Trust-wide Document

Great Western Hospitals NHS
NHS Foundation Trust

Confidential Waste Paper Procedure

Document No.	EDRMS000512NC	Version No.	1.0
Approved by	Non-clinical PAG	Date approved	26/03/2014
Ratified by	Information Governance Steering Group	Date ratified	07/03/2014
Date Implemented	10/04/2014	Next Review Date	07/03/2016
Status		Approved	
Target Audience		All Trust Staff	
Accountable Director		Director of Estates and Facilities	
Policy Author/Originator		EFM Operations Manager	
Implementation Lead		EFM Operations Manager	
If developed in partnership with another agency, ratification details of the relevant agency		x	

E

Equality Impact

Great Western Hospitals NHS Foundation Trust (the Trust) strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual. The results are shown in the Equality Impact Assessment Tool at **APPENDIX A.**

Special Cases

This document does not cover electronic waste such as CD-ROMs, USB memory sticks, hard drives, floppy disks, dictaphone and backup tapes.

Our Values
Service Teamwork Ambition Respect

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1 Document Definition

1.1 Introduction

The Great Western Hospitals NHS Foundation Trust (the Trust) generates a large amount of paper documents, many of which contain personal details about patients and staff. Many of these documents are transient in nature and need to be disposed of correctly. Therefore this document lays out the procedure for disposing of confidential waste at the Trust.

It should be noted that clinical and non-clinical records are subject to NHS retention schedules and that destruction of these records is governed by the Retention of Records Policy. (Ref 5)

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

CD	Compact Disc
FM	Facilities Management
GWH	Great Western Hospitals
IM&T	Information Management and Technology
NHS	National Health service
OHP	Overhead Projector
THC	The Hospital Company
USB	Universal Serial Bus

Person Identifiable Information includes:

- Patient/staff member name, address, full post code, date of birth;
- Pictures, photographs, videos, audio-tapes or other images of patients;
- NHS number and local patient identifiable codes;
- Anything else that may be used to identify a patient or member of staff directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

Sensitive Information (person or organisation):
This is information where loss, misdirection or loss of integrity could impact adversely on individuals, the organisation or on the wider community. This is wider than, but includes, data defined as sensitive under the Data Protection Act 1998.

In addition to personal and clinical information, financial and security information is also likely to be classified as "sensitive".

1.3 Purpose of the Document

The purpose of this document is to set out the procedures that will apply for the disposal of confidential paper waste, and it identifies the employees responsible. The selection of documents for destruction, including the relevant retention periods and criteria for permanent archive are covered by separate guidance relating to the Records Management Strategy (Ref. 1). The procedures aim to minimise the likelihood and impact of data being disclosed, whilst keeping staff effort and waste disposal costs as low as possible.

This document does not address any other types of waste management and should be read in conjunction with the Trust's Waste Policy (Ref. 2) and associated procedures.

The procedures give details of:

- General responsibilities
- Accepted methods of disposal
- Inappropriate types of waste
- General procedures
- Responsibilities of Facilities Management (FM) Services
- Compliance monitoring.

The document provides information and procedures for the following:

- Ensuring employees are aware of proper conduct when disposing of confidential waste.
- Instil confidence in patients and staff that personal information, when no longer required, is secured against disclosure.

The definitions, principles and general measures in this document apply throughout the Trust. Where something differs between the Great Western Hospital site and the Community, this will be specified.

2 Main Policy Content Details

2.1 Management of Information Security

The overall responsibility for maintaining and implementing the Trust's Information Protection & Security Policy (Ref 6) lies with the Director of Information Management and Technology (IM&T).

Each director or head of department has the responsibility for the security of data within the department for which he/she is the director or head of department.

2.2 General Responsibilities

It is the responsibility of all staff within the Trust to ensure that all data are safe and secure. All staff that generate or handle documents containing patient or staff information should read and comply with these procedures.

2.3 Accepted Methods of Disposal

The method of disposal of confidential waste is to dispose of paper into the purpose designed confidential waste cabinets or sacks at the point of decision that a document is no longer required. These are emptied by contract staff that have been security cleared. The paper is shredded on site before being sent for recycling.

On no account should any confidential waste be placed with other ward/departmental waste in black bags or paper recycling bins.

2.4 Confidential Waste

For the purpose of these procedures, confidential waste is defined as any paper media (including carbon copies, computer printouts and address labels) containing:

a) Personal information/comments about identifiable individual(s), or
b) Sensitive information.

Refer to Section 1.2 (Person Identifiable Information includes), for further details of how individuals may be identified, and for a definition of sensitive information.

Paper copies of emails and meeting notes are not automatically sensitive just because they contain staff names – it depends on what other information they contain.

2.5 Inappropriate Types of Waste

In order to minimise costs of disposal, the Trust is required to guarantee that, as far as possible, certain types of waste are not contained in confidential waste consoles/sacks. The following are examples:

- File covers or ring binders containing a metallic fitting in the spine
- Plastics (except in envelopes) or similar material such as x-ray films, microfiche, overhead projector acetates. (For confidential disposal of such materials, at the Great Western Hospital please contact the FM Service Desk for a media disposal bag and tag. At Community sites please contact the Facilities Site Coordinator.
- Newspapers, magazines and catalogues
- Food items and/or wrappings
- Large amounts of non-confidential waste paper
- Computer media/devices (refer to the IT Equipment Usage Policy, Ref. 3).

2.6 General Procedures

2.6.1 Use of Confidential Paper Collection Consoles

Great Western Hospital

Confidential paper collection consoles will be located in all areas as identified by the Trust. Documents should be fed through the slot into the locked console.

Each cabinet will be emptied once a week. If cabinets are filled before the agreed schedule, the Facilities Management Service Desk have white sacks available. These can be obtained by visiting the Helpdesk on the lower ground floor and requesting a sack for confidential waste. Some small departments may choose to use sacks instead of locked cabinets. Filled sacks must be sealed by the department and stored safely by the console ready for the weekly collection. They should not be overfilled, or allowed to accumulate such that they become a fire/Health and Safety hazard.

If documents (or other items) need to be retrieved by members of staff from the locked cabinet in between collection times this can be arranged through the Security Office. A member of the Security Team will unlock the cabinet and retrieve relevant documents / items, this must also be witnessed by the Department Manager.

If a cabinet is not locked or is damaged so that its integrity has been compromised this should be reported to the FM Helpdesk immediately.

The Community

Confidential paper collection consoles will be located in areas as identified by the Trust. Documents should be fed through the slot into the locked console.

Each cabinet will be emptied at a prearranged frequency (4 weekly at most Community sites). If cabinets are filled before the agreed schedule, please contact the Facilities Site Coordinator who will have white sacks available. Some small departments may use sacks instead of locked cabinets. Filled sacks must be sealed by the department and stored securely until the consoles are due for collection. They should not be overfilled, or allowed to accumulate such that they become a fire/Health and Safety hazard. If a department is planning a clear out, please contact the Facilities Site Coordinator to make arrangements for additional sacks/one off collection.

If documents (or other items) need to be retrieved by members of staff from the locked cabinet in between collection times, this can be arranged through the Facilities Site Coordinator. The Facilities Site Coordinator (or their representative) will unlock the cabinet and retrieve relevant documents/items. Local arrangements for key holding apply in certain areas.

If a cabinet is not locked or is damaged so that its integrity has been compromised, this should be reported to the Facilities Site Coordinator immediately.

2.7 Responsibilities of the Contractor

The contractor will be responsible for:

- The provision of the locked cabinets. These are available in two sizes and the department will be consulted to ensure appropriate provision. At Great Western Hospital at least one cabinet per department will be provided, in the Community sufficient consoles will be provided at each site.
- Providing and placing collection sacks into the locked cabinet.
- Sealing the sack from the locked cabinet before removing it from the department.
- Ensuring the cabinet remains locked in between emptying.
- Ensuring the safe transit and storage of all sacks prior to disposal.
- Provision of sacks for smaller departments and to cover increased demand.

- The destruction of all bagged paper waste on site.
- The issuing of a certificate of destruction.
- Providing access to staff to locked cabinets if required on an ad hoc basis.

Random checks to ensure compliance with these procedures will be carried out by the FM Services Manager at Great Western Hospital and the Waste Officer in the Community.

2.8 Non-compliance

Any incident of non-compliance with any of the above procedures is to be reported in accordance with the Trust's Incident Management Policy (Ref. 7) or raised with their line manager or the Trust's Information Governance team, as set out in the Information Security Incident Reporting Procedure (Ref. 8).

2.8.1 Other Sites (not run by Great Western Hospitals NHS Foundation Trust)

Trust staffs working at sites not run by the Trust are responsible for ensuring that any confidential waste they produce is disposed of appropriately.

It is the duty of the waste producer to ensure that wastes arising from all processes are disposed of by following the appropriate procedures as laid out in the appendices. Where local procedures operate, the guidance contained therein shall either meet or exceed the requirements contained in this document.

3 Duties and Responsibilities of Individuals and Groups

3.1 Chief Executive

The Trust's Chief Executive has overall responsibility for this policy and for ensuring that practices are legally compliant. The Chief Executive will ensure that the requirements specified within this Policy and associated guidance are adequately resourced and implemented.

3.2 THC General Manager

THC General Manager has overall responsibility for ensuring that Carillion provide confidential waste services as detailed in the contract at the site of the Great Western Hospital.

3.3 Director of Estates and Facilities

The Director of Estates and Facilities is nominated for managing all aspects of confidential waste management and is responsible for over-seeing the operation and implementation of the policy. They will ensure that the Trust has appropriate contracts in place, to cover all aspects of confidential waste management.

3.4 Energy and Sustainability Manager

The Energy and Sustainability Manager is responsible for:

- Reviewing this policy and ensuring the Trust manages confidential waste disposal in accordance with the policy and guidance.
- Carrying out Duty of Care visits and pre-acceptance audits in a timely manner.
- Ensuring that regular update training and awareness sessions are given in relation to confidential waste.
- Managing the Trust confidential waste contracts.
- Giving advice on all facilities and equipment that are purchased for confidential waste management.
- Ensuring that all registrations required with the Environment Agency or other regulatory bodies are completed.

3.5 Departmental Managers

Department Managers are responsible for:

- Ensuring all staff in their area of responsibility, including agency, bank or casual staff, are adequately trained to deal with confidential waste (including spillages) generated by their activities, and that this training is recorded.
- Ensuring adequate levels of local resources are available to meet procedural requirements.
- Ensuring the Logistics Manager and the Carillion Compliance Administrator (for Great Western Hospital) / the Waste Officer (for Community sites) is made aware of any problem areas and that action is taken to resolve non-compliances.
- Informing the Logistics Manager and the Carillion Compliance Administrator (for Great Western Hospital) / the Waste Officer (for Community sites) if new processes or procedures are being started that will produce confidential waste.

3.6 Head of Facilities

The Head of Facilities is responsible at the Community sites for:

- The storage of all legally required waste related paperwork for each site.

3.7 Community Teams

Trust staff who generate waste in non-clinical settings (e.g. in a patient's home) are responsible for ensuring that suitable arrangements have been put in place to either have the waste collected or are able to carry the waste legally in their own vehicle.

3.8 Contractors

The Confidential Waste Disposal Contractors are responsible for disposing of the waste in line with the contract and in compliance with statutory regulation and Environment Agency controls.

All contractors working for or on behalf of the Trust must recognise their obligation to comply with this policy, and may not use Trust premises to dispose of their confidential waste under any circumstances. Projects will be compliant with Site Waste Management Plans Regulations 2008 if required.

4 Education and Training Requirements

It is important that there is a mechanism to ensure relevant staff are educated and trained in respect of the requirements of any documents, policies and associated procedures that affect them in their work.

4.1 Education and Training Plan

Education and training plan	Resources	Responsibility	Date / Frequency
Ward Induction	Ward Manager	Trust	Date of Starting
Team Talks / Tool Box Talks	Ward Manager	Trust	As Required
Waste Disposal Training	Grundon	Carillion	Annually

4.2 Education and Training Details

Role specific training should be given as part of the departmental induction for all new starters, and as part of periodic training for existing staff.

A record of this training should be made and held within the department.

Managers have a responsibility to ensure that all staff in their areas, including agency, bank or casual staff, is fully conversant with all Trust waste guidelines and have undertaken full and sufficient training

to handle all types of waste they may encounter whilst working within the Trust. Staff that generate waste need to be made aware that they are personally responsible for complying with the relevant legislation as well as agreed local procedures.

5 Communication plan

It is important that there is a mechanism to ensure relevant staff are aware of pertinent documents, policies and associated procedures that affect them in their work. Set out below is a communication action plan for this document.

5.1 Communication Action Plan

Communication task	Resources	Responsibility	Date / Frequency
Document to be uploaded to intranet	Via EDRMS	Policy and Governance Officer	When document approved
Notification of published document	To be included in Trust-wide comms	Marketing and Communication Team	When document approved
Notification of published document to be sent to directorates for managers to draw to staff attention	Via email	Policy and Governance Officer	When document approved
Copy of procedure and guidance to be sent to Carillion, THC and other third parties based on site.	Via email	Energy and Sustainability Manager	When document approved

5.2 Distribution and Communication Channels

Distribution/communication channel	Contact
Trust-wide Communications	Communications and Marketing Team
EDRMS	Policy and Governance Officer
Email	Energy and Sustainability Manager
Email	All Ward and Departmental Managers

6 Monitoring compliance and effectiveness of implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group /committee)	**Frequency of monitoring**	**Reporting arrangements** (committee / group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
Consoles to be checked for any damage and to ensure locks are in good working order. 100% Compliance	Consoles checked when emptied.	Shredit Staff	Weekly	Carillion Compliance Administrator / Logistics Manager / Waste Officer (Community)	Consoles will be repaired or replaced

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group /committee)	**Frequency of monitoring**	**Reporting arrangements** (committee / group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
Monitoring Shredit staff are completing their console checks properly and all consoles are in full working order	Random checks on consoles in all areas.	Logistics Manager / Waste Officer (Community)	Yearly	Estates and Facilities. Facilities Manager (Carillion)	Reported to Contractor. IR1 reported
100% Compliance with the Environment Agency's legal requirement in Environmental Permits for Disposal sites to ensure that producers carry out audits of their waste before it can be accepted	Pre-acceptance audit carried out on each ward / department	Carillion Compliance Administrator / Logistics Manager / Waste Officer (Community)	Annually – Clinical Areas Bi-Annually – Non Clinical Areas	Estates and Facilities. JMB Report	IR1, Non-compliance reported

6.1 Audit

Under environmental legislation the Trust has a cradle to grave responsibility for the control, management, transport and disposal of our waste. Therefore we have a legal obligation to carry out Duty of Care and Pre-acceptance audits to ensure waste is correctly segregated, stored, consigned, transported in accordance with the carriage regulations and disposed of at appropriately permitted facilities.

6.2 Duty of Care Audits

The purpose of the audit is to check the contractor is handling the waste in accordance with their license and the contract, and to discuss any issues that may have arisen. The audit findings will be feedback to the Director of Estates and Facilities if concerns are raised.

7 Review Date, Arrangements and Document Details

7.1 Regulatory Position

All Trust staff should observe and implement the Data Protection Policy (Ref. 4) when handling information about identifiable individuals – both staff and patients. That policy embodies the principles of the Data Protection Act 1998. The seventh principle of the Act relates specifically to destruction of confidential waste and reads:

"Appropriate technical and organisational measures should be taken against unauthorised or unlawful processing of personal data, against accidental loss or destruction of or damage to personal data".

7.2 Acute and Maternity Standards Criterion

This document does not contain diagnostic testing procedures and / or screening procedures.

7.3 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which staff should refer to for further details:

Ref. No.	Document Title	Document Location
1	Records Management Strategy	Intranet
2	Trust Waste Policy	Intranet
3	IT Equipment Usage Policy	Intranet
4	Data Protection Policy	Intranet
5	Retention of Records Policy	Intranet
6	Information Protection & Security Policy	Intranet
7	Incident Management Policy	Intranet
8	Information Security Incident Reporting Procedure	Intranet
9	www.Shredit.co.uk	Internet

7.4 Review Date

This document will be reviewed every two years in accordance with the Trust's agreed process for reviewing Trust wide documents.

7.5 Consultation Process

The following is a list of consultees in formulating this document:

Job Title / Department
Carillion – PFI Provider
Shred-It
Waste Officer (Community)

7.6 Comments

Any comments on this policy should, in the first instance be addressed to the author.

Appendix A – Equality Impact Assessment Tool

1	Document Title:	Confidential Waste Paper Procedure	
		Yes/No	**Comments**
2	Does this document contain the Trust's statement on Equality?	Yes	
3	Does the document affect one group less or more favourably than another on the basis of:		
	• Age?	No	
	• Culture?	No	
	• Disability?	No	
	• Ethnic origins (including gypsies and travellers)?	No	
	• Gender?	No	
	• Gender re-assignment?	No	
	• Marriage and civil partnerships?	No	
	• Nationality?	No	
	• Pregnancy and maternity?	No	Although individual risk assessments may highlight additional risks for pregnant staff which will need to be managed locally.
	• Race?	No	
	• Religion or belief?	No	
	• Sexual orientation including gay, lesbian and bisexual people?	No	
4	Is there any evidence that some groups are affected differently?	No	
5	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
6	Is the impact of the policy/guidance likely to be negative?	No	
7	If so can the impact be avoided?	Na	
8	What alternatives are there to achieving the policy/guidance without the impact?	Na	
9	Can the impact be reduced by taking different action?	Na	

If you have identified a potential discriminatory impact of the document, please refer it to the Company Secretary, together with any suggestions as to the action required to avoid/reduce this impact.
For advice in respect of answering the above questions, please contact the Company Secretary or Policy Governance Officer

Reviewed by:	Mark Sumner	Date:	28/01/2014
Post:	Logistics Manager		

Appendix B – Quality Impact Assessment Tool

Purpose

To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

Process

The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.

Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

Monitoring the Level of Risk

The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.

High Risks must be reported to the relevant Executive Lead.

Impact Assessment

Please explain or describe as applicable.

No.	Question	Response
1.	Consider the impact that your document will have on our ability to deliver high quality care.	This document will assist staff deliver high quality of care by ensuring legislative compliance and reducing costs associated with waste disposal.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	A positive impact on our ability to deliver high quality care is anticipated if staff follow this policy and guidance.
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	The risk of staff making mistakes or doing the wrong thing because there is no guidance available is mitigated by the existence of this policy and guidance.
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	Trust Waste Manager
Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	The correct segregation and handling of confidential waste will protect patients and public and reduce costs.
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	Correct waste segregation and handling will ensure that patient care can be offered in a high quality environment.
Impact on Inequalities		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	