MANAGING THE ENVIRONMENT PDG **AGENDA ITEM:**
12TH JANUARY 2016:

Redesign of Clinical Waste Collection Service

Cabinet Member Cllr Neal Davey
Responsible Officer Waste & Transport Manager

Reason for Report: To consider and agree the recommendations for Cabinet on the approval for the redesign of the clinical waste collection service. If the recommendations can be implemented fully, this could enable the Council to reduce costs by approx. £16,200 per annum and ensure that we continue to comply with all relevant legislation.

RECOMMENDATION(S): That the PDG recommends to the Cabinet the following recommendation:

(i) That a separate clinical waste collection is offered only for hazardous or infectious clinical waste. This means that offensive waste, such as sanitary protection products, will be collected and disposed of via ordinary residual waste collections;
(ii) That additional rubbish capacity is therefore provided to households generating offensive waste. This will mean providing a black wheeled bin, the normal bin supply charge will be waived;
(iii) That Mid Devon District Council works with healthcare providers to ensure they remove clinical waste that they generate in clients' homes, or that they pay the Council to collect this waste.

Relationship to Corporate Plan: Maintaining front line services in the face of the ongoing funding cuts requires the redesign of services to enable them to continue to be affordable.

Financial Implications: To reduce the costs incurred by Mid Devon District Council in providing a clinical waste service that currently exceeds our statutory duties.

An accurate estimate of likely cost savings will not be practicable until a survey of all our clinical waste customers is completed. However, annual savings of £16,200 could be achievable, if the recommendations made in this report can be implemented fully. This is based on data from other authorities which have made these changes, which indicates a majority of clinical waste currently collected on the service could actually be disposed of as residual waste.

Although the precise level of savings are unknown this will be monitored and assumptions built into future years budgets. Each household removed saves £117 per annum in collection costs and £117 in disposal costs for the county council.

A one off investment of £3,750 for 240 Litre black wheeled bins for those who generate offensive waste to be used and collected with fortnightly residual collections.

Legal Implications: Section 45 of the Environmental Protection Act 1990 requires the Council to "arrange for the collection of household waste". The Hazardous Waste Regulations 2005, the Carriage Regulations 2009 and the List of Wastes Regulations 2005 set out the wastes that require separate collection and how these wastes must be classified and transported.

Where waste is generated by a healthcare worker for people in their own homes, the healthcare worker is responsible for ensuring that the waste is managed correctly; this is part of their duty-of-care (Duty of Care is established in the Environmental Protection Act 1990, Section 34, and the Environmental Protection (Duty of Care) Regulations (England, Scotland and Wales).

Risk Assessment: Without considering and implementing changes to service delivery, the Council will face the risk that it runs a service that is not affordable or will require deeper cuts to other services to support it. Without the introduction of this change the Council faces increased costs due to the reduction in subsides from Devon County Council.

Adverse reaction from members of the public who see the diversion of offensive waste into the general rubbish scheme as a cut in service. For the majority, this will mean a bi-weekly rather than a weekly collection of this material. The risk will be mitigated by offering additional containment capacity to suit the customer.

Clinical waste being wrongly classified by the householder: this could result in hazardous or infectious materials being put in the general rubbish container along with offensive waste. Each householder will be offered a visit to assist with the completion of the form.

1.0 Introduction

1.1 Mid Devon Council currently provides separate clinical waste collection to approximately 250 households. The net budgeted spending on domestic clinical waste collection in 2015/16 is £27,000. This service is provided by a contractor on behalf of the Council.

1.2 This service consists of the collection of used needles in secure sharps boxes on an 'on demand' basis and the collection of bagged offensive and infectious wastes on a weekly scheduled basis, with some 'on demand' collections.

1.3 Clinical waste is categorised as below. Throughout Devon, it has been customary to collect all these materials as part of a separate clinical waste collection and send them for treatment by high-temperature incineration. This dates back to guidance issued by Devon County Council in 2000, which adopted a precautionary approach to classification and treatment.

(i) Offensive (non-hazardous) waste – e.g. incontinence pads, nappies, catheters, stoma bags, dressings, etc., from a person not currently being treated for an infection. These do not legally require a separate collection, nor high-temperature thermal treatment. They can be disposed of via general rubbish collections.

(ii) Infectious clinical waste – waste from a patient currently being treated for an infection. This waste must be removed via separate collection in a suitably labelled sack.

(iii) Sharps waste – needles (infectious and non-infectious) – hazardous waste which must be removed via separate collection in an approved rigid container.

1.4 In October 2014 Exeter City Council surveyed their clinical waste customers to establish what waste they were putting into their clinical collection. They achieved a 60% return rate and then sent reminders to the remaining 40%. This will be followed by a telephone call to encourage the highest possible response rate. Data from the initial respondents indicates that for 68% of customers, at least some of their clinical waste is generated through treatment by a healthcare visitor. Furthermore, a majority of

respondents indicated that they put sanitary protection products in their clinical waste sack. Torbay Council also found similar results from a survey they undertook.

1.5 This indicates that a majority of clinical wastes currently collected in Mid Devon may not require a separate collection. There is, therefore, scope to reduce the resources dedicated to providing separate collection of these wastes. These resources include, customer support, waste sacks and contractor charges for staff & transport costs.

1.6 In addition to the collection costs, the disposal cost for clinical waste is over £260 per tonne due to the need to incinerate the material at high temperature. This requires the waste to be transported to Liskeard, the location of the nearest legally compliant disposal facility, and this cost is borne by Devon County Council.

1.7 A number of other English local authorities have stopped, or have never operated, separate collection of offensive healthcare waste. In Staffordshire, waste collection savings of £35,515 pa were achieved from a clinical waste customer base of 280 households. The Staffordshire partnership has developed a toolkit, 'Clinical Waste: A Guide for Local Authorities', which describes a strategy for achieving savings and avoiding potential problems from changing the service.

1.8 In order to achieve cost savings across Devon and continue to meet the needs of customers, Devon County Council and several Devon district councils have formed an officer working group, including representatives from the NHS. The involvement of NHS staff in this group has been useful in identifying the needs of healthcare clients and developing appropriate communication methods. It is hoped that this collaborative approach can be extended to the responsibility for removal of clinical waste by the healthcare provider where appropriate. Devon County Council has already written to its NHS contacts to establish a dialogue.

1.9 A high proportion of customers receiving a separate clinical waste collection will be experiencing ill-health or will have a disability. 48% of respondents to Exeter's customer survey had their forms completed by a carer, parent or guardian or their healthcare professional. Therefore, any communication requesting information or advising of service changes will be carried out sensitively, with telephone calls and the offer of household visits to explain issues and establish the needs of particular householders. No changes will be made to individual collections until it is absolutely certain that they have received all the required information in a format that they understand.

1.10 Special consideration will be given to households where there is limited storage for waste, e.g. in flats.

2.0 Proposed Actions

2.1 In order to implement the recommendations, the following actions will need to take place:

i) Contact all current customers by letter to ensure they are classifying their clinical waste correctly through a generic form being used across Devon.
ii) Follow up contact for those that don't reply to letter. This will involve telephone contact and offers to visit householders;
iii) For those that are identified as putting out offensive waste to deliver a 240 litre wheeled bin and collect with fortnightly residual waste;
iv) Carry out a risk assessment for the collection of offensive wastes as part of the general rubbish stream. This will consider the needs of customers and collection crews. Likely impacts on collection crews are the additional manual

handling and handling of offensive wastes. These can be mitigated by the provision of wheeled bins where practicable. It is worth noting that this waste will account for less than 1% of our regular crews' rounds, so the additional impacts will be slight. The waste scheme introduced in 2015 has created capacity to absorb this very small increase in workload on residual waste rounds.

3.0 Are there any other options?

3.1 The Council has the legal power to make a reasonable charge for the separate collection of clinical waste in order to cover the cost of the service. However, this means or be among the more vulnerable members of the community.

The exceptions to this principle will be:

(i) Where healthcare providers are generating waste in their clients' homes, and instead of removing the waste themselves would prefer to pay the Council for this as a trade service;

(ii) Where residents can put their offensive waste in the fortnightly rubbish collection, but would prefer to retain a weekly collection and are willing to pay a reasonable charge.

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Circulation of the Report: Cllrs, Management Team