This Policy supersedes the following documents which must now be destroyed:

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<th>Title</th>
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<td>Waste Management</td>
</tr>
</tbody>
</table>
## Waste Management Policy

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**Standard Appendices – attached to Policy**

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<td></td>
</tr>
<tr>
<td>WMP-PGN-01</td>
<td>Waste Management Operating Practices and Procedures</td>
<td></td>
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</tbody>
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1 Introduction

1.1 This Policy is to provide and maintain safe and healthy working conditions, equipment and safe systems of work for within Cumbria Northumberland, Tyne and Wear NHS Foundation Trust’s, (the Trust /CNTW) employees and to provide information, training and supervision as required for this purpose. The Trust also accepts its responsibility for the health and safety of other people who may be affected by the Trust’s activities. NTW Solutions Limited (NTWS) manages waste on behalf of the Trust with an agreed SLA; issues are highlighted at Informed Client Meetings.

1.2 The allocation of duties for safety matters and the particular arrangements, which the Trust shall make to implement the Policy, are set out below.

1.3 The Policy will be kept up-to-date and reviewed on a regular basis, particularly to account for future NHS and legislative changes.

1.4 This Policy will be brought to the attention of all employees who are handling or storing all types of waste and should be read in conjunction with WMP-PGN-01 “Operating Practices and Procedures”.

2 Purpose

2.1 The aim of this Policy is to provide the Trust with a clear, co-ordinated and safe approach to the management of waste management. The potential benefits of this approach are:

- A reduction in the adverse incidents affecting patients, staff, visitors and stakeholders
- Trust compliance with all relevant regulations / legislation and therefore avoid prosecution
- Improved and safer working environment in all Trust premises
- A reduction in the cost of disposing of waste appropriately
- Making a contribution to a better environment through the minimisation of waste
- Facilitate the use of best practice and development of the service

2.2 NTWS will explore the possibilities of reducing the volume of waste produced and introduce recycling schemes throughout the Trust where it is safe to do so. The aim being:

- To reduce the overall waste generated
- Ensure as much waste as possible is recycled
- Contribute to the reduction of the local economy’s carbon footprint
- Reduce overall costs to the Trust in the waste process
- Educate staff of the implications of not recycling waste, and get their support and involvement with waste reduction / recycling initiatives
3 Duties, Accountability and Responsibilities

3.1 Responsibility for implementation and compliance to this policy lies with the Chief Executive. The Deputy Chief Executive and Executive Director of Finance has delegated responsibility from the Chief Executive.

3.2 Responsibilities of Facilities Manager (NTW Solutions Limited)

3.2.1 Has responsibility for the development, monitoring and review of this Policy.

3.2.2 Will ensure that the Policy and the workplace standards are monitored independently from time to time.

3.2.3 Will ensure a competent person monitors compliance and maintenance of waste records by carrying out audits.

3.2.4 Will ensure that all recommendations from visiting enforcement officers and internal audits are acted upon.

3.2.5 Keeping up to date with changes in waste legislation and liaising with the competent authorities on waste management issues.

3.2.6 Liaising with waste management contractors to facilitate regular waste collections and carrying out annual second party audits on the treatment facilities that receive Trust waste.

3.3 Responsibilities of Unit / Ward Managers and Heads of Department

3.3.1 Have day-to-day responsibility for their staff’s compliance with the Policy.

3.3.2 Must ensure that all waste is appropriately segregated into the correct waste streams and stored safely until collected / disposed of by the designated method.

3.3.3 Must ensure all of their staff are appropriately trained commensurate with their role / involvement in the generation, storage and disposal of all types of waste. All training must be recorded and details forwarded to Training and Development for audit purposes.

3.3.4 Must have in place appropriate storage bins / containers / areas for all types of wastes generated that comply with this Policy and any legislation that currently applies. Correct signage and colour coding (where designated) must be in place.

3.3.5 Where compliance with all aspects of this Policy cannot be achieved and maintained, this must be reported to the line manager for action and appropriate advice be sought.
4 Definition of Terms Used

4.1 Waste

4.1.1 The European Union’s Waste Framework Directive (2008/98/EC) defines waste as “any substance or object which the holder discards, intends to discard or is required to discard”. Even if the substance or article is given to someone else to be reused or recycled, it is still legally considered to be waste if it is no longer required by the person who produced it.

4.2 Hazardous Waste

4.2.1 Hazardous wastes are wastes which present a hazard to human health or the environment and are covered by the Hazardous Waste (England and Wales) Regulations. These waste categories are highlighted with an asterisk (*) in the European Waste Catalogue and in the List of Wastes (England) Regulations. Hazardous wastes are not just confined to healthcare (clinical) wastes but also other wastes from offices and estates activities, i.e. batteries, televisions, computers, light fittings and bulbs, fridges, lab and cleaning chemicals.

4.3 Mixed recycling - EWC 20 01 01, 20 01 39 and 20 01 40

4.3.1 Mixed recycling, also known as dry mixed recycling or co-mingled recycling, the term used to describe the combined recyclables waste stream in the Trust. Clean paper, plastic and metal can be placed into green bins with clear bags and sent for recycling. Mixing the recycling allows all three recyclable waste streams to be collected in one receptacle which is invaluable in clinical areas where space is at a premium.

4.4 Glass (domestic type) – EWC 15 01 07

4.4.1 Domestic type glass such as coffee jars and milk bottles are not a healthcare waste and should be kept separate to allow safe disposal and recycling. Glass waste is dangerous due to the risk of breakage which can cause harm to those handling it. Glass, which is not contaminated with medicines, can be recycled if it is segregated, safely transported and deposited into a glass recycling container.

4.5 Waste Electronic and Electrical Equipment (WEEE) – EWC 20 01 35* and 20 01 36

4.5.1 WEEE is defined by law in the Waste Electronic and Electrical Equipment (WEEE) Regulations. In simple terms, it is any item of waste with a plug or requiring a battery (electrical supply) containing electrical components. Examples of this include a fridge, TV, microwave, desk fan, telephone or extension cable. WEEE must be kept separate from other waste streams and be collected by a specialist recycling contractor.

4.6 Domestic (non-recyclable) waste – EWC 20 03 01
4.6.1 Domestic waste is normal household type waste and general office waste that is not recyclable, or confidential, or hazardous in nature. It will include food contaminated waste, non-recyclable packaging and used tissue paper. It should not include hazardous waste, glass, clinical waste, sharps, liquids or anything that can be recycled (where recycling facilities are available).

4.7 Confidential Waste – EWC dependent on type, i.e. paper, discs, tapes or slides

4.7.1 Confidential waste is regarded as any document, record, computer disk or tape, microfiche, audio or video tape or similar item for disposal, from which could be obtained the name and address of a patient, next of kin or employee of the Trust.

4.7.2 All records marked as Confidential which belong to any of the following categories must be treated as confidential and therefore disposed of accordingly:-

- Records containing personal information (e.g. medical records, patient files, payroll and pension records, completed questionnaires and staff files)
- Records of a commercially sensitive nature (e.g. contracts, tenders, purchasing records and legal documents)
- Records concerning intellectual property rights (e.g. unpublished medical research data, draft papers and manuscripts)

4.8 Offensive / Hygiene Waste – EWC 18 01 04

4.8.1 This is non-infectious healthcare waste that does not require treatment or incineration in order to render it safe before disposal. Examples include uncontaminated PPE (i.e. hats, gloves, aprons), absorbent hygiene products (i.e. sanitary towels, incontinence pads and nappies) and empty giving sets that have not had medicines added.

4.9 Infectious Clinical Waste – EWC 18 01 03*

4.9.1 Waste defined as clinical waste on the basis of the infection risk, or potential infection risk, posed should be considered hazardous infectious waste as this waste requires specialist treatment / disposal.

4.9.2 Waste is defined as infectious clinical waste if it arises from a patient who is known or suspected to have a disease caused by a microorganism or its toxin. Waste may also be defined as infectious clinical waste if, by clinical assessment or pathology results, the waste may cause infection to any person or other living organism coming into contact with it.

4.9.3 Advice on whether a waste is classified as infectious or non-infectious can be sought from the Infection, Prevention and Control Team.
4.9.4 Healthcare waste that is not infectious is classified as offensive / hygiene waste. As non-infectious waste requires less resources to make it safe for disposal, staff should make every effort to segregate this waste from the infectious clinical waste stream – to save costs and reduce our environment impact.

4.10 Sharps waste - EWC 18 01 01 / 18 01 03* / 18 01 09 / 18 01 08 * (dependent on contamination)

4.10.1 Sharps are items (or part items) of healthcare waste that could cause cuts or puncture wounds. This includes needles, the needle part of a syringe, scalpel blades, introducers, trocars, sutures, broken glass ampoules and the patient end of an infusion set.

4.10.2 Sharps waste does not include:

- Syringe bodies (other than the needle) and the residual medicine they contain
- Medicinal waste in the form of bottles, vials, plastic ampoules, opened plastic ampoules
- Tubes or tablets etc., swabs or other soft infectious waste or anatomical waste
- Broken crockery / glassware from non-healthcare items (e.g. coffee jar) – this should be treated as domestic glass

4.11 Medicinal Waste (non-hazardous) – EWC 18 01 09

4.11.1 Medicinal waste includes:

- Expired, unused, spilt and contaminated medicinal products, drugs, vaccines and sera that are no longer required and need to be disposed of appropriately
- Discarded items contaminated with medicinal products, such as bottles or boxes with residues, gloves, masks, connecting tubing, syringe bodies and drug vials.

4.11.2 Where any of these materials is present in a waste, it contains a medicinal waste

4.11.3 Hazardous (cytotoxic or cytostatic) medicinal waste must be segregated from other medicinal waste – see section 4.12

4.12 Hazardous Medicinal Waste (also known as Cytotoxic and / or Cytostatic) – EWC 18 01 08 *

4.12.1 Hazardous medicinal waste is either cytotoxic (toxic to cells) or cytostatic (inhibition of cell growth). Both of which are hazardous to human health and must be segregated separate to other non-hazardous medicinal waste so that it can be sent for High Temperature Incineration.
4.13 Bulky Waste – EWC 20 03 07

4.13.1 Bulky domestic waste is domestic type waste that is too big to fit into a bag or box and be disposed of with other domestic waste in on site compactors. This waste should be collected separately by arrangement with the porters and put into bulky waste skips.

4.14 Biodegradable Grounds Maintenance Waste – EWC 20 02 01

4.14.1 Biodegradable waste that is generated by landscaping activities across the Trust can be segregated and composted to divert it from landfill. Examples of this waste include: fallen leaves, twigs, branches, prunings, waste plants and weeds.

4.15 Food Waste – EWC 20 01 08

4.15.1 Food waste is defined as biodegradable kitchen and dining room waste. If separated and contained it can be anaerobically digested or composted rather than being sent for disposal. Doing so would move up the waste hierarchy and reduce the environmental impact of food waste disposal.

4.16 Construction and Demolition Wastes (Including Excavated soil from contaminated sites) EWC codes 17 01 01 – 17 09 04

4.16.1 These wastes can be produced from construction of buildings, refurbishment schemes, infrastructure projects and total or partial demolition of buildings. There is a high potential for recycling and re-use of Construction and Demolition Waste. The Waste Framework Directive 2008/98/EC aims to have 70% of Construction and Demolition waste recycled by 2020.

Proper management of Construction and Demolition waste and recycled materials, including the correct handling of hazardous waste, (e.g. asbestos, solvents, lead paint and chemicals), can have major benefits in terms of sustainability. This includes improved waste planning and identification, source separation and collection, improved waste logistics, improved waste processing and quality management on projects. The design stage of a project can also be important to reduce waste by selecting products with high recycling content and designing components for disassembly.

Previously, the Site Waste Management Plans Regulations 2008 (SWMP Regulations 2008) specifically targeted contractors and construction and engineering clients, but were revoked with effect from 1 December 2013. Construction projects will still require Site Waste Management Plans in order to comply with the BRE Environmental Assessment Method (BREEAM) certification which is used to assess the sustainability of buildings.

4.17 Radioactive Waste

4.17.1 Radioactive waste is waste that contains radioactive material. Radioactive waste is hazardous to most forms of life and the environment. Relatively small amounts of radioactive clinical waste are generated at a limited number of locations in the Trust. The creation, minimisation, handling and treatment of this waste is controlled under the Radioactive Substances Act 1993 with a specific Certificate of Authorisation. Any departure from the procedures authorised via this certification must be approved by the Radiation Protection Advisor
5 Identification of Stakeholders

5.1 Existing Policy under review with additional / changed content that relates to operational and / or clinical practice, and was therefore circulated to the following for a two week consultation period in line with CNTW(O)01 – Development and Management of Procedural Documents.

- North Locality Care Group
- North Cumbria Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit
- Health Safety Security and Resilience

6 Duty of Care Regulations / Legislative Requirements

6.1 The statutory requirements covering duty of care in waste management are contained in Section 34(7) of the Environmental Protection (EPA) Act 1990 and the Environmental Protection (Duty of Care) regulations 1991. Everyone involved in the management of waste, regardless of the need for a licence or a permit, has a duty of care to ensure that waste is managed appropriately. The Department of Food and Rural Affairs (DEFRA) have produced a guidance document titled “Waste Management, The Duty of Care: A Code of Practice” which can be downloaded from the www.Gov.uk website or ordered from the stationery office.

6.2 The statutory duty of care applies to everyone in the waste management chain. It requires producers and others who are involved in the management of the waste to prevent its escape and to take all reasonable measures to ensure that the waste is dealt with appropriately from the point of production to the point of disposal.

6.3 Waste Carriers are required to register with the relevant environment regulator (Environment Agency) and comply with the Duty of Care; all registrations last for 3 years from the date of issue or renewal. Registered carriers should be able to provide a certificate of registration on request. The Trust will carry out an annual inspection of the contractor’s premises and inspect all relevant documentation regarding the contractor’s duties relating to the collection, transport, storage, processing and final disposal of the waste. Waste carrier checks can now be done using the EA public register site. https://environment.data.gov.uk/public-register/view/search-waste-carriers-brokers
Breach of the Duty of Care Regulations is a Criminal Offence

6.4 Waste Transfer / Consignment Notes

6.4.1 The Waste Contractor will produce Waste Transfer / Consignment Notes on behalf of the Trust. The producers of the waste retain the responsibility that these are completed correctly and the signatories are adequately trained.

6.4.2 The Statutory Duty of Care Regulations require that Duty of Care waste transfer notes for non-hazardous waste are required to be kept for 2 years. Hazardous Waste Consignment Notes are required to be kept for 3 years.

7 Storage and Disposal of Waste

7.1 Disposal of all waste generated in an NHS setting must be correctly disposed of and must be stored in the correct location.

WMP-PGN-01 “Operating Practices and Procedures” for further details

or

Contact your local Facilities Manager or IPC Team for advice

7.2 Site / local storage areas must be fit for purpose and should comply with the following:

- Reserved for specific wastes only
- Well lit and ventilated
- Sited away from food preparation and general storage areas and from routes used by the public where possible
- Enclosed and secure with authorised access only
- Clearly marked with warning signs
- Impervious hard standing (external areas)
- Suitably constructed to provide containment and allow washing down
- Sealed drains, inceptors where appropriate

8 Segregation of Waste

8.1 Segregation of waste at the point of production into suitable colour coded packaging is vital to good waste management as well as help to control disposal costs. Health and Safety, Carriage and Waste Regulation require that waste is handled, transported and disposed of in a safe and effective manner.

WMP-PGN-01 “Operating Practices and Procedures” for further details

or

Contact your local Facilities Manager or IPC Team for advice
9 Penalties

9.1 Breach of the Duty of Care and of the current Legislation is a criminal offence. It is an offence irrespective of whether or not there has been any other breach of the law or any consequent harm or pollution.

9.2 An offence is punishable by a substantial fine, imprisonment and adverse publicity for the Trust.

10 Training and Awareness

10.1 Training is a key issue with regards to how waste is generated and stored prior to collections by the contractor for end disposal. Ward / Departmental Managers have responsibility to ensure their staff are trained in all waste processes commensurate with their duties. The Medical Director will have this responsibility for all medical staff. All training carried out should be recorded centrally via the Trust’s Training and Development Department to ensure audits of training activity can be carried out. Appropriate and approved signage will be in all areas where waste is generated and stored, to assist all staff, patients and visitors on waste awareness. The Facilities Department should be contacted for advice on appropriate signage in ward and department areas.

10.2 Appropriate training should take place with all staff who handle waste. Appendix B and WMP-PGN-01 give guidelines on this training.

10.3 Waste posters will be displayed in clinical areas to improve awareness for staff in the disposal of waste.

11 Equality Impact Assessment

11.1 In conjunction with the Trust’s Equality and Diversity Lead this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner. Appendix A provides the framework for this screening.

12 Implementation

12.1 Taking into consideration all the implications associated with this policy, it is considered that a target date of November 2020 is achievable for the contents to be implemented within the organisation.

12.2 This will be monitored by the Facilities Department during the review process. If at any stage there is an indication that the target date cannot be met, then the Facilities Department will consider the implementation of an action plan.
13 Monitoring (See also Appendix C)

13.1 An annual waste audit of all main hospital sites and a sample of community sites will be undertaken by NTWS Facilities staff. The audits’ findings will be reported to the Trust’s Sustainability, Waste and Transport (SWAT) Group to devise an action plan to address any adverse findings, which will be submitted to the Infection, Prevention and Control Committee for information, monitoring and assurance.

13.2 Any inspections and subsequent reports carried out by Health and Safety Executive (HSE) or the Environment Agency (EA) will be submitted to the Infection, Prevention and Control Committee and Safer Care Group for assurance purposes.

13.3 Monitoring of compliance with the Trust’s Waste Management Policy is the responsibility of Ward / Unit Managers / Heads of Department, supported by all staff involved in a waste process as part of their duty of care.

13.4 The Trust Sustainability, Waste and Transport Group (SWAT) oversees aspects of waste management and minimisation in terms of the sustainability agenda, on behalf of the Trust.

13.4.1 Membership is made up of:
- Director of Estates and Facilities
- Sustainability Officer
- Infection, Prevention and Control Representative
- Facilities Manager
- Head of Estates
- Representatives from each Locality Care Group
- Medical Directorate Representative
- Workforce Representative
- Pharmacy Representative
- Informatics Representative
- Staff Side Representative
- Medical Device Safety Manager

14 Fair Blame

14.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.
Fraud, Bribery and Corruption

15.1 In accordance with the Trust’s Fraud, Bribery and Corruption / Response Plan Policy - CNTW(O)23, all suspected cases of fraud and corruption should be reported immediately to the Trust’s Local Counter Fraud Specialist or to the Executive Director of Finance.

15.2 Any form of waste, including surplus equipment, must be disposed of in accordance with WMP-PGN-01 of this Policy. Failure to do so may result in disciplinary action and you may be liable for prosecution and civil recovery proceedings. Information relating to waste disposal will be disclosed to, and by the Trust and NHS Protect for the purpose of verification and the investigation, prevention, detection and prosecution of fraud and corruption.

Associated Documents

- CNTW(C)21 - Medical Devices (Disposal of Medical Devices MD-PGN-12)
- CNTW(C)23 - Infection Prevention Control
- CNTW(O)2 - Environmental Sustainability Policy
- CNTW(O)01 - Development and Management of Procedural Documents
- The Control of Substances Hazardous to Health Regulations 2002 – Request for Disposal of Surplus or Waste Hazardous Substances covered by the COSHH and CLP Regulations
- Web Based Incident Reporting System

References

- Trust Waste Management Procedures
- HTM 07 – 01 Safe Management of Healthcare Waste
- Hazardous Waste Directive (Technical Guidance WM2)
- European Waste Catalogue and Hazardous Waste List (EWC) (List of Waste Regulations)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Department of Trade and Industry (Dti); Sustainable Development & Environment
- WEEE (Waste Electrical and Electronic Equipment) Directive
- Waste Management Licensing Regulations 1994; and subsequent amendments;
- The Landfill (England and Wales) Regulations 2002; and subsequent amendments
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health Act 2006 “Code of Practice for the Prevention and Control of Healthcare Associated Infection”
- Environmental Protection Act 1990
- Health & Safety at Work Act 1974
### Equality Analysis Screening Toolkit

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Rowlands</td>
<td>October 2020</td>
<td>October 2023</td>
<td>Trust-wide</td>
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<table>
<thead>
<tr>
<th>Policy to be analysed</th>
<th>Is this policy new or existing?</th>
</tr>
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<tbody>
<tr>
<td>CNTW(O)24 – Waste Management Policy V05</td>
<td>Existing</td>
</tr>
</tbody>
</table>

**What are the intended outcomes of this work?** Include outline of objectives and function aims

The aim of this Policy is to provide the Trust with a clear, co-ordinated and safe approach to the management of waste management. The potential benefits of this approach are:

- A reduction in the adverse incidents affecting patients, staff, visitors and stakeholders.
- Trust compliance with all relevant regulations/legislation and therefore avoid prosecution.
- Improved and safer working environment in all Trust premises.
- A reduction in the cost of disposing of waste appropriately.
- Making a contribution to a better environment through the minimisation of waste.
- Facilitate the use of best practice and development of the service

**Who will be affected?** e.g. staff, service users, carers, wider public etc.

Staff, Service Users and visitors

**Protected Characteristics under the Equality Act 2010.** The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Disability</td>
<td>Colour blindness. This can take several forms: different shades of red appear dull and indistinct. Greens, oranges, pale reds and browns all appear as the same hue – distinguished by their intensity. One rare form of colour blindness results in blues and yellows being indistinguishable, in another all colours are seen in black and white</td>
</tr>
<tr>
<td>Sex</td>
<td>Men more likely to be colour blind. Colour coding of bags is dictated by waste legislation; bags are pre-printed to state waste type</td>
</tr>
<tr>
<td>Race</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Age</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Gender reassignment (including transgender)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>Possibility that people from some religious groups may have issues in handing some waste materials.</td>
</tr>
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<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Marriage and Civil Partnership</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>Employees who are pregnant or trying to conceive should always be offered alternative duties when dealing with cytotoxic/cytostatic medication (Hazardous Medicinal Waste 4.12). For further information see CNTW(C)38 PPT-PGN-09 The Use of Oral Methotrexate and other cytotoxic/Cytostatic Drugs</td>
</tr>
<tr>
<td>Carers</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Other identified groups</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**How have you engaged stakeholders in gathering evidence or testing the evidence available?**

Through the Policy Review Process

**How have you engaged stakeholders in testing the policy or programme proposals?**

Through Policy Consultation Process

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

All Clinical Groups and Corporate Services consulted in the Policy Review Process

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Consider impact of the policy will be neutral

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

<table>
<thead>
<tr>
<th>Eliminate discrimination, harassment and victimisation</th>
<th>No but potential for differential and negative impact between equality strands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance equality of opportunity</td>
<td>N/A</td>
</tr>
<tr>
<td>Promote good relations between groups</td>
<td>N/A</td>
</tr>
<tr>
<td>What is the overall impact?</td>
<td>N/A</td>
</tr>
<tr>
<td>Addressing the impact on equalities</td>
<td>N/A</td>
</tr>
</tbody>
</table>

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? **NO**

If yes, has a Full Impact Assessment been recommended? **If not, why not?**

Manager’s signature: Christopher Rowlands Date: October 2020
## Communication and Training Check List for Policies

### Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

<table>
<thead>
<tr>
<th>Question</th>
<th>Action/Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a new policy with new training requirements or a change to an existing policy?</td>
<td>Change to existing Policy</td>
</tr>
<tr>
<td>If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.</td>
<td>Staff need to be aware of their role and duties relating to the process of waste management as they may have changed.&lt;br&gt;Staff need to familiarise themselves with the new colour codes, training requirements, changes to responsibilities</td>
</tr>
<tr>
<td>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?</td>
<td>By law all staff need to be trained in aspects of waste management commensurate with their role in the process&lt;br&gt;Communicate the new policy to all staff associated with the waste process</td>
</tr>
<tr>
<td>Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.</td>
<td>See training matrix (Appendix B)</td>
</tr>
<tr>
<td>Is there a staff group that should be prioritised for this training / awareness?</td>
<td>Facilities, Clinical &amp; Medical staff</td>
</tr>
<tr>
<td>Please outline how the training will be delivered. Include who will deliver it and by what method.</td>
<td>Team brief/E bulletin summary&lt;br&gt;All new staff receive training on induction&lt;br&gt;E-Learning IPC Training&lt;br&gt;Inclusion on statutory/mandatory as waste forms part of IPC training&lt;br&gt;Awareness sessions for those affected by the new policy to be delivered by ward and departmental managers&lt;br&gt;Departmental Training and Induction by ward and departmental managers</td>
</tr>
<tr>
<td>Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.</td>
<td>Heads of Service, Modern Matrons, Ward Managers, Clinical Managers, Facilities Managers</td>
</tr>
</tbody>
</table>
# Training Needs Analysis

<table>
<thead>
<tr>
<th>Staff/Professional Group</th>
<th>Type of training</th>
<th>Duration of Training</th>
<th>Frequency of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff</td>
<td>Awareness training of their roles and responsibilities with regard to the safe handling, storage and disposal of various waste streams</td>
<td>Forms part of IPC refresher training</td>
<td>On appointment, then every three years</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>Awareness training of their roles and responsibilities with regard to the safe handling, storage and disposal of various waste streams</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Allied Professional Staff</td>
<td>Awareness training of their roles and responsibilities with regard to the safe handling, storage and disposal of various waste streams</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Ancillary Staff</td>
<td>Awareness training of their roles and responsibilities with regard to the safe handling, storage and disposal of various waste streams</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Others</td>
<td>Awareness training of their roles and responsibilities with regard to the safe handling, storage and disposal of various waste streams</td>
<td>As above</td>
<td>As above</td>
</tr>
</tbody>
</table>

Should any advice be required, please contact: - 0191 245 6777-Option1 (internal 56777-Option1)
Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy Authors are required to include how monitoring of this Policy is linked to Auditable Standards / Key Performance Indicators will be undertaken using this framework.

<table>
<thead>
<tr>
<th>Auditable Standard / Key Performance Indicators</th>
<th>Frequency / Method / Person Responsible</th>
<th>Where results and any associate Action Plan will be reported to implemented and monitored; (this will usually be via the relevant Governance Group).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Review training records of staff who have responsibility for any aspects of waste disposal or management, to ensure they have received the appropriate training</td>
<td>Monthly monitoring of compliance of IPC Training complete (includes a section on waste management) will be undertaken by Associate Director / Clinical Managers in clinical areas and Department Managers in Corporate Services. Information held on training dashboards Monthly Waste Report produced by Facilities Manager, that identifies the numbers of staff who have received waste training (forms part of IPC refresher) in the previous 12 months</td>
<td>Clinical areas Reported via clinical governance arrangements in each of the clinical groups Corporate areas via local reporting arrangements Waste Report submitted to the Trust’s Sustainability, Waste and Transport Group (SWAT) and Trust-wide Infection, Prevention and Control Committee</td>
</tr>
<tr>
<td>2 Examination of external waste contractors’ records, licences and premises relating to collection, transport storage, processing and final disposal of the waste Contractor is a registered waste carrier and is disposing of the waste appropriately in compliance with the legislation</td>
<td>Premises to be inspected annually by NTWS</td>
<td>Any adverse findings to be reported to SWAT Group and Trust-wide Infection, Prevention and Control Committee for action and monitoring</td>
</tr>
</tbody>
</table>
### CNTW(O)24 Waste Management Policy – Monitoring Framework

<table>
<thead>
<tr>
<th>Auditable Standard / Key Performance Indicators</th>
<th>Frequency / Method / Person Responsible</th>
<th>Where Results and Any Associate Action Plan Will Be Reported To Implemented and Monitored; (this will usually be via the relevant Governance Group).</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Examination of internal procedures and records kept, to ensure current waste legislation is being followed</td>
<td>Annual waste audit organised by NTWS Facilities to include reporting on Policy, training, ward / clinic operations, collection and movement, storage, administration, duty of care and consignment notes are completed prior to removal of waste and retained as per legislation. To be carried out on all inpatient areas / outpatient departments on main hospital sites and a sample of community sites</td>
<td>NTWS Facilities to devise an action plan and monitor progress against the plan. Confirmation of annual waste audits have been complete reported to SWAT Group and Trustwide IPC Committee as well as any adverse findings that require action. Action Plans to go to the SWAT Group and Infection, Prevention and Control Committee for information.</td>
</tr>
<tr>
<td>4 Pre Acceptance Waste Audits of central waste holding / storage areas</td>
<td>Inspections to be organised by the NTWS Facilities Department for all main hospital sites and community premises as per legislation</td>
<td>Results of any adverse findings that require action reported to the SWAT Committee to devise an action plan and monitoring purposes. Action plans to go to the SWAT Group and Infection, Prevention and Control Committee for information.</td>
</tr>
</tbody>
</table>

The Author(s) of each Policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.