

When is a Waste Strategy not a Waste Strategy?

Dr Robert Pocock, Chair, CIWM Healthcare Wastes SIG

The answer to the question in this title could well be 'when it's a healthcare waste strategy!' For some years now we have all waited eagerly for the publication of a document that was billed for a long time as the NHS Healthcare Waste Strategy. Many had expected it to be a potential companion of the national Waste Strategy along with the kinds of targets and timescales that have become all too familiar to us in recent years.

But now we have a bright and bouncing NHS "Waste Strategy" cradled in our arms, it is evident from the first glance that this is not a strategy as we know it. Entitled *Total Waste Management – Best Practice Advice on Local Waste Management for the NHS in England*¹, it is essentially an operational good practice guide and a different animal entirely. From an organisation like the NHS that has for decades been the embodiment of the post-war command and control public corporation culture, some might seriously doubt its parentage. Could this be a real 'bastard strategy'?

Not at all. In fact its lineage is clearly recognisable as being the product of the most recent of government modernisation programmes, the 'NHS Reforms'. We need to appreciate that what was once the UK's most centralised and top-down public service - the last of the corporatist post war nationalised industries - the institution of the NHS is now being refashioned as a national network of largely self-managed commissioning and provider organisations (Health Trusts). These are policed clinically and managerially by national bodies such as the Healthcare Commission, but on the ground they are operationally free locally to determine what is done and how it's done, provided that the required treatment times and clinical outcomes are achieved

So where does this leave the original idea of an NHS Waste Strategy? Only a year or two ago we were expecting a raft of national targets such as 'reduce waste generation to X kilograms per annual bed year' or 'increase recycling of non-clinical healthcare wastes to 25%', now we find examples of good practice in total waste management. No national targets, no Best Value equivalent percentage improvements, no 'mapping' of the NHS Waste Strategy onto the quantitative targets of the National Waste Strategy. Instead there are examples of good ideas, and sensible advice – but no national targets.

At our regular CIWM Special Interest Group (SIG) meetings over this period, we have watched the document passing seemingly endlessly from drafters to copywriters to editors to designers and to printers, with the closing refrain echoing regularly in our ears every 3 months, 'it should be published any minute'. To those of us on the outside, this protracted period of labour clearly masked some more

¹ Total waste management – best practice advice on local waste management for the NHS in England, Gateway Ref 2671

serious concerns about what was to be delivered, and possibly even some regrets about the original conception!

The long-awaited release of the document this year also coincided with the demolition of NHS Estates, the governmental arm that was originally charged with developing, drafting and ultimately issuing the country's first NHS Waste Strategy. How therefore can a truly national NHS Waste Strategy be delivered, if the command and control systems have been abolished and local trusts, like local schools, are basically run by the Head and local Governors?

This is a really important question. It is a question that reaches much further than wastes management in the NHS. The whole strategic management approach to our public services is going in this direction. Anyone hoping that an imminent change of government may come to the rescue will be disappointed, as the decentralisation of our public services is one of those rare instances where no matter how the political parties may try and spotlight their points of difference, there is an overwhelming underlying consensus.

All of which poses major challenges for anyone in the public services seeking to bring about changes and improvements nationally, in operations that are increasingly allowed self-determination locally.

Taking healthcare wastes as an example of this much broader issue, the CIWM Healthcare Waste SIG has given an initial glance at how to exercise nationally coherent leverage in this more complex and organic policy environment. As professionals seeking to raise the standards of waste management, we need to change our game. In essence, we have to replace authority with influence, edict with persuasion, instruction by example, and management by partnership.

The document we might now call 'Not the NHS Waste Strategy' is in fact a true and strong example of how to set forth an initiative at national level having full regard to the new management climate in which it will need to survive and thrive. The document contains set of templates and tools:

- ◆ a practical guide to 'total waste management' plus 'what-to-do' checklists
- ◆ a model template for local NHS Trusts to set their own Total Waste Management Policy
- ◆ a model set of 'waste manager' related job descriptions
- ◆ other useful facts, figures, tips and wrinkles.

Under the governing principle of devolution to the front line, this is not a 'thou shalt do xyz' strategy document, it's a guide intended to give answers to anyone asking the question 'what should we do, if we want to do well?'

There is an important learning point here for professional institutions like the CIWM. In a climate where we are less and less likely to get better wastes management by persuading politicians and civil

servants in Whitehall to issue targets, instructions, requirements, statutory instruments and regulations, we are going to have to exercise our skills of persuasion, and do this at a much more local level. Getting NHS managers to manage waste better might once have been achieved through the edict of a Department of Health memorandum (remember the days of Health Technical Memorandum HTM2065? it was only 7 years ago). Now we need to get down amongst the delivery teams, working with them to help inspire best practice and secure the local commitment of Trust Boards.

The nationally organised professions are well suited to an ecosystem of influence based on national lobbying of scientists, civil servants and the policy machine. We in CIWM have evolved as a Chartered Institution well adapted to this environment, but the climate is changing and we need to change and evolve with it if we are to continue to exert an influence within the 'new order'. Unlike many professional institutions, we also have a well-developed and longstanding regional structure. At times this regional infrastructure may feel it has taken a back seat while our presence nationally as a Chartered Institution has been developed. The reshaping of the NHS waste strategy around a guidance toolkit for local managers is but one example that tells us that policy and practice is now going local. There are green shoots for a reawakening of our local presence in the regions – maybe it is here that we will in future do most to advance waste management practice?

Dr Robert Pocock is Chair of the CIWM Healthcare waste Special Interest group and is also Chief Executive of the research and consultancy practice M·E·L Research. Anyone interested in joining the Healthcare Wastes SIG should email through the website www.ciwm.co.uk.