

Getting more from recycling

The goal is to implement the necessary process and behaviour change measures that will achieve a recycling rate of at least 50% and reduce domestic and clinical waste contamination to negligible levels.



The Trust has an excellent understanding of the clinical

and 'domestic' waste streams that arise and flow through it. All waste is managed through the Level 1 central goods yard. Since the baseline year of 2007/8 total waste arising has hovered around 4000t (3895t in 2012/13) with an approximate 50/50 split between clinical and domestic waste (2012/13: domestic 1869t, clinical 2026t).

All clinical waste is incinerated on-site and the energy released contributes to meeting the hospitals' heating needs. Spare capacity is made available to external clinical waste generating organizations with the income contributing to running and replacement cost. In 2012/13 45% of the domestic waste was recycled leaving 1010t that was sent to landfill. From July 2013 the incinerators' ash output (330t in 2012/13) will be diverted from landfill for use in making concrete for waste management facilities. AmeyCespa have the contract to collect CUHs residual domestic waste and once their mechanical biological treatment plant at Waterbeach is back in operation (by the end of 2013) then none of the Trust's waste should be going to landfill.

Despite the quality of the Trust's on-site waste management regime there is strong evidence that the recycling rate could and should be significantly higher if recyclable waste was segregated more effectively at source (wards, clinics, operating rooms and offices).

Contamination between clinical, residual domestic and recyclable waste streams through the items being put in the wrong bins is currently a significant issue. Work to overcome this is already underway and will be vigorously pursued further in 2013/14. Experience suggests that up to 30% of the waste currently going to landfill could be recycled if it was put in the correct bin when discarded (potentially up to 460t in 2012/13). It is estimated that up to 40% of the waste bagged as clinical is in fact domestic and again 30% of that could be recycled (in the region of 240t). In total therefore we are potentially failing to recycle up to 700t of waste/annum (up to 18% of the total waste arising).

The segregation of waste from wards will be facilitated with the proposed move from using waste chutes for used/soiled laundry collection to in situ trolley containers. This will allow one sluice-room chute to be used for domestic waste and one for clinical waste - significantly assisting the segregation process.

With the opening of the new Energy Innovation Centre in 2016 ensuring that segregation and contamination issues are resolved will become even more important if we are to make the most of the new clinical waste handling arrangements.