

REPORT TO: Cabinet Member – Environmental
DATE: 6 April 2011
SUBJECT: **COMMERCIAL CLINICAL WASTE**
WARDS AFFECTED: ALL
REPORT OF: J G Black
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EXEMPT/ CONFIDENTIAL: No

PURPOSE/SUMMARY:

To update the Cabinet Member - Environmental on the statutory position regarding Commercial Clinical Waste collections.

REASON WHY DECISION REQUIRED:

To determine the Council's arrangements in relation to Commercial Clinical Waste collections and therefore advise potential customers of the most appropriate arrangements for arranging for the collection and disposal of such waste.

RECOMMENDATION(S):

That the Cabinet Member, Environmental agrees the Council should no longer offer to provide a Commercial Clinical Waste service directly but will, if requested to do so, arrange for a Commercial Clinical Waste service to be provided via a suitably licensed external clinical waste collection service.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: Immediately following the call-in period for this meeting

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ALTERNATIVE OPTIONS:

To use externally provided companies to provide the Commercial collection service.

IMPLICATIONS:**Budget/Policy Framework:****Financial:**

The commercial clinical waste income target will be reduced and this will be offset by a reduction to expenditure within the clinical waste service. There would therefore be no overall change to the Council's net budgets.

<u>CAPITAL EXPENDITURE</u>	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £	2013/ 2014 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: Nil

Risk Assessment: Nil

Asset Management: Nil

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Finance & ICT has been consulted and her comments have been incorporated into this report. **FD 711 /2011**

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		✓	
2	Creating Safe Communities		✓	
3	Jobs and Prosperity		✓	
4	Improving Health and Well-Being		✓	
5	Environmental Sustainability	✓		
6	Creating Inclusive Communities		✓	
7	Improving the Quality of Council Services and Strengthening local Democracy		✓	
8	Children and Young People		✓	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

None.

Background

1. All Councils in England and Wales are obliged to arrange for the collection of domestic clinical refuse if requested to do so, however the Council is not legally obliged to collect commercial clinical waste.
2. In order to advise potential “customers” of the level of charge for 2011/2012 and thus determine the future viability of directly providing a commercial clinical waste collection service, the fee/charge for this service needs to be established. This fee/charge will predominantly be influenced by disposal arrangements and associated costs incurred in order to comply with legislative and environmental requirements.

Current Position – Classification of ‘Commercial Clinical Waste’

3. To comply with transportation and disposal requirements a European Waste Classification (EWC) code should be used on the documents that relate to the clinical waste being collected, transported and disposed. Two codes exist for classifying such waste, namely EWC 18 and EWC 20.
4. The code EWC 20 is effectively used for non-offensive domestic clinical waste; soiled sanitary pads, dressings and stoma bags that do not present a risk of infection. Whereas code EWC 18 is used for offensive clinical waste considered to be infectious, this waste has to be segregated from non-infectious clinical waste and disposed of by incineration.
5. The problem with commercial clinical waste is that without medical clarification it is appropriate to classify it as EWC 18. Unfortunately the Council does not have an authorised outlet at present for the disposal of commercial clinical waste that falls within EWC 18 and the current arrangements for the disposal of clinical waste that falls within EWC 20 are being reviewed. It is anticipated that all commercial clinical waste will have to be transported to Ellesmere Port from April onwards.
6. As waste within EWC 18 needs to be incinerated it is anticipated that the cost for disposal of all commercial clinical waste will increase. The disposal costs for all commercial waste has to be borne directly by customers, at the moment the Council has a very small (~16) customer base for commercial clinical waste.
7. In order to dispose of EWC 18 waste correctly it will have to be transported to Ellesmere Port directly. This will incur additional costs associated with; transportation, tunnel fees, the type of collection vehicle (segregated waste), training for at least 2 members of staff to comply with carriage of dangerous goods regulations and higher disposal charges.

8.

Outcome / Future for Commercial Clinical waste.

9. Providing the Council can arrange an outlet (Ellesmere Port) for the disposal of all commercial clinical waste (EWC 18 & 20), the cost of providing this collection service will have to be passed onto customers. This would mean a 'new' annual charge for providing a commercial clinical waste collection service of ~£750. When compared to the annual charge of £485 in 2010/11 this represents an increase of more than 50%.
10. If the customer base decreases due to the increased annual charge for this service the resultant cost per customer would increase accordingly. It would be cheaper for the Council to purchase this service directly from the private sector rather than attempt to deliver it directly. If this option is pursued an administration fee would be added to the service providers charge and passed onto the customer.
11. It is therefore more cost effective for customers to arrange the service directly, rather than via the Council, hence the proposal in the Commercial Waste Charges report presented in January to cease to offer this service.
12. The Cleansing section has contacted all current 'commercial' clinical waste customers to explain the position that the Council now finds itself having to deal with. Already a number of customers have indicated that the new price structure is not cost effective for them. This will reduce the 'customer base' further and means that potentially the cost of directly providing a commercial clinical waste collection service will rise inextricably towards £1000 per year.
13. The Cleansing section has also had discussions with a number of private companies including the current clinical waste service provider for the Primary Care Trust. All of these companies have indicated a willingness to provide a clinical waste collection service to any of the Council's current customers for a much lower charge than that which the Council may potentially have to apply.
14. The Cabinet Member – Environmental is therefore recommended to approve that the Council will no longer offer this service directly but will, if requested to do so, arrange for the provision of a commercial clinical waste collection service via a suitably licensed external service provider. The costs incurred by the Council for indirectly providing and directly arranging this service will be recharged to the person or organisation making the request.
15. Subject to approval this arrangement will apply from April 2011 onwards.