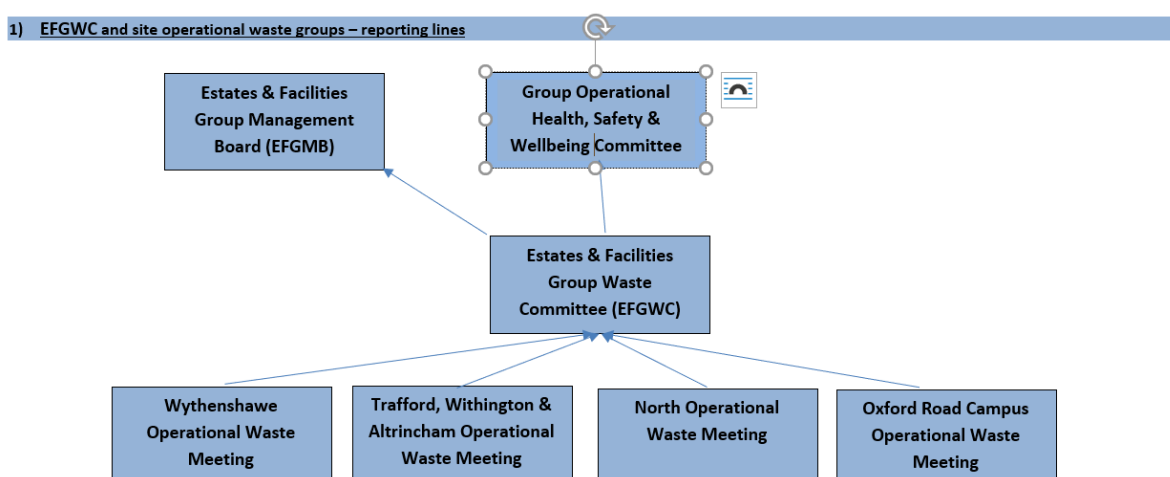
This policy was ratified by Estates & Facilities Group Management Board (EFGMB)

This policy will be reviewed every 3 years as a minimum or more frequently if changes to policy, legislation or relevant HTMs necessitate.

The above 4 groups will be consulted as part of the review process.

The governance of this policy will be administered through two groups as follows:

1) EFGWC: Estates & Facilities Group Waste Committee



2) RMBCG: Resources Management Behaviour Change Group

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The RMBCG has not yet been formally constituted however will be comprised of clinical and procurement representation and will focus influencing staff behaviour to prevent, reduce and correctly segregate waste.

7. Dissemination and implementation

7.1 Education, training & communication - general philosophy

7.1.1 The Trust will ensure that given the technical challenges of compliance, effective education and training will be provided to all relevant parties. The Trust recognises that in order to achieve its policy objectives for waste management and meet its legal requirements the following training must be provided for the following duties:

- 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 chemicals

The Trust will develop and hold a training matrix for appropriate staff training – commensurate with staff responsibilities.

7.2 Staff – waste awareness training

7.2.1 It is essential that a coordinated, 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

7.2.2 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.

7.3 E-Learning

7.3.1 The 'Healthcare Waste Management' e-learning module is mandatory to all clinical staff and available on the MFT e-learning portal. It is aimed primarily at staff who produce healthcare or laboratory waste but is available to all members of staff.

7.4 Information

- 7.4.1 The Trust will provide information on waste disposal to all relevant staff members by way of posters, training leaflets and bin labels. These will be periodically reviewed and communicated through the relevant channels.
- 7.4.2 Reference materials in the form of labels for pedal bins, and rigid containers, where they are not pre-labelled with adequate information, are available from the Trust's Waste Team. It is the responsibility of the department manager to ensure pedal bins and rigid containers are correctly labelled to provide reference to users.
- 7.4.3 The waste segregation poster forms part of this policy, Appendix 1. Copies are available from the Trust's Waste Team and should be displayed in all wards and departments.
- 7.4.4 Posters in disposal holds/waste compounds will be on display to advise on waste segregation and storage while awaiting collection.

7.5 Dissemination

This document will be:

- Published on the policy section of the Trust's intranet, replacing the previous version
- Held on Concerto
- Circulated to Clinical Effectiveness Leads (CELs)
- Circulated to E&F Directors
- Circulated to Project Co
- Circulated to Operational Health, Safety and Wellbeing Committee/Corporate Health & Safety

Awareness will be raised to all staff regarding this new version, via the original consultation forums and their respective lines of communication.

8.0 References and Bibliography

Guidance – External

- Environment Agency Technical Guidance WM3: Hazardous Waste – Interpretation of
- the definition and classification of hazardous waste.
- Water UK (August 2014) National Guidance for Healthcare Waste Water Discharges
- Department of Health (2022) The Health and Social Care Act: Code of practice on the prevention and control of infections and related guidance.

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Legislation

- The Environmental Protection Act 1990
- The Controlled Waste (England and Wales) Regulations 2012
- The Hazardous Waste (England and Wales) Regulations 2005 (as amended)
- The List of Wastes (England) Regulations 2005
- The Pollution Prevention and Control (Designation of Waste Directive) (England and Wales) Order 2016
- The Waste (England and Wales) Regulations 2011
- The Waste Batteries and Accumulators Regulations 2009
- The Waste Electrical and Electronic Equipment and Restriction of the Use of Certain Hazardous Substances in Electrical and Electronic Equipment (Amendment) Regulations 2014
- The Waste Electrical and Electronic Equipment Regulations 2013
- The Environmental Permitting (England and Wales) Regulations 2016 (as amended)
- The Control of Asbestos Regulations 2012
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Human Tissue Act 2004
- The Carriage of Dangerous Goods and Use of Transportable pressure equipment Regulations 2009
- The European agreement concerning the international carriage of dangerous goods (ADR)
- Statutory guidance Waste duty of care: code of practice
- Trade Effluent (Processes and Substances) Regulations 1989, 1990 and 1992.
- Health and Social Care Act 2022
- Control of Substances Hazardous to Health 2002
- Management of Health and Safety at Work Regulations (MHSWR) 1999
- Misuse of Drugs Regulations 2001 (SI 2001 No. 3998)
- Misuse of Drugs (Safe Custody) Regulations 2007 (SI 2007 No.2154)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Personal Protective Equipment (PPE) Regulations 1992
- Provision and Use of Work Equipment (PUWER) Regulations 1999

9.0 Associated Trust Documents

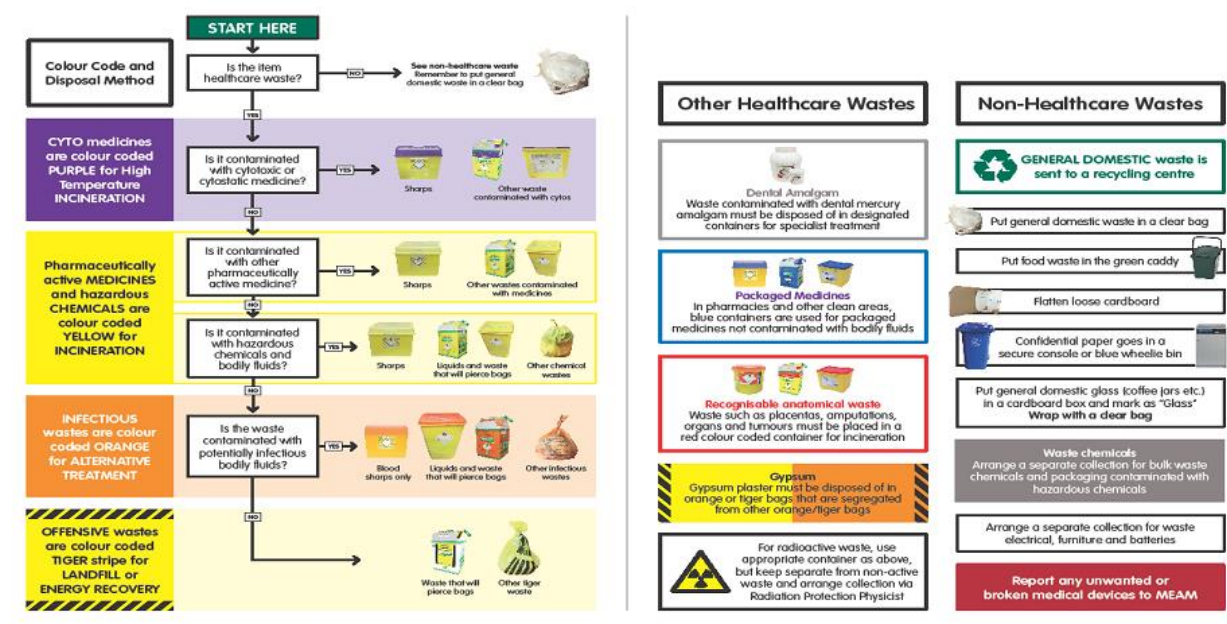
Category A Waste Disposal Procedure
Chemicals (link to COSHH)
Contingency Process for Waste Collection Service Disruption
Controlled Drugs Policy
Decommissioning Policy
Decontamination Policy
Endoscopy Chemicals Disposal Process
Genetically Modified Organisms Waste Disposal Procedure
Infection Prevention Policy
Management of Asbestos Policy
Medicines Policy
Mercury Spill policy

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Patient Homes Waste Procedure
Post-Mortem Tissue Disposal Policy
Radioactive Materials Policy
Viral Haemorrhagic Fever Policy
Overarching waste streams SOP
Safer Sharps Policy
Site Specific Waste Management SOPs:
• North Manchester General Hospital Waste Management SOP
• Trafford General Hospital Waste Management SOP
• Wythenshawe Hospital Waste Management SOP
• Withington Hospital Waste Management SOP
• Altrincham Hospital Waste Management SOP
Sustainability Policy

10.0 Appendices

Appendix 1: Waste segregation chart



Appendix 2: List of cytotoxic & cytostatic medicines

Product name	Cytotoxic	Cytostatic
Abacavir		☐
Acitetrin		☐
Actinomycin D	☐	
Actinomycon D	☐	
Aldesluekin		☐
Alemtuzumab		☐
Alitreteinoin		☐
Amsacrine	☐	
Anastrozole		☐
Arsenic Trioxide	☐	
Asparaginase		☐
Atazanavir		☐
Atripla		☐
Axitinab		☐
Azacitidine	☐	
Azathioprine	☐	
BCG		☐
Belimumab		☐
Bendamustine	☐	
Bevacizumab		☐
Bexarotene		☐
Bicalutamide		☐
Bleomycin	☐	
Boceprevir		☐
Bortezomib	☐	
Bosutinib		☐
Buserelin		☐
Busulfan	☐	
Cabazitaxel	☐	
Capecitabine	☐	
Carboplatin	☐	
Carmustine	☐	
Cetorelix		☐
Cetuximab		☐
Chlorambucil	☐	
Chloramphenicol		☐
Ciclosporin		☐
Cidofovir		☐
Cisplatin	☐	
Cladribine	☐	
Clofarabine	☐	
Coal Tar Products	☐	
Colchicine		☐
Combivir®		☐

Product name	Cytotoxic	Cytostatic
Crisantaspase		☐
Crizotinib		☐
Cyclophosphamide	☐	
Cytarabine	☐	
Dacarbazine	☐	
Dacitabine	☐	
Dactinomycin	☐	
Danazol		☐
Darunavir		☐
Dasatanib		☐
Daunorubicin	☐	
Denosumab		☐
Desogestrel		☐
Dexrazoxane	☐	
Didanosine		☐
Diethylstilbestrol		☐
Dinoprostone		☐
Dithranol containing Products		☐
Docetaxel	☐	
Doxorubicin	☐	
Drospiridone		☐
Dutasteride		☐
Dydrogesterone		☐
Eculizumab		☐
Efavirenz		☐
Emtricitabine		☐
Emtricitabine	☐	
Enfuvirtide		☐
Enzalutamide		☐
Epirubicin	☐	
Ergometrine		☐
Eribulin	☐	
Erlotinib		☐
Estradiol		☐
Estramustine	☐	
Estriol		☐
Estrogen-Progesterone combinations		☐
Estrogens, conjugated		☐
Estrone		☐
Estropipate		☐
Ethinylestradiol		☐
Etonogestrel		☐
Etoposide	☐	
Etravirine		☐
Etynodiol		☐

Product name	Cytotoxic	Cytostatic
Everolimus		☐
Eviplera®		☐
Exemestane		☐
Finasteride		☐
Fludarabine	☐	
Fluorouracil	☐	
Flutamide		☐
Fosamprenavir		☐
Foscarnet		☐
Fulvestrant		☐
Ganciclovir		☐
Gefitinib		☐
Gemcitabine	☐	
Gemeprost		☐
Gemtuzumab	☐	
Gestodene		☐
Gonadotrophin, chorionic		☐
Goserelin		☐
Histrelin		☐
Hydroxycarbamide	☐	
Idarubicin	☐	
Ifosfamide	☐	
Imatinib		☐
Indinavir		☐
Infliximab		☐
Interferons (Inc. Peginterferon)	☐	
Irinotecan	☐	
Itrintecan		☐
Lamivudine		☐
Lapatinib		☐
Leflunomide		☐
Lenalidomine		☐
Letrozole		☐
Leuprorelin		☐
Levonorgestrel		☐
Lomustine	☐	
Lopinavir		☐
Maraviroc		☐
Medroxyprogesterone		☐
Megestrol		☐
Melphalan	☐	
Menotropins		☐
Mercaptopurine	☐	
Mestranol		☐
Methotrexate	☐	

Product name	Cytotoxic	Cytostatic
Mifepristone		☐
Mitomycin	☐	
Mitotane	☐	
Mitoxantrone	☐	
Mycophenolate		☐
Nab-Paclitaxel	☐	
Nafarelin		☐
Nelarabine	☐	
Nelfinavir		☐
Nevirapine		☐
Nilotinib		☐
Norelgestromin		☐
Norgestimate		☐
Northisterone		☐
Oestrogens		☐
Ofatumumab		☐
Oxaliplatin	☐	
Oxytocin		☐
Paclitaxel	☐	
Panitumumab		☐
Pazopanib		☐
Peg-asparaginase		☐
Pegylate Liposomal Doxorubicin	☐	
Pemetrexed	☐	
Pentamidine		☐
Pentostatin	☐	
Pertuzumab		☐
Podophyllum		☐
Ponatinib		☐
Procarbazine	☐	
Progesterone		☐
Progesterone Products		☐
Raloxifene		☐
Raltegravir		☐
Raltitrexed	☐	
Ranubizumab		☐
Ribavirin		☐
Rilpivirine		☐
Ritonavir		☐
Rituximab		☐
Ruxolitinib		☐
Saquinavir		☐
Sirolimus		☐
Sorafenib		☐
Stavudine		☐

Product name	Cytotoxic	Cytostatic
Streptozocin	☐	
Stribild®		☐
Sunitinib		☐
Tacrolimus		☐
Tamoxifen		☐
Targretin		☐
Tegafur Uracil	☐	
Telaprevir		☐
Temoporfin	☐	
Temozolomide	☐	
Temsirolimus		☐
Teniposide	☐	
Tenofovir		☐
Testosterone		☐
Thalidomide		☐
Thiotepa	☐	
Tibilone		☐
Tioguanine	☐	
Tipranavir		☐
Topotecan	☐	
Toremifene		☐
Trabectedin	☐	
Trastuzumab		☐
Tresulfan	☐	
Tretinoin		☐
Triptorelin		☐
Truvada®		☐
Ulipristal		☐
Vaganciclovir		☐
Vandetanib		☐
Vemurafenib		☐
Vinblastine	☐	
Vincristine	☐	
Vindesine	☐	
Vinflunine	☐	
Vinorelbine	☐	
Vismodegib		☐
Zidovudine		☐

Appendix 3A: Roles & responsibilities – daily

	All staff, including contractors	Managers in charge of a service/ area –	Waste Operative /Porter (defined as Competent Person in HTM 00)	Facilities Management/ Facilities Management Provider	Senior Operational Manager (as defined in HTM 00)
Has operational and professional responsibility for the waste management service, and maintains the role of “informed client”					✓
Ensures maintenance of current service levels and development of service improvements, to give assurance of service quality					✓
Reducing waste at source	✓				
Following Trust procedures for the segregation and safe management of waste	✓				
Ensuring waste is correctly marked or labelled to indicate content	✓				
Ensuring the ward/department of origin of all healthcare waste can be identified	✓				
Ensuring that waste is securely stored	✓				
Dealing with and reporting hazards, accidents/incidents including spillages and other escapes of waste, and implementing improvements as required	✓				
Provides the waste collection service, demonstrating a sound understanding of the service, and working in accordance with the procedures, policy and legislative			✓		

requirements of the service					
Ensuring all staff have received training in waste management and understand their responsibilities		✓		✓	✓
Ensuring those collecting wastes are fully aware of, and are alerted to, any risks the waste may pose. This includes proving COSHH assessments or Safety Data information where appropriate		✓			
Ensuring appropriate personal protective equipment is issued or available to staff in handling and processing of wastes		✓		✓	
Ensuring all equipment for the segregation and safe management of waste is provided, and that it is cleaned and maintained as required		✓		✓	
Ensuring all equipment for safe transport of waste, around and off site, is provided, cleaned and maintained as required				✓	

Appendix 3B: Roles & responsibilities – senior management

	The Designated Waste Manager/s (defined as Authorised Person in HTM 00)	Estates & Facilities and clinical waste governance channels	The Independent Advisor (defined as Authorising Engineer in HTM 00)	The Designated Person (as defined in HTM 00)	The Chief Executive
Providing a senior management link between the organisation and professional support, which also provides independence of the audit-reporting process				✓	
Providing an informed position at Board level				✓	
Working closely with Senior Operational manager to ensure that provision is made to adequately support the service				✓	
Maintaining the knowledge and experience in waste management required to fully operate the service. Able to demonstrate their understanding, competency, a level of experience, and evidence of knowledge and skills.	✓				
Acting as an independent professional adviser to the Trust, with a brief to provide services in accordance with HTM 07:01. Acting as assessor and monitoring the performance of the service, to provide an annual audit to the DP.			✓		

	The Designated Waste Manager/s (defined as Authorised Person in HTM 00)	Estates & Facilities and clinical waste governance channels	The Independent Advisor (defined as Authorising Engineer in HTM 00)	The Designated Person (as defined in HTM 00)	The Chief Executive
Managing the legislative requirements relating to waste, liaising with Environment Agency, waste contractors and local authority as required, to ensure all responsibilities are met	✓				
Ensuring the waste management policy meets all relevant legislative requirements, and is reviewed every 3 years, or sooner if required due to change in legislation or procedures	✓				
Providing resources for the implementation of this policy				✓	✓
Monitoring weights and maintaining all records; identifying and championing campaigns/projects to minimise waste production	✓	✓			
Providing training and reference materials relating to correct segregation and safe management of waste	✓				
Providing advice and support to departments and committees relating to waste and environmental legislation, and Trust procedures	✓				
Reviewing incidents associated with waste management, including liaising with department managers to prevent reoccurrence	✓				
Undertaking an annual "Pre-acceptance" audit and	✓				

	The Designated Waste Manager/s (defined as Authorised Person in HTM 00)	Estates & Facilities and clinical waste governance channels	The Independent Advisor (defined as Authorising Engineer in HTM 00)	The Designated Person (as defined in HTM 00)	The Chief Executive
monthly monitoring of policy compliance					
Ensuring that a duty of care audit trail is maintained, and that it can be demonstrated that all wastes have been transferred or consigned to a person authorised to accept them, and have been subsequently taken to a facility permitted to receive them	✓				
Ensuring all waste is disposed of in a manner that will not cause harm to health or pollution of the environment, at a suitably permitted site, including undertaking Duty of Care audits	✓	✓			
Providing evidence of the above, as may be required by Care Quality Commission (CQC), Environment Agency, Greener NHS, Department of Health, Estates Return Information Collection (ERIC)	✓	✓			

Appendix 3C: Roles & responsibilities – specialist advisors

	The Dangerous Goods Safety Advisor	The Radioactive Waste Advisor	The Trust's Human Tissue Authority
Providing information, advice and training relating to wastes that are dangerous for carriage	✓		
Undertaking an annual compliance report on the transportation of wastes that are dangerous for carriage	✓		
Providing advice on radioactive waste management and environmental radiation protection		✓	
Ensuring compliance with the Trust's Permit for the disposal of radioactive waste		✓	
Providing advice on the Human Tissue Act and disposal of tissue from post-x` activities			✓

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