

Waste management in Scottish hospitals

A follow-up report

Key messages / Prepared for the Auditor General for Scotland

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Key messages

Why is waste management important?

Good waste management and environmental practice matters for the NHS in Scotland. Safe handling and disposal of hospital waste reduces health and safety risks for both patients and staff, and contributes to a better environment for the whole community.

Categories of hospital waste

Hospital waste falls into two broad categories:

- Clinical waste from diagnosis, treatment and the immediate care of patients. It is not safe for disposal along with domestic waste. It includes infectious and potentially infectious materials such as blood-contaminated items, human tissue, used syringes, needles or other sharp instruments, and pharmaceutical products such as drugs. The NHS in Scotland generates about 15,000 tonnes of clinical waste each year and its disposal costs around £6 million.
- Domestic waste is made up of the same items found in waste from any household, including cardboard, paper, bottles and flowers. Each year, the NHS disposes of around 20,000 tonnes of waste as domestic waste, costing about £2 million.

Sanpro waste is made up of waste items from human hygiene including nappies and incontinence pads. It can be segregated from clinical waste following risk assessment and safely disposed of as domestic waste.

Costs of waste disposal are likely to rise

Spending on waste management at £8 million a year is low when compared to the health service as a whole.

It is much more expensive to dispose of clinical waste, which costs about £400 per tonne compared with £100 per tonne for domestic waste.¹ This is because clinical waste may be contaminated and therefore needs treatment to ensure it is safe before final disposal.

Costs are likely to rise because of the Landfill tax and the introduction of regulations such as the Hazardous Waste Directive. This means that boards need to take action now to make sure their waste management practice minimises cost while ensuring safety.

Elements of good waste management

Managing waste effectively involves:

- correctly identifying, segregating and handling clinical waste to avoid risks to staff, patients and the environment
- not including domestic waste with clinical waste to avoid incurring extra costs of disposal unnecessarily
- segregating sanpro waste, subject to proper risk assessment, and disposing of it appropriately
- maximising the benefits of recycling.

The study

We reviewed progress in key areas identified for action in our 2001 baseline report on waste management.² The follow-up audit was carried out in 53 hospitals during 2003/04 and involved interviews with a wide range of staff, a snapshot review of waste storage arrangements and a review of documentary evidence. We also used data collected by the NHS in Scotland Property and Environment Forum (P&EF). Each board has received a local audit report containing an action plan.

1 NHS in Scotland Property and Environment Forum (P&EF).

2 *Waste management in Scottish hospitals*, Audit Scotland, 2001.

Main findings

1 There was a positive response at national level to the recommendations in the baseline report.

- The NHS in Scotland Property and Environment Forum (P&EF) issued an action plan to implement our recommendations. It also provided guidance, arranged waste audits, gave advice on new regulations, and supported pilots for segregating sanpro waste.
- The Scottish Executive Health Department (SEHD) issued clear instruction to the NHS to both comply with recommendations in our baseline report and follow the timetabled actions in the P&EF action plan.³

2 Progress has been made in developing waste management policies, appointing waste management officers and in recycling but there are still areas for improvement.

- All NHS boards have initiatives to raise the profile of waste management but spot checks highlighted instances where clinical waste was not secure from public access at 19 hospital sites.
- In spite of efforts to improve waste segregation, over a quarter of waste disposed of in the costlier clinical waste stream is domestic waste at an additional cost of about £1.3 million per year.⁴
- There is still scope to improve waste recycling. Even recycling paper and cardboard is not standard. Almost two-thirds of hospitals do not have a hospital-wide paper recycling scheme and more than half do not have one for cardboard. A quarter of hospitals have neither.
- Waste management information and monitoring have got better but there is still room for improvement. There are still inconsistencies in the information collected and reported at national level due to incomplete reporting by boards and a lack of consistency in the information provided to the P&EF.

³ NHS Health Department Letter (2002) 43.

⁴ Results of waste audits reported by hospitals to the P&EF.

Key recommendations

Implementation of the following key recommendations should lead to safer and more cost-effective waste management.

Boards should:

1. Produce board-wide policies with workplace-specific procedures covering waste issues in keeping with SEHD policy and P&EF guidance.
2. Ensure all clinical waste is secure from areas of public access.
3. Develop and implement policies for reuse, recovery and recycling of waste across all their hospital sites.

4. Carry out waste audits to:

- review and ensure that no clinical waste is getting into the domestic waste stream
 - establish how much domestic waste is in the clinical waste stream and highlight where it is coming from
 - ensure action is taken as appropriate to improve segregation.
5. Ensure staff are aware of the need to properly segregate waste for safety, environmental and cost reasons.

6. Through the P&EF, agree a uniform method of calculating waste volume and costs of the different aspects of waste disposal. If all boards used these methods then the accuracy and usefulness of national figures would be greatly improved and would also support benchmarking among boards and hospitals.

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