

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>10.1.19</b>	<b>Agenda item</b>	<b>Bo.1.19.30</b>

## Clinical Waste Management update

<b>Presented by</b>	Sandra Shannon, Chief Operating Officer		
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<b>Lead Director</b>	Sandra Shannon, Chief Operating Officer		
<b>Purpose of the paper</b>	To provide the Board of Directors with an update in relation to the current clinical waste management situation		
<b>Key control</b>	This paper is a key control for the strategic objective to provide outstanding care for patients		
<b>Action required</b>	To note		
<b>Previously discussed at/informed by</b>	Health and Safety Committee		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	

### Key Options, Issues and Risks

The Board of Directors was provided with an overview of the current clinical waste management situation at its meeting in November 2018.

The Board had been previously advised of a requirement to change the way that clinical waste was stored and managed on site, and was provided with an overview of the detailed process of planning and risk assessing that had taken place to ensure the safety of staff and patients, compliance with legislation and the continuity of clinical services during this challenging period.

Unfortunately the way clinical waste is being managed has not yet reverted back to the previous bin swap system. This means that the contingencies used for different waste streams are still in place, and there is a continued need for some types of clinical waste to be stored for up to a week.

### Analysis

The extended length of time during which the contingency plans have had to remain in place has presented a number of challenges, these have all been addressed using a risk-based approach, reviewing and adapting risk assessments to changing circumstances (e.g. the weather), enhancing mitigation and strengthening business continuity planning. Whilst the previous 'bin swap' solution is not yet in place, a routine collection programme is in place, which has introduced predictability into any requirement to store.

It should be noted that alongside the work done to ensure the safe deployment of contingency plans, there has been a positive impact in the way that the Trust manages clinical waste segregation, with increased awareness, engagement and also positive changes in the way that different clinical waste streams are managed. The strategic risk associated with clinical waste segregation is currently being reassessed as a result.

### Recommendation

The Board of Directors is asked to note the content of this summary

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications	Yes	No
Strategic Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> <i>Safe, caring, effective, responsive, well led</i>
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	▪				