Waste management is a big deal to all NHS organisations and getting it right often requires culture change across an entire trust, as Jennifer Trueland discovers.

THROWING THE OLD WAYS IN THE BIN

WITHIN SKANSKA

WITHIN SKANSKA WE BELIEVE THAT, BY WORKING TOGETHER, WE CAN ACHIEVE AMAZING THINGS.

THE BEHAVIOURAL CHANGE CASE STUDY AT BARTS AND THE ROYAL LONDON HOSPITALS CLEARLY DEMONSTRATES HOW PUBLIC AND PRIVATE SECTOR ORGANISATIONS CAN WORK TOGETHER TO DELIVER TANGIBLE, POSITIVE RESULTS.

THE FIRST STEP IS TO DEFINE AND QUANTIFY THE ISSUE. OFTEN INSUFFICIENT TIME IS GIVEN TO MAKING SURE THAT BOTH PARTIES ARE CLEAR WHAT THE REAL ISSUE IS. FOR BARTS AND THE ROYAL LONDON HOSPITALS IT DID NOT TAKE LONG TO DEFINE. THE TRUST SUSTAINABILITY TEAM WAS AWARE THAT CLINICAL STAFF MEMBERS WERE NOT DISPOSING OF THEIR WASTE IN THE MOST COST EFFECTIVE WAY.

THE LACK OF SEGREGATION INTO THE VARIOUS WASTE STREAMS MEANT THE TRUST WAS PAYING FAR MORE FOR WASTE DISPOSAL THAN WAS NECESSARY. THE CONTRACT DID NOT HELP AND, IN FACT, THERE WAS A PERVERSE INCENTIVE, AS SKANSKA WAS PAID ON A PASS-THROUGH COST BASIS.

OFTEN INITIATIVES FALTER AT THIS POINT WHEN ONE SIDE BLAMES THE OTHER BUT, WITH THE COMMITMENT OF THE TRUST AND SKANSKA, WE AGREED A WAY AHEAD.

A VARIATION TO THE CONTRACT WAS AGREED; SKANSKA WAS TO ESTABLISH A BEHAVIOURAL CHANGE TEAM. THE TRUST COMMITTED TO FUND THIS, RECOGNISING THAT, ULTIMATELY, IT WOULD REDUCE OVERALL COSTS. THE CASE FOR CHANGE WAS MADE.

‘THE SELECTION OF THE TEAM MEMBERS VISITING WAS SO IMPORTANT’

WITH BOTH ORGANISATIONS WORKING TOGETHER TO ACHIEVE THE AGREED OBJECTIVE.

THE CRITICAL SUCCESS FACTOR WAS BEING ABLE TO INFLUENCE THE CLINICAL STAFF. WE KNEW THAT SENDING EMAILS OR OTHER WRITTEN COMMUNICATION WOULD HAVE LITTLE EFFECT. INSTEAD, WE ESTABLISHED A SMALL TEAM THAT WOULD VISIT THE CLINICAL DEPARTMENTS, TALK TO STAFF MEMBERS AND TRY TO CHANGE THEIR BEHAVIOUR. WE WERE AMAZED AT HOW READILY PEOPLE EMBRACED THE CONCEPT.

WE STARTED TO IDENTIFY “CHAMPIONS” AND THEY WERE ACKNOWLEDGED BY THE TRUST’S CHAIR WHEN HE PRESENTED CERTIFICATES. THIS HAD A KNOCK-ON EFFECT AS MORE STAFF MEMBERS BECAME COMMITTED TO APPROPRIATE WASTE DISPOSAL.

PEOPLE BECAME PASSIONATE ABOUT THE REASONS WHY WE WERE DOING THIS – SAVING MONEY FOR FRONTLINE PATIENT CARE AND PROTECTING OUR ENVIRONMENT FOR FUTURE GENERATIONS.

THE SELECTION OF THE TEAM MEMBERS VISITING THE CLINICAL AREAS WAS SO IMPORTANT. WE DEFINED THE PERSONALITY TRAIT THAT WE THOUGHT WOULD MAKE A DIFFERENCE: THE SKILL TO ESTABLISH STRONG RELATIONSHIPS WITH THE PEOPLE WHO MATTER.

WHEN YOU COMMIT TO TRULY WORKING TOGETHER AND GET THE RIGHT PEOPLE IN THE RIGHT PLACE, THEN AMAZING THINGS REALLY DO HAPPEN.

KATRINA DOWDING IS MANAGING DIRECTOR, SKANSKA UK.

Katrina Dowding is managing director, Skanska UK.

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SKANSKA

WASTE MANAGEMENT

IT’S COSTLY TO GET WASTE MANAGEMENT RIGHT, SAYS TREVOR PAYNE – BUT IT’S EVEN MORE EXPENSIVE IF YOU GET IT WRONG.

Mr Payne, who created NHS Sustainability Day and who is director of estates and facilities at Barts Health Trust in London, says that good waste management is not only right for the environment, it also gives a welcome boost to the financial bottom line.

“It’s not a rocket science issue, it’s not sexy, but waste management is a big problem for every trust and every health service site,” he says. “It’s important to realise that getting it right isn’t a ‘nice-to-do’, it’s a must.”

Waste management is a big issue for the NHS. According to the NHS Sustainable Development Unit (SDU), “inefficiently managing waste costs the NHS money that could otherwise be spent on direct patient care”.

Waste that is disposed of inappropriately – for example putting domestic waste into the clinical bin – costs the NHS money and is bad for the environment. This is recognised at the highest level: official guidance from the SDU says NHS...
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Organisations should report management of domestic, clinical and hazardous waste at board level as a key part of their sustainability reporting.

But how can trusts take action to ensure their waste management is as efficient as it can be? “Simply distributing leaflets doesn’t work,” says Mr Payne. “Changing habits, and changing cultures, takes a lot more than that.”

Two years ago, in collaboration with Skanska, Barts Health embarked on a behaviour change programme in an effort to reduce inappropriate waste disposal. This was part of a wider initiative to reduce waste overall, which has included speaking to suppliers to ensure that procured goods come in as little packaging as possible.

In the nearly two years that the project has been running, waste costs have been cut by around £600,000, which equates to just under a third (30 per cent) of the trust’s waste management budget.

According to Liam Hogg, Skanska’s appointed waste manager, solving just one major issue – incorrect disposal of clinical waste – could save the NHS £40m per year.

“Around 60 per cent of ‘clinical waste’ is actually domestic waste,” he says. “And given that disposing of clinical waste costs two, three or even more times than it costs to dispose of domestic waste then we’re talking big potential savings.”

The lightbulb moment for Mr Hogg came when his then employer started using an autoclave (steriliser) to process clinical waste. “Previously we emptied the waste into the incinerator and all you got out was black ash. But with the autoclave we could see what came out the other end, and there were all sorts of things, like chocolate boxes and daffodils. So yes, the NHS was paying to sterilise bunches of flowers.”

Too often, the default position for busy hospital workers would be to throw everything into the clinical bin, he says. So he came up with a programme which would make it easy for staff to do the right thing, involving a careful mix of behaviour change techniques and adaptations to the physical working environment.

**People persons**

The initiative involves deploying a specially trained set of workers to go into wards and clinical areas on a regular basis and offer training and information to staff. They also audit the contents of clinical and other bins to ensure that waste is being segregated properly.

The results of each bin audit are recorded on iPads then stored on a database and sent to managers, so that there is a record of how every department – indeed, how every bin – is meeting waste segregation guidelines.

The dedicated workers are “people persons”, says Mr Hogg. “When I was drawing up the job spec and the person spec I knew I didn’t want waste managers, I wanted people who got on with people.”

In the last 18 months the unannounced audits have included 80,000 bin inspections, he says, and inappropriate waste disposal has reduced dramatically.

Making it easier for staff to dispose of waste in the right way is also important, and that has involved a rethink about simple things like where bins are positioned. “If someone has to walk to bins in two different places to segregate waste they are less likely to make the effort, so we give a choice at the point of disposal,” explains Rachael Baldwin, sustainability manager with Skanska.

“People are busy and have other priorities at the time. So we make it easier to do the right thing by putting the bins together, and everyone wins.”

Good relationships and aligned goals between the trust, Skanska and sub-contractors are key, she says, adding that changing the contracting system to incentivise change has also made a difference. Previously the trust contracted on the basis of thresholds, so provided their waste burden fell within certain parameters there was no extra cost. Now the trust pays for the actual amount of waste processed, giving a clear financial incentive to keep it to a minimum.

In addition, says Mr Hogg, waste is now being “commoditised” in the sense that items such as cardboard, which can be sold for recycling, are being extracted and used to raise money. “Instead of paying someone to take it away, someone is paying us,” he says.

Part of the process of getting people on board has involved setting up competitions between wards and clinical areas, with prizes awarded in a number of categories, including best compliance and most improved. As well as certificates presented by Barts chair Sir Stephen O’Brien, the winners also received a prize pack. “The power of biscuits shouldn’t be underestimated,” laughs Mr Payne.

Karen Hogg is operations manager for Skansa’s sub-contractor SUST-N, and leads the team of three which works across the trust. As such, she looks in an awful lot of bins. “I’ve really noticed the difference since we started out,” she says, explaining that it is now much rarer to find clinical waste in the domestic bin. Letting people know that domestic waste is actually recycled (rather than going to landfill) has been a real means of encouragement.

Her team wears uniforms, she adds, which makes them a visible presence across the trust – a bit like a conscience, reminding people to make the effort. “We’re not in every ward every day, but we’re in the hospital every day, so people know we are here,” she explains.

“People want to do the right thing, they want to be green, and they’re happy to recycle their waste. We make it easier for them to do that.”

When I was drawing up the job spec I didn’t want waste managers, I wanted people who got on with people’