REPORT TO SCRUTINY COMMITTEE - COMMUNITY
Date of Meeting: 21 January 2015
REPORT TO EXECUTIVE
Date of Meeting: 27 January 2015
Report of: Cleansing and Fleet Manager
Title: Clinical Waste Collection

Is this a Key Decision?

No

Is this an Executive or Council Function?

Executive

1. What is the report about?

1.1 This report seeks approval for the redesign of the clinical waste collection service. If the recommendations can be implemented fully, this will enable us to reduce costs by approximately £30,000, offer alternative and preferred provision for some clients, and ensure that we continue to comply with all relevant legislation.

2. Recommendations:

2.1 That Members of Scrutiny Committee - Community support and Executive approves:

(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 (Sanpro waste), will be collected and disposed of via the domestic rubbish collection and disposal at the Energy from Waste plant;
(ii) That, where required, additional rubbish capacity is provided to households generating Sanpro waste at no charge;
(iii) That Exeter City Council works with healthcare providers to ensure they make their own arrangements to remove clinical waste that they generate in clients' homes, or that they pay the Council to collect this waste;
(iv) That the Council work with pharmacies and others to explore the potential for a network of sharps-box depositories and exchanges.

3. Reasons for the recommendation:

3.1 To reduce the costs incurred by the Council in providing a clinical waste service that currently exceeds our statutory duties, and develop alternative disposal provision that some clients may prefer.

4. What are the resource implications including non-financial resources?

4.1 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 £30,000 are achievable, if the recommendations made in this report can be implemented fully. This is based on currently available data, which indicates a majority of clinical waste currently collected on the service is Sanpro waste that could actually be disposed of as general rubbish via the new Energy from Waste plant.

4.2 In addition, approximately 1% (500) of Exeter households receive a clinical waste collection, but these generate 12% (2280 p.a.) of Cleansing-related telephone calls to the Environment Support Team, so there is scope to reduce this demand and shift it to other contact channels (e.g. online).

5. Section 151 Officer comments:

5.1 The financial implications for the Council contained within this report do not currently form part of the Council's medium term financial plan. If approved, Finance will support the Service in understanding fully the level of savings that can be achieved.

6. What are the legal aspects?

6.1 Section 45 of the Environmental Protection Act 1990 requires Exeter City 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.

6.2 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).

6.3 The Controlled Waste Regulations 2012 lists the types of household waste for which a collection charge may be made by the Council, which includes clinical waste.

7. Monitoring Officer's comments:

7.1 "Other than those legal issues raised above, this raises no issues for the Monitoring Officer."

8. Report details:

8.1 Exeter City Council currently provides separate clinical waste collection to approximately 500 households. The budgeted spending on domestic clinical waste collection in 2014/15 is £66,940.

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

8.3 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 (higher temperatures than the Exeter Energy from Waste plant). 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 and do not need to be placed in designated yellow coloured bags.

(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 yellow sack.

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

8.4 In October 2014 we surveyed our clinical waste customers (Appendix 1) to establish what waste they were putting into their clinical collection. For the first set of responses we achieved a 60% return rate and we 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 (Sanpro waste) in their yellow clinical waste sack.

8.5 These results (shown in more detail in Appendix 1) indicate that a majority of clinical wastes currently collected do not require a separate collection; there is, therefore, scope to reduce the resources dedicated to providing separate collection of these wastes. These resources include staff time, customer support, waste sacks and transport costs.

8.6 In addition to the collection costs, the disposal cost for clinical waste is over £300 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.

8.7 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 – smaller than Exeter's. 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; Exeter can benefit from such a partnership approach.

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

(i) Contacting the remaining 40% of customers to ensure they are classifying their clinical waste correctly. This will involve telephone contact and offers to visit householders if assistance is required;

(ii) Once all data has been gathered, redesigning collection rounds to optimise resources and identify more accurately the financial savings to be realised;

(iii) Completing 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. The 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 and wearing of protective gloves. It is worth noting that Sanpro waste customers will account for around 0.5% of our regular crews' rounds, so the additional impacts will be slight. Two major reorganisations of our collection rounds in July and December 2014 have increased the efficiency of our routes and ensured there is capacity to absorb this very small increase in workload.

8.9 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 will allow agreement to be reached over the responsibility of the healthcare provider to make arrangements for the removal of clinical waste; Devon County Council has already written to its NHS contacts to establish a dialogue.

9. How does the decision contribute to the Council's Corporate Plan?

9.1 The decision contributes as follows:

- **Run the Council Well** – reducing costs and optimising resources whilst ensuring that legal requirements for the collection of clinical waste are met.

- **Keep my Environment Safe and Healthy** – reducing unnecessary separate collections will reduce diesel engine emissions from our 3.5-tonne van fleet, and cut down on traffic movements in the City.

10. What risks are there and how can they be reduced?

10.1 There may be an 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 of those affected, this will mean a bi-weekly rather than a weekly collection of this Sanpro material. The risk will be mitigated by offering additional containment capacity to suit the customer.

10.2 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. However, experience elsewhere shows that this can be mitigated by good communication and guidance by the Council and partner agencies.

11. What is the impact of the decision on equality and diversity; health and wellbeing; safeguarding children, young people and vulnerable adults, community safety and the environment?

11.1 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 our 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, which will include one to one contact, telephone calls and the offer of household visits to explain issues and establish the needs of particular householders.

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

12. Are there any other options?

12.1 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. At this point in time, this is not being recommended as an option for our residents, however, there may be scope in future to consider charging where an alternative service provision has been developed (e.g. a local network of sharps-box depositories and exchange points).

12.2 The exceptions to this are:

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

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

Cleansing and Fleet Manager

Local Government (Access to Information) Act 1972 (as amended)
Background papers used in compiling this report:-
None

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