IMPORTANT – THIS COMMUNICATION AFFECTS YOUR PROPERTY

COUNCIL OF THE ISLES OF SCILLY

Old Wesleyan Chapel, Garrison Lane St Mary's, Isles of Scilly, TR21 0JD
Telephone: 01720 424455 – Email: planning@scilly.gov.uk

Town and Country Planning Act 1990
Town and Country Planning (Development Management Procedure) Order 2015

PERMISSION FOR DEVELOPMENT

Application No:	**P/24/006/FUL**	**Date Application Registered:**	**8th February 2024**

Applicant:
Mr Adam Peters
Latham Park,
St Blazey Road
St Blazey,
Par,
Cornwall,
PL24 2HY

Agent:
Angela Warwick
Situ8 Planning Consultancy
Millham Farm,
Lostwithiel,
Cornwall,
PL22 0JA

Site address: St Mary's Hospital, Hospital Lane Hugh Town St Mary's Isles of Scilly
Proposal: Extension of existing hospital to provide an integrated health and social care centre (Major Development).

In pursuance of their powers under the above Act, the Council hereby **PERMIT** the above development to be carried out in accordance with the following Conditions:

C1 **The development hereby permitted shall be begun before the expiration of 3 years from the date of this permission.**
Reason: In accordance with the requirements of Section 91 of the Town and Country Planning Act 1990 (as amended by Section 51 of the Planning and Compulsory Purchase Act 2004).

C2 **The development hereby permitted shall be carried out in accordance with the approved details only including:**

- **Plan 1 Location Plan, Drawing Number: 23010-BSA-ZZ-ZZ-DR-A-2000**
- **Plan 2 Proposed Site Plan, Drawing Number: 23010-BSA-ZZ-XX-DR-A-3001**
- **Plan 3 Proposed Ground Floor Plan 23010-BSA-ZZ-OO-DR-A-2001**
- **Plan 4 Proposed First Floor Plan, Drawing Number: 23010-BSA-ZZ-ZZ-DR-A-2002**
- **Plan 5 Proposed Elevations, Drawing Number: 23010-BSA-ZZ-XX-DR-A-2701**
- **Plan 6 Proposed Courtyard Elevations, Drawing Number: 23010 - BSA - ZZ - XX - DR - A - 04701**
- **Plan 7 General Arrangement Plan, Drawing Number: M0652_MLOC_DR_L_1000 REV 01**
- **Plan 8 Proposed Lower Ground Floor Plan, Drawing Number: 23010-BSA-ZZ-LG-DR-A-2005**
- **Plan 9 Written Scheme of Investigation (Johns, Apr 2024)**
- **Plan 10 Waste Management Strategy (Operational)**
- **Plan 11 Proposed Offsite Surface Water Drainage Run 201 REV P1**
- **Plan 12 Bat Presence/Absence Survey (Faulconbridge, 16 Apr 2024)**

These are stamped as APPROVED
Reason: For the clarity and avoidance of doubt and in the interests of the character and appearance of the Conservation Area, Area of Outstanding Natural Beauty and Heritage Coast in accordance with Policies OE1 and OE7 of the Isles of Scilly Local Plan (2015-2030).

PRE-COMMENCEMENT CONDITION: Construction Environmental Ecological Management Plan

C3 **With the exception of ground strip for archaeological investigation purposes only, no development shall take place, including any demolition, clearance works or transportation of materials to or from**

the site, until a Construction Environmental and Ecological Management Plan (CEEMP) has been submitted to and approved in writing by the local planning authority. Thereafter the approved plan shall be implemented and adhered to in full throughout the entire construction period. The CEEMP shall include both the application site, and the adjoining Circus Field site, to be used for the storage of materials and plant, and incorporate:

i. **A programme and timetable for implementation of works;**
ii. **The anticipated number, frequency and types of vehicles used during construction, including routing and parking;**
iii. **The erection and maintenance of security hoarding;**
iv. **The loading, unloading and storage of plant, materials and waste;**
v. **A site set-up plan;**
vi. **The storage of excavated spoil;**
vii. **No burning of construction materials on site;**
viii. **The provision of wheel washing facilities and other works required to mitigate the impact of construction upon the public highway;**
ix. **A pre-commencement survey for nesting birds and rabbit burrows;**
x. **The Precautionary Method of Working for bats as set out in Appendix 4 of the approved Bat Presence/Absence Survey (Faulconbridge, Apr 2024;)**
xi. **A clearance strategy for the Circus Field and Hospital sites;**
xii. **Measures to protect retained habitats including boundaries and other onsite features;**
xiii. **Measures to protect nesting birds, bats, rabbits and other wildlife;**
xiv. **Measures to protect retained trees;**
xv. **Measures to address or minimise the risk of spreading invasive non-native species;**
xvi. **A Method Statement for the dismantling of the section of existing drystone wall and Cornish hedge and their subsequent restoration;**
xvii. **Persons responsible for implementing the works;**
xviii. **Measures to manage flood risk and control/minimise the emission of dust, dirt vibration, light and air pollution and odour during demolition/construction;**
xix. **No work to be undertaken on the site except between the hours of 08.00 and 18.00 on Mondays to Saturday inclusive and no work to be undertaken on Sundays, Bank and Public Holidays;**
xx. **Details of public engagement that shall be carried pit both prior to and during the construction works.**

The works shall be carried out in accordance with the approved details. On completion of the development any contractors' compound(s), temporary access and all plant, machinery, fencing, lighting and any other equipment or structures used as part of the construction process shall be removed from the site and, where appropriate, the land reinstated to its former condition within three months.

Reason: To protect amenity, highway safety, habitats and species identified in the ecological surveys from adverse impacts during construction in accordance with Policies SS2, SS7 and OE2 of the Isles of Scilly Local Plan 2015-2030 and to avoid an offence under the Wildlife and Countryside Act 1981, as amended and The Conservation of Habitats and Species Regulations 2017, as amended. This is required to be a pre-commencement condition because it is necessary to have agreed such details prior to commencing any building works.

PRE-COMMENCEMENT CONDITION: Pre-demolition Bat Survey

C4 With the exception of ground strip for archaeological investigation purposes only, no development shall take place, including any demolition or clearance works, until a pre-demolition presence/absence survey for bats, following the methodology set out at section 4.1 of the approved Bat Presence/Absence Survey (Faulconbridge, 16 Apr 2024,) has been submitted to and approved in writing by the Local Planning Authority. Works shall thereafter be carried out in strict accordance with any approved ecological mitigation, compensation and enhancement measures identified.

Reason: To protect amenity, highway safety, habitats and species identified in the ecological surveys from adverse impacts during construction in accordance with policy OE2 of the Isles of Scilly Local Plan 2015-2030 and to avoid an offence under the Wildlife and Countryside Act 1981, as amended and The Conservation of Habitats and Species Regulations 2017, as amended. This is required to be a pre-commencement condition because it is necessary to have agreed such details prior to commencing any building works.

PRE-COMMENCEMENT CONDITION: Waste Management Scheme (Construction)

C5 With the exception of ground strip for archaeological investigation purposes only, no development shall take place, including any demolition or clearance works, until a scheme for recycling/disposing of all waste resulting from demolition and construction works has submitted to and agreed in writing with the Planning Authority. The development shall thereafter proceed in strict accordance with the approved scheme.

Reason: To ensure adequate consideration is given to the minimisation of unnecessary waste generation, and

adherence to the waste hierarchy, in accordance with the requirements of Policy SS2 (2) and Policy OE5 of the Isles of Scilly Local Plan 2015-2030. This is required to be a pre-commencement condition because it is necessary to have agreed such details prior to commencing any building works.

C6 If, during development, contamination not previously identified is found to be present at the site then no further development (unless otherwise agreed in writing with the Local Planning Authority) shall be carried out until a remediation strategy detailing how this contamination will be dealt with has been submitted to, and approved in writing by, the Local Planning Authority. The remediation strategy shall be implemented as approved.

Reason: To ensure that the development does not contribute to and is not put at unacceptable risk from or adversely affected by unacceptable levels of water pollution in accordance with Policy SS6 of the Isles of Scilly Local Plan 2015-2030 and the NPPF 2023.

C7 A) The development shall proceed in accordance with the WSI prepared by Charles Johns (dated 9th April 2024) that has been approved and submitted to the Planning Authority in support of this planning application.

B) No development shall take place other than in accordance with the Written Scheme of Investigation approved under condition (A).

C) The development shall not be occupied until the site investigation and post investigation assessment has been completed in accordance with the programme set out in the Written Scheme of Investigation approved under condition (A) and the provision made for analysis, publication and dissemination of results and archive deposition has been secured.

D) The archaeological recording condition will normally only be discharged when all elements of the WSI including on site works, analysis, report, publication (where applicable) and archive work has been completed, and a final report has been submitted to, and approved by, the Local Planning Authority.

Reason: To ensure that a programme and methodology of site investigation and recording of archaeological features is undertaken before physical works commence on site. This is in accordance with the provisions of the NPPF (2023) Chapter 16, paragraph 211 and Policy OE7 of the Isles of Scilly Local Plan 2015-2030.

PRIOR TO SLAB LEVEL CONDITION: Sustainable Drainage Details

C8 Prior to any development above slab level, details of the proposed surface water drainage and means of disposal, including on and/or off site works, shall be submitted to and approved in writing by the Local Planning Authority. The details shall include:

- **Full details of the surface water drainage run, which shall be an open channel wherever feasible, including dimensions, location, gradients, invert and cover levels, headwall details, planting (if necessary) and all drawings as appropriate;**
- **Full details of the rainwater harvesting tank, including size, scale, capacity, location and all drawings;**
- **Information on how surface water flows exceeding the capacity of the surface water drainage features will be managed safely;**

No other drainage systems for the infiltration of surface water to the ground shall be provided other than those approved. The scheme shall subsequently be implemented in full accordance with the approved designs and retained thereafter.

Reason: To ensure satisfactory provision of surface water drainage and ensure surface water runoff from the development is managed safely whilst achieving maximum water quality, amenity and biodiversity benefits, in accordance with SS2 2) k) of the Isles of Scilly Local Plan (2015-2030) and the NPPF.

PRIOR TO SLAB LEVEL CONDITION: Sustainable Drainage Management Plan

C9 Prior to any development above slab level, a maintenance and management plan for the entire surface water drainage system shall be submitted to and approved in writing the Local Planning Authority to ensure the designed system takes into account design standards of those responsible for maintenance. The management plan shall:

- **i. Clearly state who will be responsible for managing all aspects of the surface water drainage system, including piped drains, and evidence that the appropriate authority is satisfied with the submitted details;**
- **ii. Evidence that the responsibility arrangements will remain in place throughout the lifetime of the development.**

All works shall be undertaken in full accordance with the agreed details and implemented throughout the lifetime of the development.

Reason: To ensure satisfactory provision of surface water drainage and ensure surface water runoff from the development is managed safely in accordance with SS2 2) k) of the Isles of Scilly Local Plan (2015-2030) and the NPPF.

PRIOR TO SLAB LEVEL CONDITION: Sustainable Construction Report

C10 Prior to any development above slab level, a design stage Sustainable Construction Report shall be

submitted to and agreed in writing by the local Planning Authority. The report shall include details of:

i. **Design stage water usage demonstrating at least BREEAM 2no Wat 01 credits;**
ii. **Number and location of air source heat pumps;**
iii. **Extent and location of pv panels.**

Thereafter the development shall be carried out and operated in full accordance with the approved details.

Reason: To ensure the development demonstrates a high level of sustainable performance to address mitigation of and adaptation to predicted climate change, in accordance with Policy SS1 of the Isles of Scilly Local Plan 2015-2030.

PRIOR TO SLAB LEVEL CONDITION: Low-reflection Glazing

C11 **Prior to any development above slab level, details of frosted or low reflective glazing for the balustrade shall be submitted to and approved in writing. Thereafter the development shall be carried out and operated in full accordance with the approved details.**

Reason: In the interests in accordance with Policies SS2 and OE1 of the Isles of Scilly Local Plan 2015-2030.

C12 **The development hereby approved shall be operated in accordance with the approved Waste Management Strategy.**

Reason: To ensure adequate consideration is given to the minimisation of unnecessary waste generation, and adherence to the waste hierarchy, in accordance with the requirements of Policy SS2 (2) and Policy OE5 of the Isles of Scilly Local Plan 2015-2030.

PRIOR TO SLAB LEVEL CONDITION: Scheme of External Lighting

C13 **Prior to any development above slab level, a scheme of external lighting designed to reduce harmful light spill and minimise impacts on wildlife shall be submitted to and approved in writing by the Local Planning Authority. The lighting shall thereafter be installed, maintained and operated in full accordance with the approved details.**

Reason: In the interests of amenity and to protect the Isles of Scilly Dark Skies and wildlife in accordance with OE4 and OE9 of the Isles of Scilly Local Plan 2015-2030.

PRIOR TO FIRST USE CONDITION: Cycle Parking

C14 **Prior to the first use of the development hereby permitted, detailed drawings of covered and secure cycle parking stores and spaces shall be submitted to and approved in writing by the Local Planning Authority. Thereafter the development shall be carried out in full accordance with the approved details.**

Reason: To provide alternative travel options to the use of the car and meet the objectives of sustainable development in accordance with Policy SS10 1) c) of the Isles of Scilly Local Plan 2015-2030.

PRIOR TO FIRST USE CONDITION: EV Charge Point

C15 **Prior to the first use of the development hereby permitted, details of an EV charge point with minimum power rating output of 7kW and universal socket shall be submitted to and approved in writing by the Local Planning Authority. Thereafter the development shall be carried out in full accordance with the approved details.**

Reason: To meet the objectives of sustainable development in accordance with Policy SS10 1) c) of the Isles of Scilly Local Plan 2015-2030.

Further Information

1. In dealing with this application, the Council of the Isles of Scilly has actively sought to work with the applicants in a positive and proactive manner, in accordance with paragraph 38 of the National Planning Policy Framework 2023.
2. In accordance with the Town and Country Planning (fees for Application and Deemed Applications, Requests and Site Visits) (England) (Amendment) Regulations 2017 a fee is payable to discharge any condition(s) on this planning permission. The fee is current £145 for each request to discharge condition(s) where the planning permission relates to any other type of development other than a householder application. The fee is payable for each individual request made to the Local Planning Authority. You are advised to check the latest fee schedule at the time of making an application as any adjustments including increases will be applied: https://ecab.planningportal.co.uk/uploads/english_application_fees.pdf
3. It should be noted that some of the conditions attached to this consent are required to be complied with prior to the commencement of the development hereby approved, if those conditions are not fully adhered to, then the consent cannot lawfully be implemented, therefore a new application will be requested, and consideration will be given to the expedience of enforcement action.
4. Connection to the sewerage system will be subject to the agreement of South West Water in respect of both the timing and point of connection.
5. The Regulatory Reform (Fire Safety) Order 2005 applies, and the responsible person will be required to carry out a fire risk assessment to identify the risks and take reasonable measures to ensure people are safe from fire. The works may be considered 'controlled work' and therefore building control approval may also be

required.

6. The applicant is reminded that, under the Wildlife and Countryside Act 1981, as amended (section 1), it is an offence to remove, damage or destroy the nest of any wild bird while that nest is in use of being built. Planning consent for a development does not provide a defence against prosecution under this act. Trees and scrub are likely to contain nesting birds between 1 March and 31 August inclusive. Trees and scrub are present on the application site and are to be assumed to contain nesting birds between the above dates, unless a recent survey has been undertaken by a competent ecologist to assess the nesting bird activity on site during this period and has shown it is absolutely certain that nesting birds are not present.
7. The Applicant is reminded of the provisions of the Wildlife and Countryside Act 1981 and the E.C. Conservation (Natural Habitats) Regulations Act 1994, the Habitat and Species Regulations 2012 and our Natural and Environment and Rural Communities biodiversity duty. This planning permission does not absolve the applicant from complying with the relevant law protecting species, including obtaining and complying with the terms and conditions of any licences required, as described in part IV B of Circular 06/2005. Care should be taken during the work and if bats are discovered, they should not be handled, work must stop immediately, and a bat warden contacted. Extra care should be taken during the work, especially when alterations are carried out to buildings if fascia boards are removed as roosting bats could be found in these areas. If bats are found to be present during work, they must not be handled. Work must stop immediately, and advice sought from licensed bat wardens. Call The Bat Conservation Trust's National Bat Helpline on 0845 1300 228 or Natural England (01872 245045) for advice.
8. This decision is not a determination under the Building Regulations. Please ensure that all building works accord with the Building Regulations and that all appropriate approvals are in place for each stage of the build project. You can contact Building Control for further advice or to make a building control application: buildingcontrol@cornwall.gov.uk.
9. In accordance with the provisions of Section 96A of the Town and Country Planning Act which came into force on 1st October 2009, any amendments to the approved plans will require either a formal application for a non-material amendment or the submission of a full planning application for a revised scheme. Please discuss any proposed amendments with the Planning Officer. There is a fee to apply for a non-material amendment and the most up to date fee will be charged which can be checked here: https://ecab.planningportal.co.uk/uploads/english_application_fees.pd

Signed:

Chief Planning Officer

Duly Authorised Officer of the Council to make and issue Planning Decisions on behalf of the Council of the Isles of Scilly.

DATE OF ISSUE: 19th April 2024

COUNCIL OF THE ISLES OF SCILLY

Planning Department
Old Wesleyan Chapel, Garrison Lane St Mary's, Isles of Scilly, TR21 0JD
0300 1234 105
planning@scilly.gov.uk

Dear Mr Adam Peters

Please sign and complete this certificate.

This is to certify that decision notice: P/24/006/FUL and the accompanying conditions have been read and understood by the applicant: Mr Adam Peters.

1. **I/we intend to commence the development as approved:** Extension of existing hospital to provide an integrated health and social care centre (Major Development) at: St Mary's Hospital, Hospital Lane Hugh Town St Mary's Isles Of Scilly **on**:.....

2. I am/we are aware of any conditions that need to be discharged before works commence.

3. I/we will notify the Planning Department in advance of commencement in order that any pre-commencement conditions can be discharged.

You are advised to note that Officers of the Local Planning Authority may inspect the project both during construction, on a spot-check basis, and once completed, to ensure that the proposal has complied with the approved plans and conditions. In the event that the site is found to be inaccessible then you are asked to provide contact details of the applicant/agent/contractor (delete as appropriate):

Name: **Contact Telephone Number:**
And/Or Email:

Print Name:

Signed:

Date:

Please sign and return to the **above address** as soon as possible.

For the avoidance of doubt, you are reminded to address the following condition(s) as part of the implementation of this permission. Although we will aim to deal with any application to discharge conditions as expeditiously as possible, you are reminded to allow up **to 8 weeks** for the discharge of conditions process.

PRE-COMMENCEMENT CONDITION(S)

C3 With the exception of ground strip for archaeological investigation purposes only, no development shall take place, including any demolition, clearance works or transportation of materials to or from the site, until a Construction Environmental and Ecological Management Plan (CEEMP) has been submitted to and approved in writing by the local planning authority. Thereafter the approved plan shall be implemented and adhered to in full throughout the entire construction period. The CEEMP shall include both the application site, and the adjoining Circus Field site, to be used for the storage of materials and plant, and incorporate:

i. A programme and timetable for implementation of works;
ii. The anticipated number, frequency and types of vehicles used during construction, including routing and parking;
iii. The erection and maintenance of security hoarding;
iv. The loading, unloading and storage of plant, materials and waste;
v. A site set-up plan;
vi. The storage of excavated spoil;
vii. No burning of construction materials on site;
viii. The provision of wheel washing facilities and other works required to mitigate the impact of construction upon the public highway;
ix. A pre-commencement survey for nesting birds and rabbit burrows;
x. The Precautionary Method of Working for bats as set out in Appendix 4 of the approved Bat Presence/Absence Survey (Faulconbridge, Apr 2024;)
xi. A clearance strategy for the Circus Field and Hospital sites;
xii. Measures to protect retained habitats including boundaries and other onsite features;
xiii. Measures to protect nesting birds, bats, rabbits and other wildlife;
xiv. Measures to protect retained trees;
xv. Measures to address or minimise the risk of spreading invasive non-native species;
xvi. A Method Statement for the dismantling of the section of existing drystone wall and Cornish hedge and their subsequent restoration;
xvii. Persons responsible for implementing the works;
xviii. Measures to manage flood risk and control/minimise the emission of dust, dirt vibration, light and air pollution and odour during demolition/construction;
xix. No work to be undertaken on the site except between the hours of 08.00 and 18.00 on Mondays to Saturday inclusive and no work to be undertaken on Sundays, Bank and Public Holidays;
xx. Details of public engagement that shall be carried pit both prior to and during the construction works.

The works shall be carried out in accordance with the approved details. On completion of the development any contractors' compound(s), temporary access and all plant, machinery, fencing, lighting and any other equipment or structures used as part of the construction process shall be removed from the site and, where appropriate, the land reinstated to its former condition within three months.

C4 Prior to the commencement of the development hereby permitted, including any demolition or clearance works, a pre-demolition presence/absence survey for bats shall be submitted to and approved in writing by the Local Planning Authority. Works shall thereafter be carried out in strict accordance with any approved ecological mitigation, compensation and enhancement measures identified.

C5 No development shall take place, including any demolition or clearance works, other than the archaeological fieldwork specified at section 8.2 of the approved Written Scheme of Investigation (Johns, April 2024) until a scheme for recycling/disposing of all waste resulting from demolition and construction works has submitted to and agreed in writing with the Planning Authority. The development shall thereafter proceed in strict accordance with the approved scheme.

PRIOR TO SLAB LEVEL CONDITION(S):

C8 Prior to any development above slab level, details of the proposed surface water drainage and means of disposal, including on and/or off site works, shall be submitted to and approved in writing by the Local Planning Authority. The details shall include:

- Full details of the surface water drainage run, which shall be an open channel wherever feasible, including dimensions, location, gradients, invert and cover levels, headwall details, planting (if necessary) and all drawings as appropriate;
- Full details of the rainwater harvesting tank, including size, scale, capacity, location and all drawings;
- Information on how surface water flows exceeding the capacity of the surface water drainage features will be managed safely;

No other drainage systems for the infiltration of surface water to the ground shall be provided other than those approved. The scheme shall subsequently be implemented in full accordance with the approved designs and retained thereafter.

C9 Prior to any development above slab level, a maintenance and management plan for the entire surface water drainage system shall be submitted to and approved in writing the Local Planning Authority to ensure the designed system takes into account design standards of those responsible for maintenance. The management plan shall:

- Clearly state who will be responsible for managing all aspects of the surface water drainage system, including piped drains, and evidence that the appropriate authority is satisfied with the submitted details;
- Evidence that the responsibility arrangements will remain in place throughout the lifetime of the development.
- All works shall be undertaken in full accordance with the agreed details and implemented throughout the lifetime of the development.

C10 Prior to any development above slab level, a design stage Sustainable Construction Report shall be submitted to and agreed in writing by the local Planning Authority. The report shall include details of:

- Design stage water usage demonstrating at least BREEAM 2no Wat 01 credits;
- Number and location of air source heat pumps;

- Extent and location of pv panels.

Thereafter the development shall be carried out and operated in full accordance with the approved details.

C11 Prior to any development above slab level, details of frosted or low reflective glazing for the balustrade shall be submitted to and approved in writing. Thereafter the development shall be carried out and operated in full accordance with the approved details.

C13 Prior to any development above slab level, a scheme of external lighting designed to reduce harmful light spill and minimise impacts on wildlife shall be submitted to and approved in writing by the Local Planning Authority. The lighting shall thereafter be installed, maintained and operated in full accordance with the approved details.

PRIOR TO FIRST USE CONDITION(S):

C14 Prior to the first use of the development hereby permitted, detailed drawings of covered and secure cycle parking stores and spaces shall be submitted to and approved in writing by the Local Planning Authority. Thereafter the development shall be carried out in full accordance with the approved details.

C15 Prior to the first use of the development hereby permitted, details of an EV charge point with minimum power rating output of 7kW and universal socket shall be submitted to and approved in writing by the Local Planning Authority. Thereafter the development shall be carried out in full accordance with the approved details.

COUNCIL OF THE ISLES OF SCILLY

Planning Department
Town Hall, St Mary's, Isles of Scilly, TR21 0LW
01720 424455
planning@scilly.gov.uk

THIS LETTER CONTAINS IMPORTANT INFORMATION REGARDING YOUR PERMISSION – PLEASE READ IF YOU ARE AN AGENT DEALING WITH IS ON BEHALF OF THE APPLICANT IT IS IMPORTANT TO LET THE APPLICANT KNOW OF ANY PRE-COMMENCMENT CONDITIONS

Dear Applicant,

This letter is intended to help you advance your project through the development process. Now that you have been granted permission, there may be further tasks you need to complete. Some aspects may not apply to your development; however, your attention is drawn to the following paragraphs, which provide advice on a range of matters including how to carry out your development and how to appeal against the decision made by the Local Planning Authority (LPA).

Carrying out the Development in Accordance with the Approved Plans
You must carry out your development in accordance with the stamped plans enclosed with this letter. Failure to do so may result in enforcement action being taken by the LPA and any un-authorised work carried out may have to be amended or removed from the site.

Discharging Conditions
Some conditions on the attached decision notice will need to be formally discharged by the LPA. In particular, any condition that needs to be carried out prior to development taking place, such as a 'source and disposal of materials' condition, an 'archaeological' condition or 'landscaping' condition must be formally discharged prior to the implementation of the planning permission. In the case of an archaeological condition, please contact the Planning Department for advice on the steps required. Whilst you do not need to formally discharge every condition on the decision notice, it is important you inform the Planning Department when the condition advises you to do so before you commence the implementation of this permission. Although we will aim to deal with any application to discharge conditions as expeditiously as possible, you are reminded to allow up **to 8 weeks** for the discharge of conditions process.

Please inform the Planning Department when your development or works will be commencing. This will enable the Council to monitor the discharge and compliance with conditions and provide guidance as necessary. We will not be able to provide you with any written confirmation on the discharge of pre-commencement conditions if you do not formally apply to discharge the conditions before you start works.

As with the rest of the planning application fees, central Government sets a fee within the same set of regulations for the formal discharge of conditions attached to planning permissions. Conditions are necessary to control approved works and development. Requests for confirmation that one or more planning conditions have been complied with are as follows (VAT is not payable on fees set by central government). More information can be found on the Council's website:

- Householder permissions - £43 per application
- Other permissions - £145 per application

Amendments

If you require a change to the development, contact the LPA to see if you can make a 'non material amendment' (NMA). NMA can only be made to planning permissions and not a listed building consent. They were introduced by the Government to reflect the fact that some schemes may need to change during the construction phase. The process involves a short application form and a 14 day consultation period. There is a fee of £43 for householder type applications and £293 in all other cases. The NMA should be determined within 28 days. If the change to your proposal is not considered to be non-material or minor, then you would need to submit a new planning application to reflect those changes. Please contact the Planning Department for more information on what level of amendment would be considered non-material if necessary.

Appealing Against the Decision

If you are aggrieved by any of the planning conditions attached to your decision notice, you can appeal to have specific conditions lifted or modified by the Secretary of State. All appeal decisions are considered by the Planning Inspectorate – a government department aimed at providing an unbiased judgement on a planning application. From the date of the decision notice attached you must lodge an appeal within the following time periods:

- Householder Application - 12 weeks
- Planning Application – 6 months
- Listed Building Consent – 6 months
- Advertisement Consent - 8 weeks
- Minor Commercial Application - 12 weeks
- Lawful Development Certificate – None (unless for LBC – 6 months)
- Other Types - 6 months

Note that these periods can change so you should check with the Planning Inspectorate for the most up to date list. You can apply to the Secretary of State to extend this period, although this will only be allowed in exceptional circumstances.

You find more information on appeal types including how to submit an appeal to the Planning Inspectorate by visiting https://www.gov.uk/topic/planning-development/planning-permission-appeals or you can obtain hard copy appeal forms by calling 0303 444 5000. Current appeal handling times can be found at: Appeals: How long they take page.

Building Regulations
With all building work, the owner of the property is responsible for meeting the relevant Planning and Building Regulations. Building Regulations apply to most building work so it is important to find out if you need permission. This consent is to ensure the safety of people in and around buildings in relation to structure, access, fire safety, infrastructure and appropriate insulation.

The Building Control function is carried out on behalf of the Council of the Isles of Scilly by Cornwall Council. All enquiries and Building Control applications should be made direct to Cornwall Council, via the following link Cornwall Council. This link also contains comprehensive information to assist you with all of your Building Control needs.

Building Control can be contacted via telephone by calling 01872 224792 (Option 1), via email buildingcontrol@cornwall.gov.uk or by post at:

Building Control
Cornwall Council
Pydar House
Pydar Street
Truro
Cornwall
TR1 1XU

Inspection Requests can also be made online: https://www.cornwall.gov.uk/planning-and-building-control/building-control/book-an-inspection/

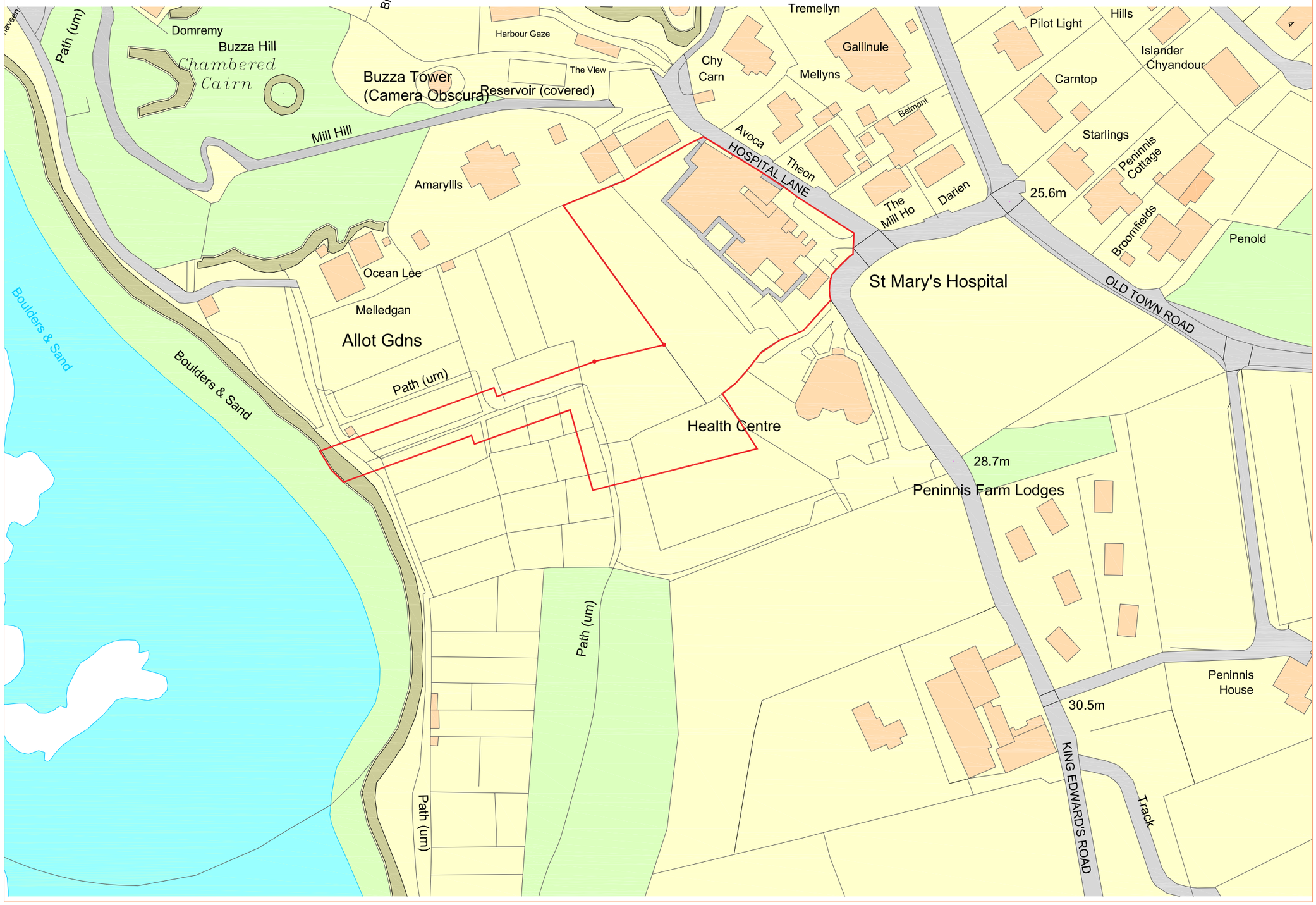
Registering/Altering Addresses
If you are building a new dwelling, sub dividing a dwelling into flats or need to change your address, please contact the Planning Department who will be able to make alterations to local and national databases and ensure postcodes are allocated.

Connections to Utilities
If you require a connection to utilities such as water and sewerage, you will need to contact South West Water on 08000831821. Electricity connections are made by Western Power Distribution who can be contacted on 08456012989.

Should you require any further advice regarding any part of your development, please contact the Planning Department and we will be happy to help you.

APPROVED
By Lisa Walton at 10:03 am, Apr 19, 2024

RECEIVED
By A King at 11:46 am, Feb 08, 2024



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Notes

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Residual Risk Register

Refer to Blue Sky / Capra hazard identification sheets in addition to the hazards/risks normally associated with the type of works indicated on this drawing. Note the following;

1. ??.
2. ??.

Rev	Date	By	Chk	Comments

Client
Cornwall Partnership NHS Trust

Project
Isles of Scilly Enabling Works

Drawing
Red Line Boundary

Revision	Purpose
P01	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010-BSA-ZZ-ZZ-DR-A-2000

BSDS Job No.	Scale	Date
23010-04	1:1250 @ A3	Feb 24

Suitability	Suitability Description
S0	Work in Progress

Drawn By	Checked By
Drawn	Check

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Proposed Site Plan
1 : 200

Notes

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SCALE 1 : 200

0 4 8 12

N

This drawing is to be read in conjunction with Mei Loci Landscape Architects Drawing M06652_MLOC_DR_L_1000

APPROVED
By Lisa Walton at 10:07 am, Apr 19, 2024

RECEIVED
By Liv Rickman at 10:07 am, Mar 12, 2024

Rev	Date	By	Chk	Comments
P03	11/03/24	RW	AQ	Proposed Site Plan Update
P02	08/02/24	LH	AQ	Revised Red Line Boundary Added
P01	05/02/24	TB	AQ	Car Parking Spaces Indicated

Client
Community 1st

Project
Isles of Scilly Enabling Works

Drawing
Proposed Site Plan

Revision	Purpose
P03	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - XX - DR - A - 3001

BSDS Job No.	Scale	Date
23010-04	1 : 200 @ A1	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By
TB	AQ

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Proposed Ground Floor Plan
1 : 100

RECEIVED
By Liv Rickman at 12:11 pm, Mar 12, 2024

APPROVED
By Lisa Walton at 10:08 am, Apr 19, 2024

Notes

All dimensions are to be checked on site prior to construction, manufacture of any components and ordering of materials and equipment.

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SCALE 1 : 100
0 2 4 6

Rev	Date	By	Chk	Comments
P01	11.03.24	RW	AQ	Roof height dropped, walkway omitted, external staircase relocated & entrance door reduced to single leaf to meet Part M compliance

Client
Cornwall Partnership NHS Foundation Trust

Project
Isles of Scilly Enabling Works

Drawing
Proposed Ground Floor Plan

Revision	Purpose
P01	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - 00 - DR - A - 2001

BSDS Job No.	Scale	Date
23010-04	1 : 100 @ A0	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By
TB	AQ

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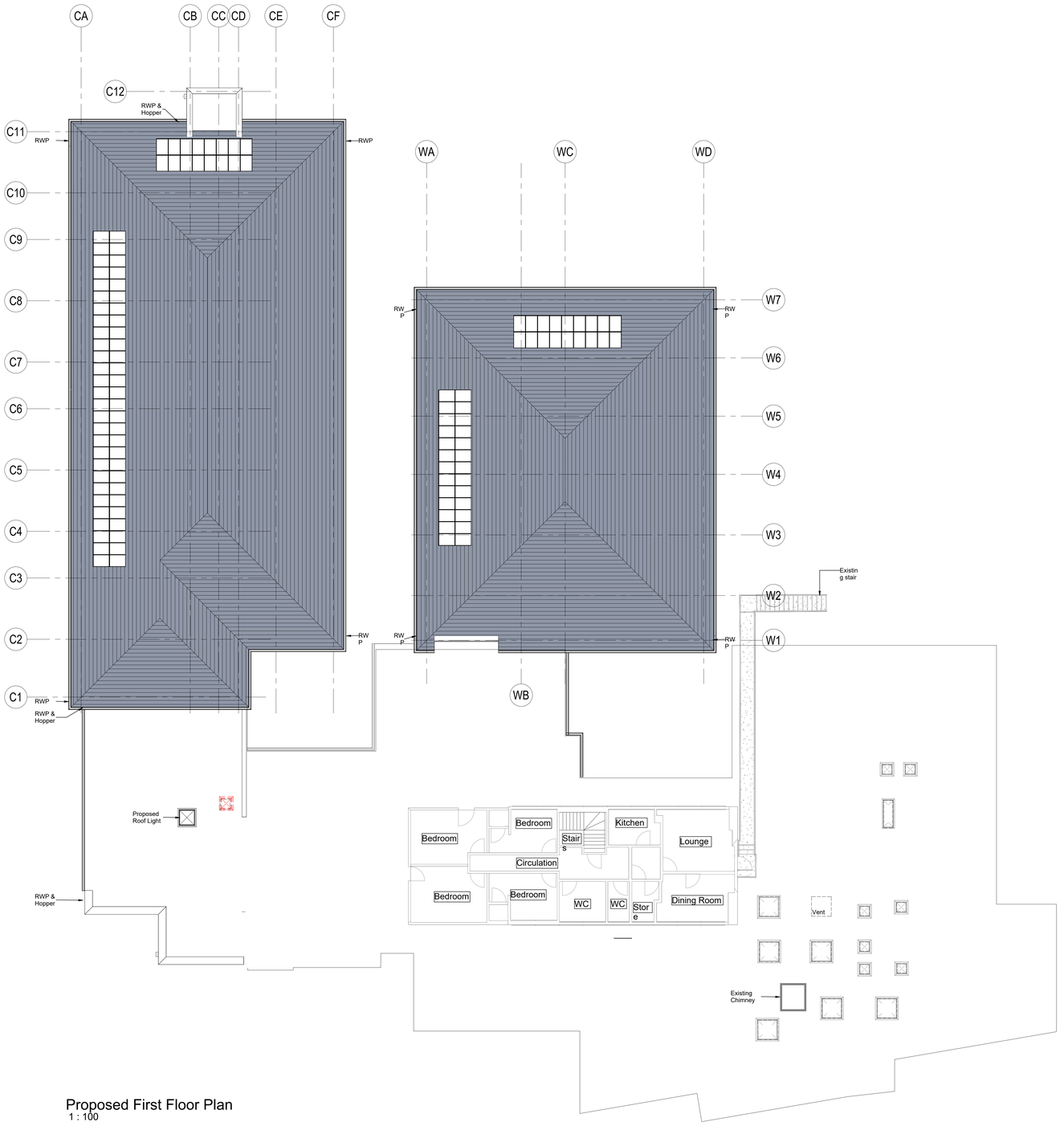
By Liv Rickman at 10:14 am, Mar 12, 2024

APPROVED
By Lisa Walton at 10:08 am, Apr 19, 2024



Proposed First Floor Plan
1 : 100

Notes

All dimensions are to be checked on site prior to construction, manufacture of any components and ordering of materials and equipment.

Any discrepancies are to be reported to the architect for clarification.

All materials and workmanship to be in accordance with the current British Standards and codes of practice.

SCALE 1 : 100
0 2 4 6

Rev	Date	By	Chk	Comments
P01	11.03.24	RW	AQ	Roof height dropped, walkway omitted, external staircase relocated & entrance door reduced to single leaf to meet Part M compliance

Client
Cornwall Partnership NHS Foundation Trust

Project
Isles of Scilly Enabling Works

Drawing
Proposed First Floor Plan

Revision	Purpose
P01	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - 01 - DR - A - 2002

BSDS Job No.	Scale	Date
23010-04	1 : 100 @ A0	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By
TB	AQ

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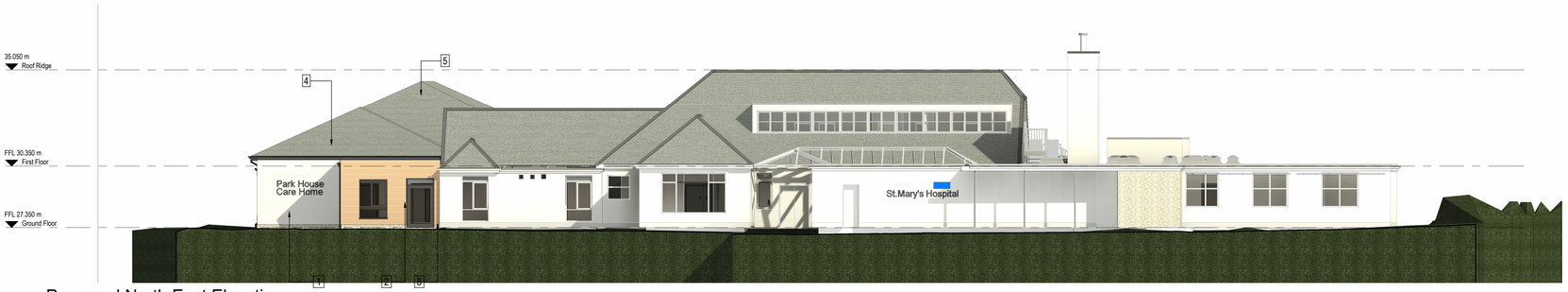
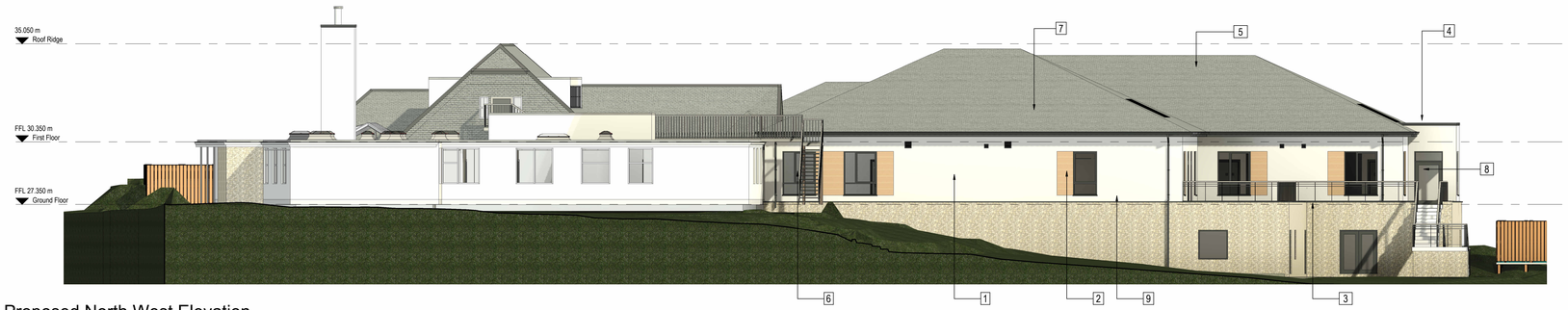
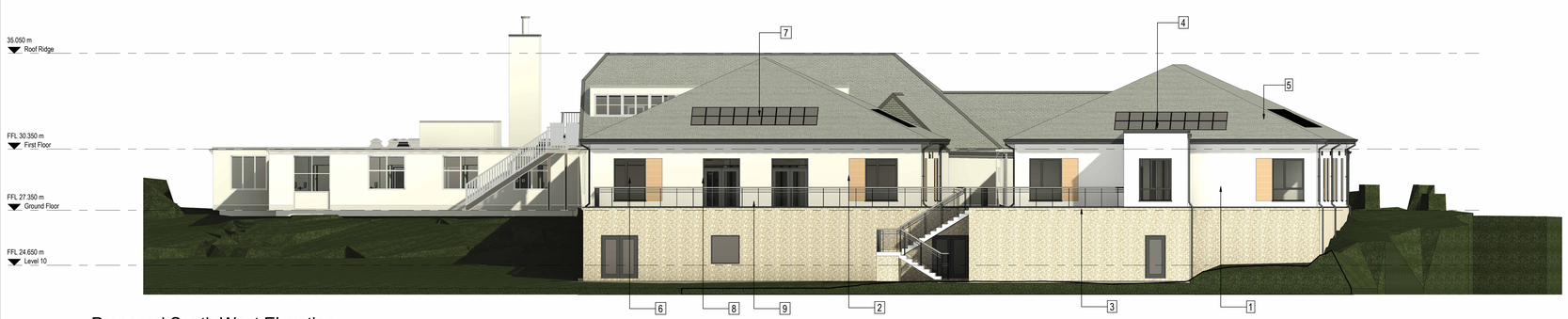


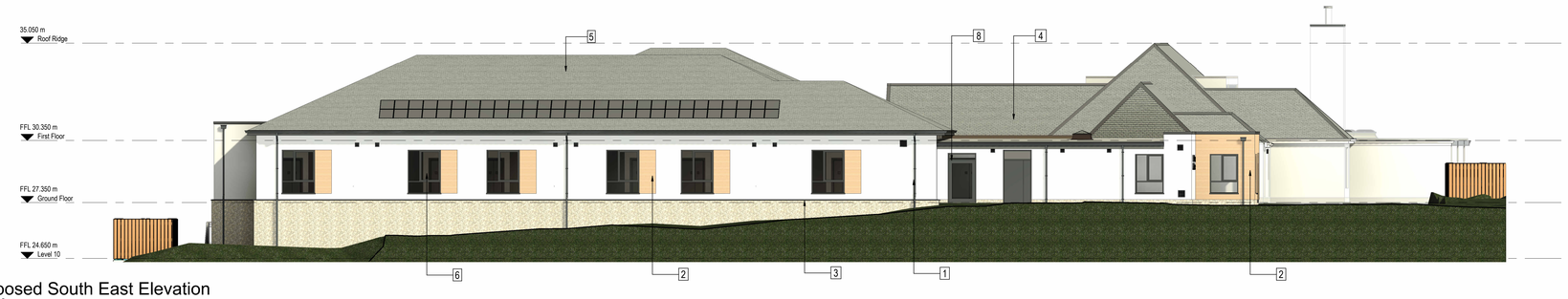
Proposed North East Elevation
1 : 100



Proposed North West Elevation
1 : 100



Proposed South West Elevation
1 : 100



Proposed South East Elevation
1 : 100

Material Key

1 - Off white render colour. TBC

2 - Cedral click cladding panel. Colour : Sand Yellow C71

3 - Stone Plinth

4 - PPC Coping system. Colour : Black Grey (Matt), RAL 7021

5 - Slate Tile Roofing

6 - Windows to be PPC Aluminium Frames with double glazed units. Colour : Black Grey (Matt), RAL 7021

7 - PV's on recessed slte tile roof

8 - Polyester Powder Coated, Aluminium Frame Doorset. Colour: Black Grey (Matte), RAL 7021.

9 - 1100mm High Glazed Balustrading

SCALE 1 : 100
0 2 4 6

APPROVED
By Lisa Walton at 10:09 am, Apr 19, 2024

RECEIVED
By Liv Rickman at 10:08 am, Mar 12, 2024

Rev	Date	By	Chk	Comments
P01	11/03/24	RW	AQ	Proposed Site Plan Update

Client
Community 1st

Project
Isles of Scilly Enabling Works

Drawing
Proposed Site Elevations

Revision	Purpose
P01	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - XX - DR - A - 2701

BSDS Job No.	Scale	Date
23010-04	1 : 100 @ A0	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By
DC	AQ

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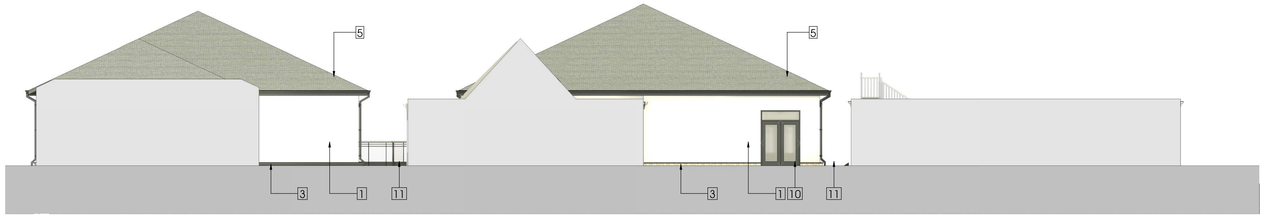
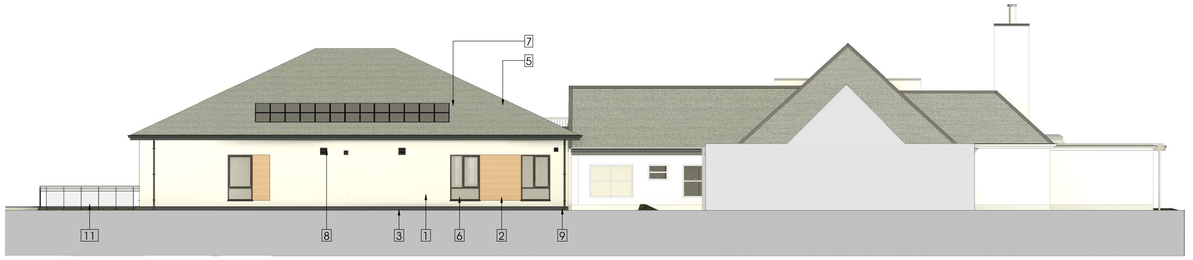
RECEIVED
By Liv Rickman at 10:10 am, Mar 12, 2024

APPROVED
By Lisa Walton at 10:11 am, Apr 19, 2024

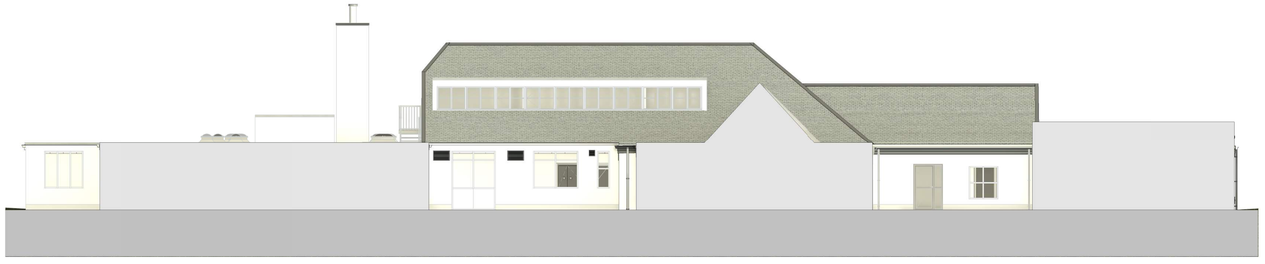
SCALE 1 : 100
0 2 4 6



1 Courtyard 1 & 2 North East Elevation
1 : 100

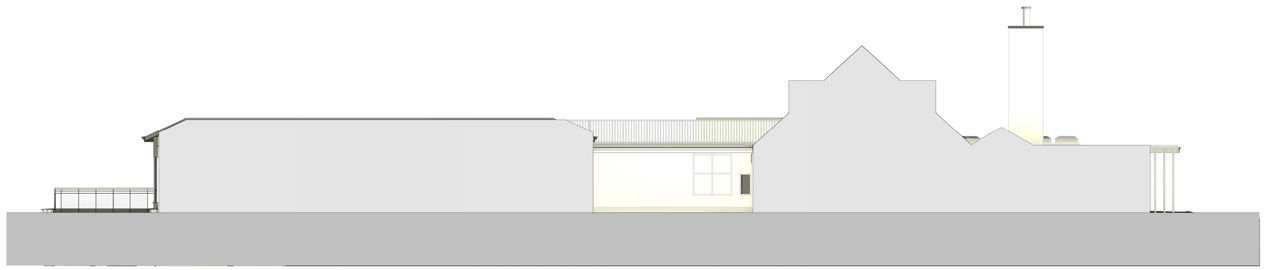


2 Courtyard 1 South East Elevation
1 : 100

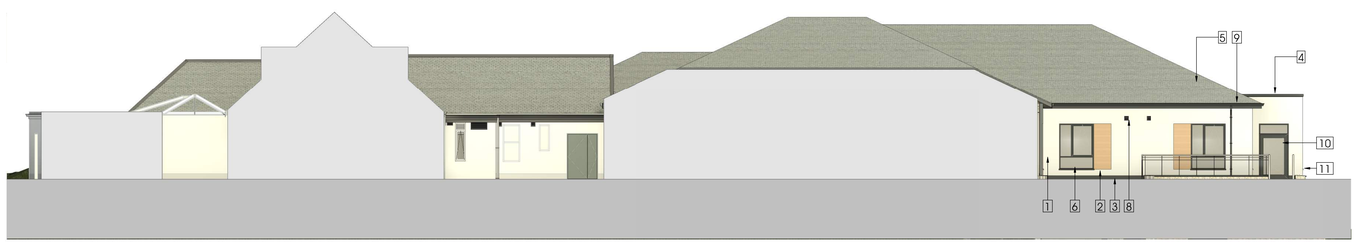


3 Courtyard 1 & 2 South West Elevation
1 : 100

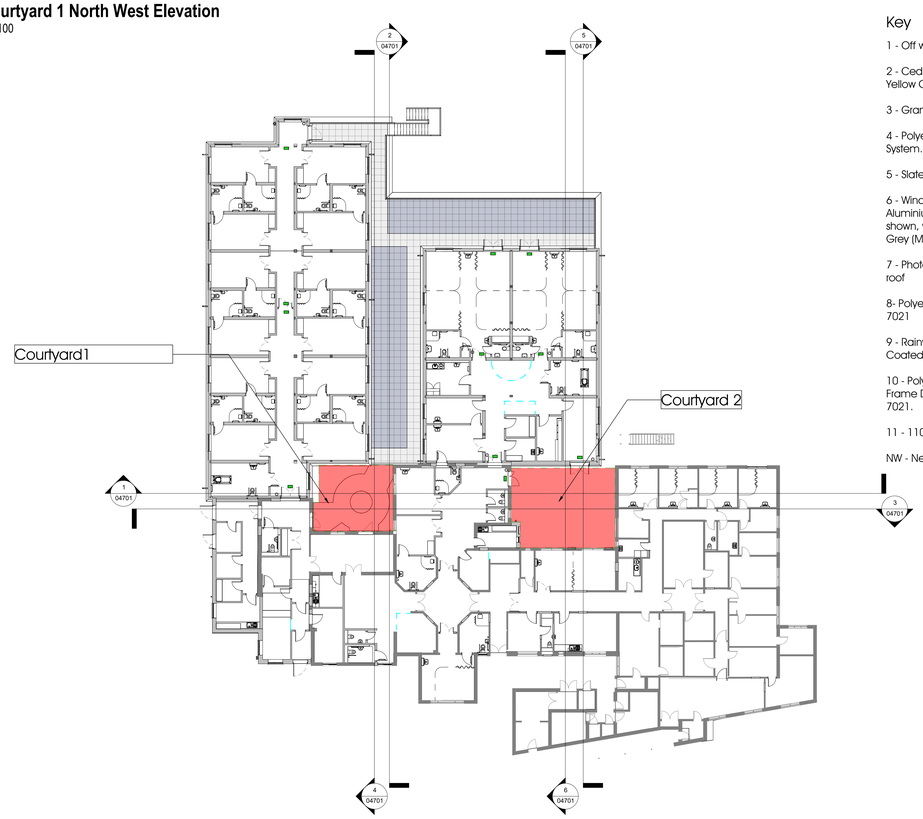
4 Courtyard 1 North West Elevation
1 : 100



5 Courtyard 2 South East Elevation
1 : 100



6 Courtyard 2 North West Elevation
1 : 100



Ground Floor Courtyard Plan
1 : 200

SCALE 1 : 200
0 4 8 12

Key

1 - Off white render

2 - Cedral click cladding panel. Colour: Sand Yellow C71

3 - Granite Stone Plinth

4 - Polyester Powder Coated Aluminium Coping System. Colour: Black Grey (Matt), RAL 7021

5 - Slate tile roofing

6 - Windows to be Polyester Powder Coated Aluminium Frames with integral louvre where shown, with double glazed units. Colour: Black Grey (Matte), RAL 7021

7 - Photo Voltaic Panels recessed into slate tile roof

8- Polyester Powder coated louvre, colour RAL 7021

9 - Rainwater pipe/Hoppers (Polyester Powder Coated - Square). Colour: RAL 7021

10 - Polyester Powder Coated, Aluminium Frame Doorset. Colour: Black Grey (Matte), RAL 7021.

11 - 1100mm High Glazed Balustrading

NW - New Window

Rev	Date	By	Chk	Comments
P01	11.03.24	RW	AQ	Roof height dropped, walkway omitted, external staircase relocated & entrance door reduced to single leaf to meet Part M compliance

Client
Cornwall Partnership NHS Foundation Trust

Project
Isles of Scilly Enabling Works

Drawing
Proposed Courtyard Elevations

Revision	Purpose
P01	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - XX - DR - A - 04701

BSDS Job No.	Scale	Date
23010-04	As indicated @ A0	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By
DC	AQ

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RECEIVED
By Liv Rickman at 5:32 pm, Jan 31, 2024

APPROVED
By Lisa Walton at 10:12 am, Apr 19, 2024

EXISTING PLANTING TO BOUNDARIES.
Existing mature hedges, trees and scrub to garden boundaries, to be trimmed and any large gaps to be in ter-planted with new native and evergreen species.

EXISTING ORNAMENTAL GARDEN PLANTING AND HEDGES TO BE RETAINED
Existing planting to be maintained and enhanced, where necessary. Stepped footpath route to lower gardens to be maintained.

LOWER GARDEN - COMMUNAL LAWN SPACE: Coastal Meadow Grass, with picnic tables and bench seating provided for staff and visitors.
Such as, Emorsgate EWF 11 Coastal mix, or similar.

INFORMAL ACCESS PATHWAY
Loose aggregate surface -WITH timber edge to soft landscape. Steps to lower communal garden formed with reclaimed railway sleepers.

INFORMAL MAINTENANCE PATHWAY
Loose aggregate surface - timber edge to soft landscape

PLANTING TO SOUTHERN BOUNDARY
Infill areas to south eastern boudnary with new hedges and native tree species. (Species to inlcude pines, holly and cherry, to base of building to screen lower storey basement).

PLANTING TO SOUTHERN BOUNDARY
Infill areas to south eastern boudnary with new hedges and native tree species. (Species to inlcude pines, holly and cherry, to base of building to screen lower storey basement).

ACCESS ROUTE AROUND PLANT ROOM

EXISTING PLANTING TO WALL ON FRONTAGE TO BE RETAINED AND ENHANCED.
Existing planting to be maintained and enhanced. Gap- up existing hedge with native species,where needed.

NEW PLANTING TO ENTRANCE, AROUND GAS AND BIN STORAGE AREA

SENSORY COURTYARD WITH ORNAMENTAL PLANTING
Central planting bed, with feature tree- Amalanchier or similar.

SENSORY COURTYARD WITH REFLECTIVE POOL
2000mm diam. corten steel, or similar, curved water bowl filled with pebbles and water to create a reflective pool.

ACESSIBLE RESIN BOUND PATHS TO COURTYARD AREAS Resin bound footpaths to sensory courtyard spaces.

PLANTING TO SOUTH EAST BOUNDARY
Infill areas to south eastern boudnary with new hedges and native tree species.

BAT AND BIRD BOXES
To be installed in line with ecologists recommendations. Externally mounted externally on buildings, or, Post mounted within planted areas, where building does not allow 3m above ground surface.

RETAIN GATEWAY TO LOWER FIELD FOR ACCESS

01 / 1000 General Arrangement
Scale 1: 200

NOTES / REVISIONS

REV.	DESCRIPTION	INIT.	DATE
00	XXXXX	XX	XX-XX-XX

Key:

TREES
Trees and large shrubs. Refer to planting schedule.

SL 01 COASTAL MEADOW GRASS/ WILDFLOWER SEED MIX
Coastal Meadow grass and wildflower mixture. BFS 11 – by Emorsgate.

SL 02 Mix A.
Perennial Meadow, shrubs & Groundcover Planting.

SL 03 Mix B.
Perennials, Grasses, Shrubs & Groundcover Planting.

SL 04 Mix C.
Sensory Planting to courtyards

HEDGE TYPE 01- NATIVE HEDGE
Proposed Native Hedge and Screening Planting

HEGDE TYPE 02- EVERGREEN HEDGE & SHRUB PLANTI
Planters along base wall- shrubs and climbing planting to soften and screen building basement & hedges to communal gardens.

PAVING TYPE 01- RESIN BOUND PEDESTRIAN PATHS
Resin bound-gravel footpath, to courtyard spaces.

PAVING TYPE 02- BLOCK PAVING- MAINTENANCE PAT
Paving slabs laid to form accessible route to building curliegde, as shown.

PAVING TYPE 03- SELF BINDING AGGREGATE FOOTPA
Self-binding aggregate footpath, to access lower gardens/ staff courtyard spaces

PAVING TYPE 04- TARMAC- TO VEHICULAR ROADS
Black- top tarmac to roads and vehicular surface.

DECK
COMPOSITE DECK
Or similar, to balcony deck areas.

FEATURE BOULDERS

BAT BOXES
10 Nr. for Pipistrelle bats, as per Ecologist recommendations

BIRD BOXES
10 Nr. total for Robins/Blackbirds, Blue Tits and Sparrows, as per Ecologist recommendations

INSECT HOTEL
6 Nr. refer to Ecologist recommendations

HEDGEHOG HOUSE
6 Nr. refer to Ecologist recommendations

A1:
0m 2 4 6 8 10 12 14m
1:200

MEI LOCI

Mei Loci Landscape Architects
Studio G2, Old Bakery Studios, Blewetts Wharf, Truro, TR1 1QH
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CLIENT
SITU8

JOB DESCRIPTION/LOCATION
ST MARY'S HOSPITAL
ST MARY'S
ISLE OF SICILY

DRAWING TITLE
GENERAL ARRANGEMENT

STATUS	RIBA WORK STAGE
PLANNING	0

Date	Scale	Drawn By	Checked
18.01.2024	1:200	NP	PH

Drawing No.
M0652_MLOC_DR_L_1000

Revision
01

RECEIVED
By Liv Rickman at 4:12 pm, Jan 31, 2024

APPROVED
By Lisa Walton at 10:13 am, Apr 19, 2024

SCALE 1 : 100
0 2 4 6

Basement Plan
1 : 100

Rev	Date	By	Chk	Comments

Client
Cornwall Partnership NHS Foundation Trust

Project
Isles of Scilly Enabling Works

Drawing
Proposed Sub-Floor Void Plan

Revison	Purpose
	Preliminary

Drawing Number
project - originator - zone - level - type - role - number
23010 - BSA - ZZ - LG - DR - A - 2005

BSDS Job No.	Scale	Date
23010-04	1 : 100 @ A0	Jan 24

Suitability	Suitability Description
S4	Planning Issue

Drawn By	Checked By		
TB	AQ		

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www.capra-architects.co.uk

St Mary's Hospital, Hospital Lane, Hugh Town, St Mary's, Isles Of Scilly TR21 0LQ

Written Scheme of Investigation for archaeological recording during groundworks for construction of a new integrated health and social care facility

Client:	Community 1st Cornwall Limited
Client contact:	Angela Warwick, Situ8 Planning Consultancy
Planning Application Number:	P/24/006/FUL

1 Project background

This document is a Written Scheme of Investigation (WSI) by Charlie Johns, Heritage Specialist, for archaeological recording during groundworks for construction of a new integrated health and social care facility at St Mary's Hospital, Hospital Lane, St Mary's, Isles of Scilly, TR21 0LQ. The content of this WSI has been discussed with Lisa Walton, Chief Planning Officer, Council of the Isles of Scilly, and Peter Dudley, Senior Archaeologist, Cornwall Council. It sets out the minimum requirements to discharge the anticipated condition for archaeological recording when the application is decided.

> A) The development shall proceed in accordance with the WSI prepared by Charlie Johns (Written Scheme of Investigation for archaeological recording during groundworks for a new extension to the hospital, dated 21/02/2024) that has been approved and submitted to the Planning Authority in support of this planning application. The WSI includes an assessment of significance and research questions, and
>
> 1. The programme and methodology of site investigation and recording
>
> 2. The programme for post investigation assessment
>
> 3. Provision to be made for analysis of the site investigation and recording
>
> 4. Provision to be made for publication and dissemination of the analysis and records of the site investigation
>
> 5. Provision to be made for archive deposition of the analysis and records of the site investigation
>
> 6. Nomination of a competent person or persons/organisation to undertake the works set out within the Written Scheme of Investigation
>
> B) No demolition or development shall take place other than in accordance with the Written Scheme of Investigation approved under condition (A).

C) The development shall not be occupied until the site investigation and post investigation assessment has been completed in accordance with the programme set out in the Written Scheme of Investigation approved under condition (A) and the provision made for analysis, publication and dissemination of results and archive deposition has been secured.

Note: The archaeological recording condition will normally only be discharged when all elements of the WSI including on site works, analysis, report, publication (where applicable) and archive work has been completed.

2 Site location and description

Fig 1 Location map with the strip, map, sample (SMS) area outlined in blue (Blue Sky Architects/Capra Architects.

St Mary's Hospital is located on the south side of Hospital Lane, situated on the high ground to the south east of Hugh Town, overlooking St Mary's Sound and Porthcressa beach, just off the road to Old Town beyond Buzza Hill (Fig 1). The application site is a long rectangular field located to the south west of the Hospital centred at NGR SV 90715 10315 at a height of

approximately 30m mOD (Fig 1). The field is some 0.17 ha in area and slopes towards the south west.

Graeme Spence's 1792 map of St Mary's shows that the process of enclosure had begun on the south side of Buzza Hill with two large rectangular crofts. By the time of the *c*1880 OS survey the site formed part of a larger field which was sub-divided after the c1907 OS survey. The site is characterised as 'Farmland: modern enclosures (post-1908), excluding bulb strips' in the Isles of Scilly Historic Landscape Assessment (Land Use Consultants 1996).

The geology of St Mary's is granite, with weathered periglacial head, known locally as ram, covering the lower hill slopes and valley floors; the geology supports soils suitable for cultivation and pasture (Geological Survey of Great Britain, 1975, Isles of Scilly, Sheets 357 and 358).

3 Archaeological and historical background

The Cornwall & Isles of Scilly Historic Environment Record (HER) records that several designated heritage assets are located in the vicinity of the application site. There are two scheduled monuments, *Round cairn with funerary chamber on Buzza Hill, 45m west of the Buzza Tower, St Mary's* (NHLE 1010174) situated approximately 100m north west of the application site and *Platform cairn on northern Peninnis Head, 200m ESE of Buzza Tower* (NHLE 1009284), situated some 65m ESE of the application site. Further afield is *the Iron Age to Romano-British fogou on Northern Peninnis Head, 170m south of Carn Gwavel Farm, St Mary's* (NHLE 1020142), 250m south east of the application site and the suite of scheduled monuments on Peninnis Head 500m – 1km south east of the application site. The Grade II Listed Buzza Tower (NHLE1291886) is situated some 55m north east of the application site.

In addition the HER records a number of undesignated heritage assets in the vicinity of the application site, the site of a bronze Age cairn on Buzza Hill, excavated by William Borlase in the 18th century (MCO30227), 55m north west of the application site. A Bronze Age agate bead was found in the garden of Pilot's Retreat (now Starlings) in 1970 (MCO31088) and two flint thumb-nail scrapers and two hammer stones were found at Pernold in the 1960s (MCO31081), respectively 120m and 150m to the north east. There were finds of Romano-British pottery and a possible prehistoric post-holed stone on Buzza Hill in the 1950s to the 110m north west (MCO53363) – although the HER entry is confused about the location of these finds. In addition there are a number of prehistoric and Romano-British sites exposed in the cliff face at Porthcressa 250m to the south west. There is also a disused post-medieval quarry and the site of a 20th-century electricity generating plant about 30m to the north west (MCO64382).

An interesting undesignated heritage asset, not currently recorded in the HER, is a square stone with a square hole thought to be medieval in date and originally from St Maudut's chapel in Hugh Town. Troutbeck (c1792) recorded that it was then on St Mary's Quay, apparently it was subsequently stored on Rat Island and has now been placed in front of the Health centre.

4 Archaeological potential

In the Early Bronze Age the application site would have been heathland within the setting of a ceremonial landscape associated with the cairns on Buzza Hill and on northern Peninnis Head. Later prehistoric or Romano-British settlements and cist graves are more are likely to have been situated at a lower contour above Porthcressa or Old Town Bay rather than on an exposed hilltop.

In 2012/13, a watching brief was carried out during groundworks for a campsite at Peninnis Farm, 100m south east of the application site and 35m south of the scheduled cairn NHLE 1009284. The topsoil was 0.3m-0.4m deep with the natural substrate (*ram*) underlying it. The only finds were a total of eight sherds of 19th or 20th century glazed pottery (Sawyer 2013).

Geotechnical investigations for the current site indicate a similar stratigraphy of topsoil to depth of 0.4-0.6m above very dense, orangish-brown, slightly clayey, very gravelly, fine to coarse sand (*ram*) (Wheal Jane Consultancy 2024).

Comparatively few archaeological finds have been reported in the vicinity of the site. Although there was no formal recording in place, no finds of archaeological interest were reported during the construction of the Hospital in 1939 or the Health Centre in 1999.

Consequently the potential of the application site is for archaeological discoveries is assessed as 'Moderate'.

5 Assessment of significance

Any features that might be revealed which are with associated the Bronze Age ceremonial landscape on Buzza Hill and northern Peninnis Head are potentially of National significance, any other features or finds are likely to be of Local significance.

6 Research questions

The proposed archaeological recording has the potential to contribute to the following research aims of the Isles of Scilly Historic Environment Research Framework (Johns 2019).

> Research Aim 12: Widen our understanding of Scillonian material culture of all periods.
>
> Research Aim 20: Improve our understanding of prehistoric and Romano-British settlements, monuments and landscapes.
>
> Research Aim 22: Improve our understanding of medieval and later settlements, buildings and landscapes.

7 Aims and Objectives

The site-specific aims for the archaeological recording are to:

- Establish the presence/absence of archaeological remains.

- Determine the extent, condition, nature, character, date and significance of any archaeological remains encountered.
- Establish the nature of the activity on the site.
- Identify any artefacts relating to the occupation or use of the site.
- Provide further information on the archaeology of the site from any archaeological remains encountered.
- Report on the findings to an appropriate level.

8 Methodology

The recording will involve the following phases of work:

1. Desk-based study .
2. A watching brief during topsoil stripping
3. Watching briefs during excavation of strip foundation trenches.
3. Archiving and Analysis.
4. Report production.
5. Archive deposition.

8.1 Desk-based study

Prior to the commencement of on-site works, the project archaeologist will familiarise himself with the site by examining the information held in the Cornwall & Scilly HER, on the 1st and 2nd edition Ordnance Survey maps of the area, and in any relevant publications.

8.2 Watching brief during topsoil strip

Charlie Johns BA, MCIfA, is the project archaeologist. The initial topsoil strip, to a depth of 300mm within the footings of the two buildings, is estimated to take about five days. It is very unlikely that any archaeological remains will be revealed at that level as any surviving archaeological features will be cut into the surface natural substrate (weathered periglacial head, known locally as *ram*) which the draft geotechnical report indicates is at depth of 500mm – 600mm in the area of the new buildings. There is, however, potential for some unstratified finds to be recovered from the excavated spoil. It is therefore proposed that the archaeological contractor will supervise the first day of the soil strip and then return at the end to inspect the site and spoil for finds.

8.3 Watching briefs during excavation of the strip foundation trenches.

Mechanical stripping of the topsoil and subsoil in the strip foundation trenches for the buildings will be supervised by the project archaeologist. The strips will be up to 1m wide. A toothless ditching bucket will be used for the removal of any overburden until the first archaeological horizon is exposed. This will then be hand-cleaned and recorded as appropriate. Any surviving remains which will be disturbed or destroyed by the development will be archaeologically excavated and recorded.

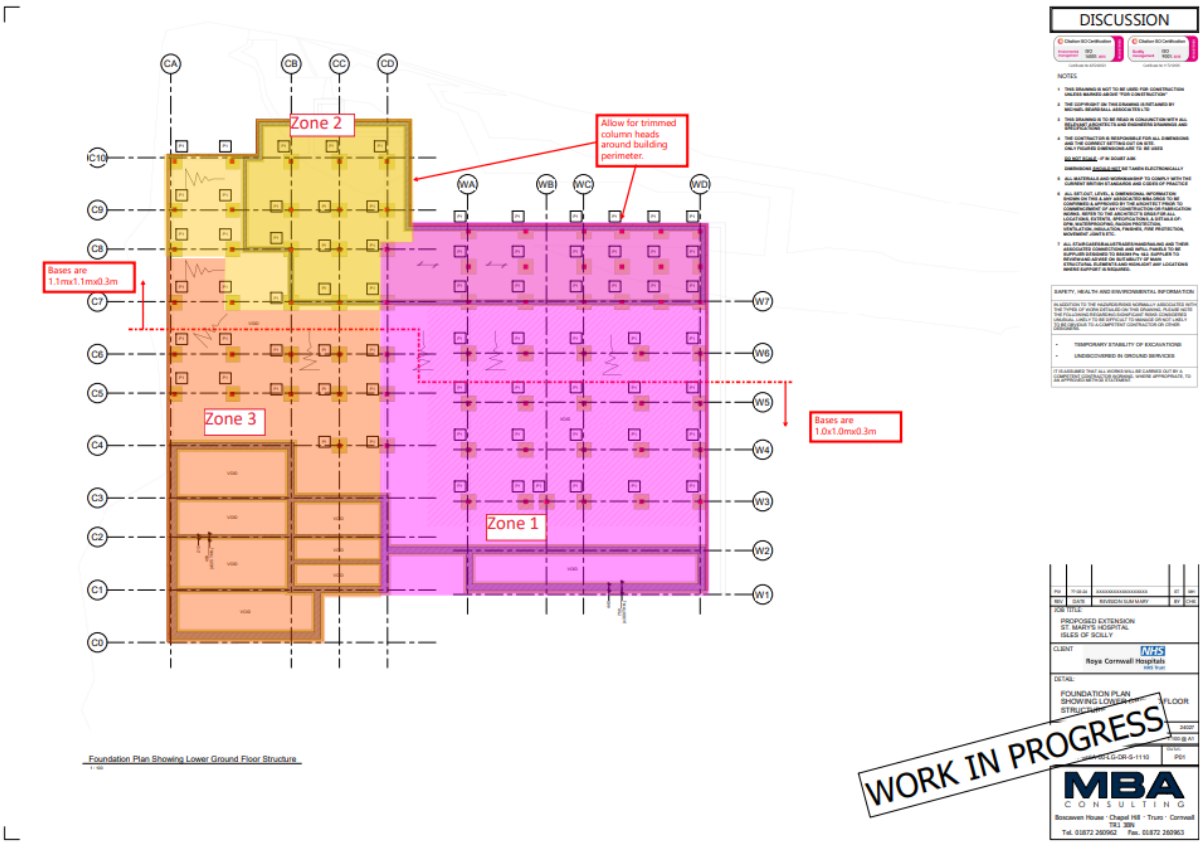

Fig 2 Location of the foundation trenches (draft).

Any significant features or layers identified in plan or section will be recorded using the following methodology:

(a) Each feature or layer will be assigned a context number from a continuous block of context numbers and recorded on a standard *pro forma* context sheet, where possible noting the location, extent, nature, character and stratigraphic relationships of any archaeological evidence revealed;

(b) Location will be plotted onto a 1:100 plan (drawn in 4H pencil on gridded drafting film);

(c) If appropriate the feature/layer will be planned at 1:20 scale or recorded in section at 1:10 scale (unless circumstances indicate that other scales would be more appropriate); (d) scaled digital colour photographs will be taken. In the case of detailed photographs, a north arrow will be included, where appropriate. A photographic register detailing the feature number, location, direction of shot and other relevant information will be drawn up.

(d) All finds will be retained and placed in sealable plastic bags which will be labelled immediately with the site code (SMH 24) and context number. On completion of the investigations they will be removed from the site for processing and conservation where necessary, in preparation for assessment analysis and archiving.

(e) Modern (post-1900) finds may be disposed of at the cataloguing stage following consultation with named finds specialists (see below Appendix C) and the Isles

of Scilly Museum (see below section 8.5). It is anticipated that all other finds will be processed and stored in standard archive boxes and deposited with the Isles of Scilly Museum (see below section 8.5) but this process will be informed by the named specialists and in consultation with the Museum

(f) Archaeological features will be sampled in the following proportions: 10% for linears, 50% for larger pits, etc., and 100% for smaller features. The sampling procedure will depend on the significance and date of the feature. If required on site, we will liaise with our environmental specialist, Ralph Fyfe, to ascertain the sampling strategy. The HE Science Officer will be consulted where further support is required. 70cl rubble bags will be used for larger samples, the samples will be double-bagged, labels with the site code, context number and sample number will be placed in the inner bag and tied to the outer bag. The site code, context number will be written on the outer bag with an indelible marker. Self-seal bags of an appropriate size will be used for smaller samples, double-bagged and labelled.

(g) There are no flotation facilities available on the islands. If there are only a few small samples the archaeologists may be able take them back to Cornwall on Skybus. If the weight of the samples exceeds the hand luggage allowance they will be placed in large crate on a palette and transported to St Mary's Quay from whence they will be conveyed as freight to Penzance on one of the Isles of Scilly Steamship Company's vessels. They will be collected from Penzance Quay by the project archaeologist in a hired van (or a haulier depending on the weight of the samples) and conveyed to CAU's flotation facility at Tehidy Park. There they will be wet sieved by a CAU team member. The dried flots will be bagged and labelled and sent to the plant macrofossil specialist (Julie Jones) for assessment.

(h) If significant archaeological features or deposits are exposed all works will cease and a Teams meeting will be convened with the client and the LPA to discuss the most appropriate way forward.

(i) In the event that objects containing precious metal(s) or significant finds are encountered, the coroner will be informed as per the provisions of the Treasure Act 2022.

(j) Should any such remains be found, the presumption is that they will be excavated, removed and treated in accordance with current guidance from Historic England and the Advisory Panel on the Archaeology of Burials in England (APABE) (APABE 2015; APABE 2017; Historic England 2018) (or conforming with the principles of the guidance where that relates to burials of the historic era and where remains found are of prehistoric date).

- If human remains are discovered within an archaeological context on the site, the client, the Local Planning Authority (LPA) and Historic England will be informed.
- The relevant Ministry of Justice licence will be obtained prior to disturbing the remains or their burial soil, if possible.

- Any consents or licenses required will be obtained for the client by the archaeological contractor.
- If human remains are uncovered, which are not to be preserved *in situ* (see below) they will be excavated with due reverence. Methodology used will follow published guidance (APABE 2015; APABE 2017; Historic England 2018); while the presumption of non-disturbance of such remains in the 2017 publication has been reviewed, the standards set out there for their excavation (Annex 53, points 221-225) will apply.
- If human remains are to be retained *in situ*, a clear plan, agreed with the client, the LPA and Historic England, will be developed to determine how their preservation will be achieved in line with the principles of Historic England's guidance on preserving archaeological remains (2016).
- Human remains will not be exposed to public view, the site being adequately. The project archaeologist will ensure respectful treatment, stratigraphic excavation, accurate location and detailed context recording of all remains
- In the event that human remains are found the project archaeologist will be guided by an osteoarchaeologist.

The Chartered Institute for Archaeologists' (CIfA) Standards and guidance for archaeological excavation (2023) will be followed in the execution of the project.

The Historic England Science Advisor for the South-West will be consulted for advice, if necessary.

Finds work, sampling, etc will be guided by the CIfA Guidelines for Finds Work and the Historic England Centre for Archaeology Guidelines on Archaeometallurgy (2015), Environmental Archaeology (2011(and Geoarchaeology (2015).

8.4 Archiving and analysis

During this phase the results of the fieldwork will be collated for archiving. This may involve the following tasks:

- Washing or other cleaning of finds.
- Marking of pottery and other finds with the site code and context number.
- Bagging the finds.
- Flotation of samples, drying and bagging the flots.
- Indexing site drawings and photographs; and
- Identification of finds etc, with the assistance of specialists CAU and/or elsewhere, if appropriate (details of specialist consultants are included in Appendices B and C).

8.5 Report production

A report presenting the results of the archaeological recording will be produced within a time period, not exceeding two months, to be agreed between the client, the LPA, the Isles of Scilly Museum and Charlie Johns.

The report will have the following contents:

- a concise non-technical summary of the project results

- the aims and methods adopted in the course of the investigation
- a discussion of archaeological findings in terms of both the site-specific aims and the desk based research
- a location map, a drawing showing those areas examined as part of the archaeological recording, and copies of any archaeological plans and sections. All plans will be tied to the Ordnance Survey national grid
- all specialist reports and assessments
- a summary of the archive contents and date of deposition
- a context register with brief descriptions will be included as an appendix
- a copy of the approved WSI will be included as an appendices.

The OASIS and if taken, ADS reference number will be included in the report. And if the site and its finds prove to be significant, the accession number provided by the museum.

The LPA will advise, within four weeks of receipt of the report, whether full publication in an appropriate journal is required. (A contingency for this will be included in the estimate for the work) .

8.6 Archive deposition and report distribution

The Isles of Scilly Museum has been contacted, as specified in Section 2 of the Museum's 'Archaeological Deposition Policy' (2023) and a 'Notification of Fieldwork' form has been completed and sent to the Museum.

If significant archaeological findings are made (i.e., finds and features which have the potential to improve our understanding of Scilly's historic environment) the archive will be collated according to Section 9 of the Museum's 'Archaeological Deposition Policy' and deposited within two months of the completion of the final report.

As specified as specified in Section 8 of the Museum's 'Archaeological Deposition Policy' the project's digital archives will be transferred to a Trusted Digital Repository (the Archaeology Data Service) to ensure preservation and accessibility.

If the results of the watching brief do not merit the retention of finds or a paper archive the post-excavation archive report (lodged with the HER via OASIS – the Historic England / Archaeological Data Service (ADS) online index of archaeological investigations) and the OASIS record are considered to be the appropriate archive outputs. The LPA and the Museum will advise on this on receipt of a draft report. The Museum will be consulted before any finds are discarded.

The Isles of Scilly Museum Association will be sent a digital of the final report. Digital copies, or hard copies if preferred, will be provided to the LPA.

Confirmation of the deposition of the archive and a summary of its contents will be supplied to the LPA. Confirmation of the deposition of the archive and a summary of its contents will be supplied to the LPA.

9 Monitoring

Groundworks will not commence until written approval for this WSI has been received from the LPA. Work is anticipated to start on 22 April 2024 and the LPA will be kept regularly informed of progress: prior to that. Any variations to this WSI will be agreed with the LPA, normally in writing, prior to them being carried out.

9.1 Monitoring points

- Email notification of the start of fieldwork (minimum 1 week notice)
- Email notification of the completion of fieldwork (and a discussion about reporting) and handover of site to the developer.
- Email notification that the finds have been deposited within the accessioning museum

10 Copyright

Copyright of all material gathered as a result of the project will be reserved to the client and Charlie Johns. Existing copyrights of external sources will be acknowledged where required. Use of the material will be granted to the client.

11 Project staff

Charlie Johns BA, MCIfA, is the archaeological contractor for the project. He is a heritage specialist based in Cornwall. A CV of his relevant qualifications and experience is at Appendix A of this document.

Details of the external specialists, who will provide contingency support for the work outlined in the WSI, are included in Appendix B.

12 Health and safety statement

Prior to on-site work commencing a general Risk Assessment will be carried out. Liaison with the groundwork contractors will be undertaken to ensure a safe system of work in relation to the archaeological recording.

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Charlie Johns

Heritage Specialist

5th April 2024

Appendix A: Curriculum Vitae for Charlie Johns BA, MCIfA

I am a self-employed heritage specialist. I have undertaken archaeological work in Scilly since 1991 and I was CAU's Senior Archaeologist for the islands between 2002 and 2018. I have extensive experience of conducting archaeological excavations and watching briefs. I am a Member of the Chartered Institute for Archaeologists (no 381).

Projects in Scilly include: the Bryher sword and mirror burial excavation in 1999 (Johns 2002–3), the Isles of Scilly Rapid Coastal Zone Assessment Survey; the off-islands quays refurbishment in 2007; Dolphin Town Playing Field archaeological recording in 2003 (Taylor and Johns 2009-10); St Agnes Affordable Housing archaeological recording in 2009/10 (Taylor and Johns forthcoming); the Lyonesse Project (Charman *et al* 2016); Heritage at Risk services for the Council of the Isles of Scilly and Historic England (2016–18), the Isles of Scilly Historic Environment Research Framework (Johns 2019). Recent projects include a photographic survey of intertidal features at Crab's Ledge and Bathinghouse Porth, Tresco and research into St Nicholas' Priory, Tresco. I am a currently providing archaeological advice for the Isles of Scilly Coastal Adaptation Project. I helped to establish islands' Community Archaeology Group in March 2014.

I am a Trustee of the Museum of Cornish Life, Helston; a committee member of Helston Old Cornwall Society and Honorary Editor of *Cornish Archaeology*, the annual journal of the Cornwall Archaeological Society.

Publications relating to Scilly

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Appendix B: Specialists

Carl Thorpe BSc will undertake initial finds processing, identification and cataloguing and has carried out similar work for Scillonian projects over the last two decades including the Isles of Scilly Electrification Project (Ratcliffe 1991), the Bryher cist burial, Tresco Playing Field and the off-island quays refurbishment.

Joanna Higgins BSc: Joanna is an osteologist who has worked as a consultant in this specialism on projects for CAU, including the Romano-British cist burial at Churchtown Farm, St Martin's (Johns and Taylor 2015).

Henrietta Quinnell BA, MIFA, FSA: Prehistoric, Roman, post-Roman pottery: Henrietta is a freelance pottery specialist and the leading authority on prehistoric pottery in the south-west. She will carry out the pottery assessment and analysis in the event of prehistoric pottery being recovered.

Imogen Wood PhD, MCIfA: Early medieval pottery: Imogen is a ceramic and petrographic specialist, based in Exeter and working in the South West of England. She specialise in the pottery of the Neolithic, Bronze Age, Iron Age, Romano-British and early medieval periods from Cornwall and Devon and also cover the Neolithic and Bronze Age in Dorset, Somerset, Wiltshire and Gloucestershire.

John Allan MPhil: Medieval/post-medieval pottery specialist: John is the leading authority on medieval and post-medieval pottery in south- west England and author of many publications. He will carry out the pottery assessment and analysis in the event of significant medieval or post-medieval pottery being recovered.

Dana Challinor MA, MSc: Freelance Charcoal Specialist: Dana's main area of expertise is charcoal analysis and wood species identification, but she also has experience with charred plant remains. She has produced numerous assessment and evaluation reports, as well as reports for publication in journal and monograph formats and was formerly Head of the Environmental Department at Oxford Archaeology. She will undertake assessment and analysis of any suitable charcoal samples, including identification of samples suitable for radiocarbon dating.

Ralph Fyfe, PhD: Palynologist: Ralph is lecturer in environmental change in the School of Geography at the University of Plymouth. He has carried out numerous archaeological evaluations for a variety of organisations, including English Heritage, County Councils, National Parks and Archaeological Consultancies. Ralph will advise on environmental sampling and will undertake assessment and analysis of pollen samples if required.

Claire Ingrem PhD: Animal bone specialist: Claire is an experienced freelance animal bone specialist who will carry out assessment and analysis of animal bone if required.

Julie Jones BA: Archaeobotanist: An experienced freelance archaeobotanical specialist

based in Bristol, Julie has carried out palaeoenvironmental assessments and analyses for numerous HES projects.

Laura Ratcliffe, BSc: Conservationist: Laura was formerly based at the Royal Cornwall Museum where she is the museum's Collections Manager and was the lead on the Penwith Landscape Partnership. Laura will carry out the assessment and conservation of pottery and metalwork on a freelance basis if required.

Radiocarbon Dating Laboratory: Scottish Universities Environmental Research Centre (SUERC): Samples for radiocarbon dating will be sent to SUERC.

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23010-04 Isles of Scilly

St Mary's Community Hospital, Isles of Scilly, Proposed Integrated Health and Social Care Facility.

Waste Management Strategy

January 2024
Version 1.1

Contents

Document History

Version	Date	Purpose	Author
1.0	24/01/24	First Draft Issue	CMF
1.1	25/01/24	Planning Issue	CMF

1.0 Introduction

In the pursuit of providing exceptional healthcare services, for the proposed integrated health and social care facility at St Mary's Hospital, it is critical that an effective and responsible waste management plan is implemented for both the hospital facility, and the care home facility.

This strategy is designed to address the unique challenges associated with healthcare waste, ensuring compliance with UK regulations, including the Health Technical Memorandum (HTM) 07-01: Safe Management of Healthcare Waste. By establishing comprehensive procedures for waste segregation, collection, transportation, and disposal, the aim is to create a safe and environmentally responsible approach to managing the diverse waste streams generated within the facility.

The primary objective of any waste management strategy should be to safeguard the well-being of patients, staff, and the broader community by minimising the potential risks associated with healthcare waste. Additionally, any strategy should seek to uphold a commitment to environmental sustainability by promoting waste reduction, recycling initiatives, and the adoption of eco-friendly practices wherever possible.

This waste management strategy outlines the procedures and principles for the Hospital element, and Care Home element for the integrated health facility, for the proper disposal of various healthcare waste types, including general waste, infectious waste, sharps waste, pharmaceutical waste, hazardous waste, and radioactive waste (where applicable).

2.0 Waste Strategy for St. Marys Hospital

The hospital's waste management strategy is in line with Cornwall Partnership NHS Foundation Trust Waste Management Policy Document Reference IC/016/20. A copy of this is include within Appendix A.

The protocols and principles within this document will continue to be adhered to by the hospital.

The existing external bin store on the site will be re-located to the location as shown in Appendix B and will become a shared bin store with the newly integrated care home facility.

The waste operators can access the site from either the existing site entrances along Hospital Lane, or the site entrance at the junction of King Edwards Road/Hospital Lane. Both site entrances remain unaltered as part of the proposals.

3.0 Waste Strategy for Park House Care Home

3.1 Overview

The strategy for proper disposal of different types of waste generated within the care home facility will align with UK regulations, including the Health Technical Memorandum (HTM) 07-01: Safe Management of Healthcare Waste, and consider environmental sustainability.

The aim of a safe disposal system of clinical waste is to ensure that all clinical waste materials are removed from their point of origin at regular intervals and transported securely to an appropriate point of disposal by incineration. The Environmental Protection Act 1990 makes it the responsibility of the employer to ensure the safe disposal of clinical waste from their premises. Failure to abide by the act can lead to prosecution.

3.2 Waste Classifications

The care home facility will produce various waste types and will be required to ensure they deal with these waste types in an environmentally acceptable way that is compliant with the law.

The waste types generated will include but not limited to:

General waste
Clinical/Infectious waste
Incontinence waste
Sharps waste
Pharmaceutical waste
Recycling waste
Confidential waste

It is therefore the policy of the care home to minimise and control any risks caused by waste generated by its activities.

Any major clinical procedures/treatments and associated generated waste will be undertaken in the hospital, and thus fall under the hospitals waste management strategy as appended.

3.3 Waste Segregation

Waste segregation in the care home in the is a critical aspect of the waste management strategy to ensure safe and compliant disposal of the various types of waste. The proper segregation will help minimise environmental impact, reduce the risk of contamination, and ensure that different waste streams are handled appropriately.

The below waste segregation practices will be employed:

General waste:
Definition: Non-hazardous, non-infectious waste that does not fall into any specialized category.
Colour Code: Typically, black bags or bins.
Examples: General household waste, non-contaminated packaging.

Clinical/infectious waste:
Definition: Waste that may pose a risk of infection or other hazards.
Colour Code: Yellow or Orange bags or containers (colour type dependant on infectious waste stream),
Examples: Used wound dressings, disposable medical equipment, incontinence pads.

Incontinence waste:
Definition: Waste from incontinence care, such as used incontinence pads.
Colour Code: Yellow and black tiger striped bags or containers.
Examples: Used incontinence pads.

Sharps waste:
Definition: Items that can cause punctures or cuts, such as needles and syringes.
Colour Code: Yellow sharps containers.
Examples: Used needles, lancets, scalpel blades.

Pharmaceutical waste:
Definition: Expired or unused medications and pharmaceutical products.
Colour Code: Blue-lidded containers or bags.
Examples: Expired medications, unused drugs.

Recycling waste:
Definition: Materials that can be recycled, such as paper, cardboard, plastics, and glass.
Colour Code: Bins or bags with a colour representing recycling (blue, red, green, or brown).

Examples: Paper, cardboard, plastic bottles, glass.

Confidential waste:
Definition: Documents containing sensitive information.
Colour Code: Secure shredding or disposal in confidential waste bags/bins.
Examples: Patient records, sensitive documents.

Procedures for the proper segregation of waste at the point of generation will include:

Staff Training: To ensure that all staff receive adequate training on waste segregation procedures. Training will cover the identification of different waste streams and the proper use of disposal containers.

Colour coding: The use a color-coding system for waste containers to easily distinguish between different waste streams will be used and will adhere to the standard colour codes commonly used.

Clearly labelled bins and containers: Each waste bin or container will be clearly labelled with the appropriate waste stream designation. The use of clear and concise signage will be used to guide users in making the correct disposal choices.

Segregation at source: Staff will be trained to segregate waste at the source, which is typically where the waste will be generated. For example, in patient rooms, staff should separate clinical waste, sharps waste, and general waste at the point of generation.

Use of dedicated bins: Dedicated bins or containers will be provided for specific waste streams in each relevant area of the care home. For instance, have separate bins for clinical waste, sharps, and general waste.

Regular communication: Regular communication channels will be established to reinforce waste segregation practices. This will include reminders during staff meetings, distributing informational materials, and displaying posters with segregation guidelines in prominent areas.

Audits and monitoring: Regular audits will be conducted to assess the effectiveness of waste segregation practices. The findings will be used to identify areas for improvement and provide additional training or support as needed.

Reporting and documentation: A reporting system will be implemented for any issues or challenges related to waste segregation. Records will be kept of training sessions, audits, and any corrective actions taken to address non-compliance.

Review and update procedures: Waste segregation procedures will be periodically reviewed and updated to align with changes in waste streams, regulations, or facility operations. Staff will be informed of any updates promptly.

Engage with Waste management providers: Collaboration with waste management providers will be undertaken to ensure that they are aware of the specific waste streams generated within the care home.

4.0 Waste collection and storage

A disposal hold room has been provided within the care home facility to allow temporary storage of clinical, incontinence, sharps, pharmaceutical, and confidential waste before collection and transfer to an appropriate disposal or treatment facility. The room will be lockable and secure, is adjacent to a main circulation route, and is accessible from inside and outside to allow removal of waste without entering the care home. See Appendix C for location.

The room will provide suitable colour coded containers for the clinical, incontinence, sharps, pharmaceutical, and confidential waste types as highlighted under sections 3.2 and 3.3. Wall mounted signage/labelling will be provided above/adjacent too all waste containers.

The disposal hold room will comply with the requirements of HTM 07-01, and HBN 00-03, and provided with adequate ventilation.

For general waste and recycling waste a designated bin store is provided on the site, which will be shared with the hospital. This has sufficient capacity for 6 x 1100 litre bins, or a mixture of smaller 240 litre recycling bins and 1100 litre general waste bins to house general waste, paper waste, cardboard waste, plastic waste, and glass waste. See Appendix B for location.

5.0 Transportation of waste within the facility

Transporting of the various waste types within the facility will adhere to safety protocols to minimise the risk of contamination, injury, and environmental impact. The protocols will include:

- The use of designated and color-coded containers for each type of waste identified, which will adhere to the standard national colour codes to avoid confusion.

- Transport containers that are secure, leak-proof, and appropriately labelled. Containers for sharps waste will be puncture-resistant and equipped with secure lids to prevent accidental exposures.

- Dedicated trolleys or carts will be used for the transport of waste within the care home. The same transport equipment for clean and contaminated items will not be permitted as to prevent cross-contamination.

- Assigned trained personnel to handle the transport of healthcare waste. Staff will be trained on the proper procedures for handling, loading, and unloading waste containers.

- Separation of different types of waste during transport to prevent cross-contamination.

- Trained personnel in emergency response procedures in case of accidents or spills during transport. Access to spill kits, personal protective equipment (PPE), and emergency contact information will be provided.

6.0 External collection

Under their responsibilities under the Environmental Protection Act 1990 the Care Home will ensure that the clinical/infectious, incontinence, pharmaceutical, and sharps waste collection services are contracted to a company who is fully licensed to do so and ensure the safe disposal of such waste types. The appointed carrier will also be registered with the Environment Agency to carry the waste.

The authorised collector for the care home is to be confirmed.

Collection and removal of general and recycling waste will be in line with the hospitals current contract and arrangements.

Access to the site for waste collection is from either the existing site entrances along Hospital Lane, or the site entrance at the junction of King Edwards Road/Hospital Lane. Both site entrances remain unaltered as part of the proposals.

Appendix A

Cornwall Partnership NHS Foundation Trust Waste Management Policy
Document Reference IC/016/20

Cornwall Partnership
NHS Foundation Trust

Document Reference Code: IC/016/20

Title:	**Waste Management Policy**
Purpose:	The purpose of this policy is to ensure all staff are aware of their direct responsibility for the safe and legal disposal of waste within Cornwall Partnership NHS Foundation Trust in a safe manner that protects the public, staff, patients and contractors at all times whilst complying with relevant UK Health & Safety, Transport and Environmental legislation
Applicable to:	All permanent and temporary Trust Staff including Locum, Bank, Agency, Volunteers and Contracted appointments
Document Definition:	Policy
Document Authors:	Paul Jepp – Operational Waste Manager Judith Van Horn – Waste Advisor
Supporting Committee Name and Chair:	Author to add
Freedom of Information:	This document can be released
Key Words: *(to assist search engine)*	Waste Management Policy
Ratified by and Date:	Louise Dickinson – Acting Deputy Director Corporate Nursing on behalf of Kim O'Keeffe – Interim 2 June 2020
Review Date:	December 2022 *6 months prior to the expiry date*
Expiry Date:	See version control table June 2023 *3 years after ratification unless there are any changes in legislation or changes in NICE Guidance / National Standards*
Document library location:	Safety and Risk: Infection Control

Related legislation and national guidance:	• Control of Pollution Act 1974 • Health and Safety at Work etc. Act 1974 • Environmental Protection Act 1990 • Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipment Regulations 2009 • Control of Substances Hazardous to Health Regulations 2002 as amended

	• ADR 2017 • Hazardous Waste Regulations 2005 • The Waste (England and Wales) Regulations 2011 • Environmental Protection (Duty of Care) Regulations (as amended) • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 • Environmental Permitting Regulations 2007 • MHSWR 2006 • The Landfill (England and Wales) Regulations 2002 (duly amended 2004, 2005) • The Controlled Waste Regulations 2012 • Genetically Modified Organisms (Contained use) Regulations 2014 • European Waste Catalogue through the Lists of Waste Regulations (England) 2005 • Animal by-products Regulations 2013 • Radioactive substances Act 1993 • Management of Health & Safety at Works Regulations 1999 (as amended) • Health & Safety (consulting with employees) Regulations 1996 (as amended) • Waste Electrical and Electronic Equipment (WEEE) Regulations 2013 • The Restriction of the Use of Certain Hazardous Substances (RoHS) in Electrical and Electronic Equipment Directive (2011/65/EU) • 'Safe Management of Healthcare Waste' v2 2011 issued by DoH • Site Waste Management Plans Regulations 2013 • Health and Social Care (Safety and Quality) Act • The Pollution Prevention and Control (England and Wales) Regulations
Associated Trust Policies and Documents:	• Health & Safety Policy • Fire Safety Policy • Medical Devices Decontamination Policy • Security Management - General Security Policy • Infection Control Policy
Equality Impact Assessment:	The Equality Impact Assessment Form was completed on 14 May 2020
Training Requirements:	Up to date training should be at a minimum of every two years or as dictated by legislation and policy updates Any additional job specific training requirement identified through the risk assessment process should be referred to the respective

	Training Manager for the trust *The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum.* *Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum.* *Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager's reports and staff individual training records twice yearly.* *Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting.* *Staff failing to complete this training will be accountable and could be subject to disciplinary action.*
Monitoring Arrangements:	• Waste pre-acceptance audits, part of which is conducted annually as part of the Trusts legal obligations. • Standardised methodology as dictated by the Environment Agency and Infection Control standards apply to frequency and methodology of the audit • Reviewing results and ensuring improvements in performance would be reported and managed via the Health & Safety Committee
Implementation:	

Version Control

Version	Date	Author / Reviewer	Page No.	Changes
1	December 2013	Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
	May 2017			Extended 6 months
	November 2017			Policy extended 6 months – expiry May 2018
2	November 2017	Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
3	December 2019	Paul Jepp Judith Van Horn		Policy updated in line with current legislation and specific to Cornwall Partnership NHS Foundation Trust
	December 2023	Policy ratification subcommittee		Extended 6 months, revised expiry date June 2024.

This document Replaces:
• IC/016/17 – Waste Management Policy

Contents

1. Introduction

Cornwall Partnership NHS Foundation Trust (CFT) is the principle provider of adult community health, adult mental health, children's and learning disability services to people living in Cornwall and the Isles of Scilly.

The Trust was approved as a Foundation Trust on 1 March 2010 by Monitor. Monitor is the governing body of all NHS Foundation Trusts. The Foundation Trust super cedes the Cornwall Partnership NHS Trust which was established on 1 April 2002.

Waste is described in the Waste Framework Directive as 'any substance or object… which the holder discards or intends or is required to discard'.

The Trust generates similar types of wastes at all sites across a wide range and this policy is written to recognise these types and indicate usual areas of production. All waste generated by the Trust is controlled waste and therefore all waste must be disposed of according to UK legislation. This policy applies to all staff as the Duty of Care Regulations places a duty on everyone to dispose and store waste safely and in a legally compliant manner.

The Trust, as a public sector organisation, is also required to report on any and all developments to adapt to climate change. Waste, the transportation of waste and the disposal of waste can all have a significant carbon footprint so is considered a high priority. Consequently this policy is written to include current legislation and address the management of waste in a manner which protects the Global Environment. To the extent that the Trust can influence suppliers through information and advice, operating environmentally sound practices and through adherence, where cost effective, to the basic principles of the waste hierarchy:

Reduce, Reuse and Recycle.

Effective stock control can play an important part of this process.

2. Purpose

The purpose of this policy is to ensure all staff are aware of their direct responsibility for the safe and legal disposal of wastes within Cornwall Partnership NHS Foundation Trust in a manner that protects the public, staff, patients and contractors at all times whilst complying with relevant UK Health & Safety, transport and environmental legislation.

It also provides a framework for local policies and procedures at Trust level to develop compliance with the Department of Health (DoH) best practice guidance - 'Safe Management of Healthcare Waste' version 2: England.

In addition compliance will also assist in assurances required under the Care Act 2014, in particular relating to the Care Quality Commission essential standards, outcome 10B, (Regulation 15).

3. Training

All staff are required to comply with the safe segregation, handling and disposal procedures detailed in this policy. They must be provided with adequate and sufficient information, instruction

and training relating to each waste type, to ensure that they can correctly identify each waste type, handle it safely and dispose of it without risk to their health or other person's health.

The training requirements relating to this policy and the individual procedures on each site must be documented and a record must be kept of those who have received this training.

The Trust should ensure that new staff are inducted and provided with information on the risks associated with healthcare waste, handling, storage, collection, personal hygiene, use of Personal protective equipment (PPE), procedures for segregation and safe disposal as well as information on spillage and accidents. The Trust is responsible for ensuring periodic review of training through the training and infection control departments to ensure staff are kept up to date with relevant legislation and Trust policy.

Up to date training should be at a minimum of every two years or as legislation and policy updates dictate.

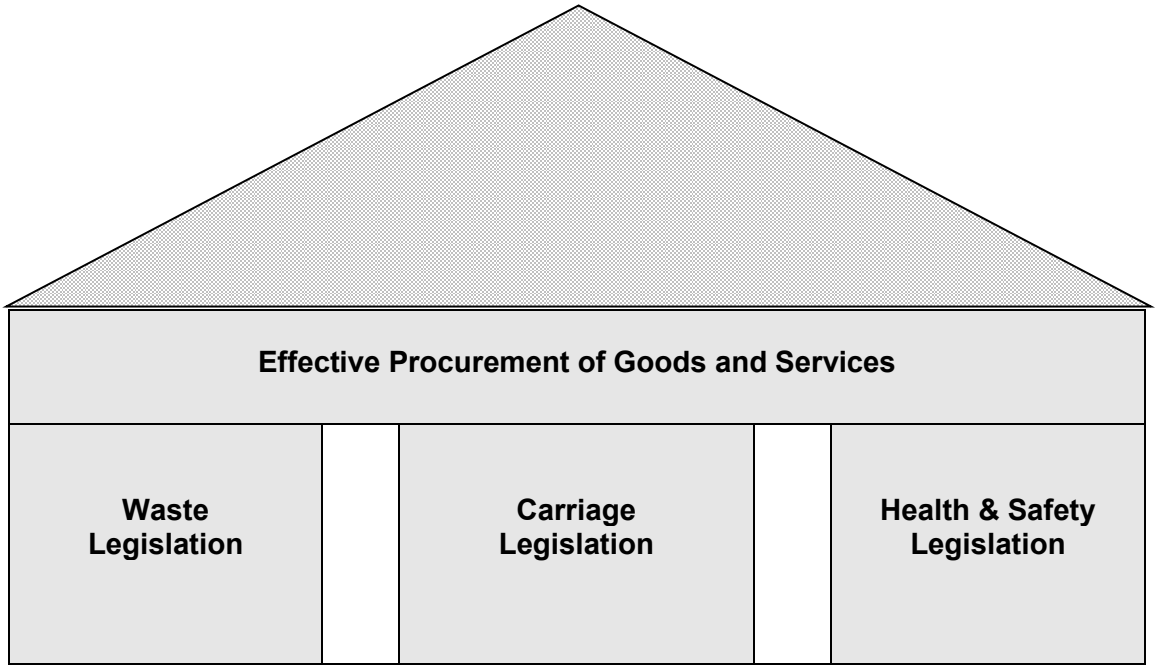
Waste Management training elements should be included in induction, e-learning, Infection Control and IOSH Managing Safely in Healthcare but should also be included in the Trust essential/mandatory training programme. However, each training package should be job specific and may include specific training in Carriage of Dangerous Goods, NVQ training in transfer of waste.

Any additional training requirements identified through the risk assessment process should be referred to the respective Training Manager for the Trust.

4. Legislative Compliance

The Trust is committed to complying in full with all UK Legislation relating to Environmental / Waste Management, Health & Safety, Transportation and Procurement. The diagram below shows the three pillars of regulation which has formed the basis of this policy:

A list of this legislation and references can be viewed in Appendix II



Waste policies / procedures are being formulated for Carriage of Dangerous Goods and reference should be made to specific health and safety procurement department's policies.

The Trust will also support and assist the appropriate enforcement authorities responsible for enforcing the above legislation.

5. Waste Management

The Trust recognises that waste disposal is the least cost efficient and least environmentally acceptable method of waste management. It is therefore Trust policy that methods of resource and materials minimisation are introduced to reduce the consumption of energy, water and materials within the Trust. Where it is acceptable and does not compromise infection prevention, materials will be re-used.

The potential for directing waste material into recycling routes will be regularly reviewed and implemented. This will apply to paper, cardboard, plastics, scrap metal, printer cartridges, fridges/freezers, IT equipment and other materials as cost effective recycling or reuse as new recycling sites become available.

Where responsible disposal is the only viable option, the waste will be disposed of in a manner which minimises the risk to human health and adverse impact on the environment whilst being cost effective. All contracts for waste disposal will be negotiated through the Purchasing and Supplies department to ensure compliance with procurement law.

Whilst risk assessments will be undertaken for the specific overall waste types generated for the Trust, by the Waste Management Advisor, it is the responsibility of the respective departmental managers to ensure specific risk assessments are undertaken to include the procedures in their own areas also any specific hazardous substances in use. In order to support this, please refer to

the “Control of Substances Hazardous to Health (COSHH) Policy available on the document library.

Where contractors are employed to carry out work on site it is the responsibility of the Project Manager to ensure that any waste produced is disposed of in accordance with this policy and the appropriate Protocol for Disposal of Building Wastes is completed and retained for reference by the Project Manager. See appendix XIII. If the value of this contract is in excess of £300,000 Site Waste Management Plans MUST be produced by the contractor and monitored for compliance at contract meetings, there are also additional requirements for projects over £500,000.

5.1 Documentation

All waste disposed of will be documented on either a transfer note or consignment note and will comprise of a full description of the waste (including EWC number and quantity), name of consignor, carrier and consignee with signatures of all parties.

In addition, to comply with the Hazardous Waste Regulations, a site register should be held at each site, details of these requirements are provided in the procedural documentation for hazardous waste disposal at the end of this document.

All transfer notes and consignment notes must be retained by the department/site for a minimum of 3 years and must be accessible for inspection by the Environment Agency. All sites that generate hazardous waste should maintain a Site register that should be held by a nominated person but known by all on site. Detail of the information required is shown in Procedure 3: Safe handling and disposal of hazardous waste.

6. Roles & Responsibilities

Chief Executive / Board of Directors

The Chief Executive is accountable for ensuring compliance within the organisation, this includes; the provision of resources to apply the requirements of this policy for it to be effectively implemented in all areas within the organisation through policy development, organisational arrangements, implementation, performance monitoring, audit and review.

The Waste Management Policy should be reviewed at a minimum every two years or when legislative changes occur.

Executive Directors are responsible, through the Chief Executive, for ensuring support for the waste segregation and safe handling of waste within the Trust.

Senior Managers / Department Heads are responsible for ensuring that each member of staff is aware of this policy and that they have received adequate training and instruction necessary to comply with it, to ensure the safety of staff, members of the public, contractors on site and the Environment. This includes risk assessments for each waste type produced on each site.

Managers / Supervisors are responsible for ensuring that: -

- All waste related documentation i.e. transfer notes and consignment notes are completed fully and accurately. Consignee returns are checked against consignment notes, documented and any discrepancies reported promptly.
- A site register is maintained with all waste documents from the previous three years and available to on site staff and the Environment agency if required.
- All employees receive documented information, instruction, training and supervision on all aspects of safety, including waste handling and disposal.
- They have an understanding of the Trust's safety policies.
- They participate in the development and regular revision of local policies, procedures, guidelines and best practice.
- Any amendments are bought to the attention of new, existing employees and bank staff.
- They assume day to day responsibilities for the health and safety at work of staff under their control.
- Staff are informed of all hazards and significant risks connected with their work activities and how to safeguard themselves
- They participate in completing all risk assessments for their areas, ensuring that they are recorded and updated in accordance with procedures and statutory legislation. Any corrective action to rectify any shortfalls should be identified by action planning.
- All injuries are properly treated and that subsequently all accidents and incidents are reported, recorded and investigated as appropriate using the official Trust method and lessons learned.
- Their areas are in a clean and tidy condition and that any potential hazards, unsafe working practices or conditions are rectified.
- Personal protective equipment (PPE) when necessary is appropriate and fit for purpose, readily available and used.
- That waste collection receptacles meet the needs for the site.
- That risk to contractors is minimised.
- That where possible waste minimisation is embraced and the requirement for single use items is minimised (subject to meeting and Health & Safety or Control of Infection issues).

Employees are responsible for ensuring that they: -

- Complete or attend the Trust Induction on commencing employment.
- Complete or Attend relevant training with the object of raising and maintaining standards of health and safety and meeting their statutory obligations.
- Receive documented information, instruction, training and supervision on all aspects of safety and waste handling.
- Fully co-operate with management in carrying out their legislative duties.
- Take reasonable care for the health and safety of themselves and of any other persons, including contractors who may be affected by their acts or omissions at work.
- Fully co-operate with the Waste Management Advisor and Health and Safety representatives.
- Observe and conform to all safety rules and procedures at all times by always working safely and efficiently.
- Wear or use the personal protective safety equipment and clothing where provided.
- Report any accidents/incidents, near misses or hazards immediately to their respective manager or supervisor.

- Read and familiarise themselves with this and other related health & safety policies.
- By their own example, influence employees to adopt and maintain safe working practices and procedures and actions to minimise waste, practice effective waste segregation and dispose of waste safely.
- Do not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

Head of Cornwall Healthcare Estates

Is responsible for arranging for relevant staff, with specific training in waste management issues, to effectively modify the attitudes and behaviour of staff in the Trust to comply with the Trust Waste Management Policy and thus ensure that the Trust is legally compliant.

Waste Management Advisor

Responsible for ensuring that:

- They maintain their competency to perform their specialist duties through continuing professional development, consultation, update and review.
- They amend the Waste management policy taking into account legislation changes, new technology, recent research and information on infectious wastes and carry out a Trust Waste management audit across Trust sites as agreed with the Trust.
- Advise the Trust on levels of compliance at each site through audit programs.
- Identify training requirements for staff and liaise with the Training managers to ensure suitable training is available for use.
- Work closely with Infection Control to minimise the risk of infection relating to incorrectly segregated waste.
- Administer the relevant paperwork for compliance.
- All relevant information is available and maintained in the document library.

7. Relationships with other Policies

The Trust Waste Management Policy covers the safe handling, transportation and disposal of all wastes generated by the Trust in a manner which protects the environment. There are therefore overlaps with other policies such as Control of Infection, Health & Safety Policy, Carriage of dangerous goods, Occupational Health, Quality, Fire Safety, Decontamination of Medical Devices and the Security Policy.

If any of these policies are compromised advice should be sought from the relevant departments and following risk assessment, the highest priority risk will decide how to proceed and which policy to follow.

8. Risk Management

Local Waste Management Procedures for each site should allow collection, containment, transport and disposal of all waste streams in a manner which eliminates or minimises the risk of health and safety of Trust employees, patients, visitors, contractors and other members of the public. Consequently adherence to the site procedures will deliver compliance with UK Health and Safety legislation and waste regulations.

These procedures should also be designed to protect the environment and to meet the requirements of UK environmental legislation as listed in this document and should at least cover the types of waste produced, colour of containment receptacles, procedures for collection and disposal together with responsibilities for each staff group and or contractors (including audit), transport arrangements, storage, PPE, accident & incident reporting, spillages and contact details for emergency situations. However, any changes, alterations, deletions or additions to any procedures may affect the safe systems of work or the environmental protection aspect they deliver. It is therefore essential that alterations are approved only after a risk assessment has been completed using the risk assessment tools provided by the Trust. Standard Procedures are provided appended to this policy.

In addition to site responsibilities a waste assessment form has been devised and is shown in Appendix XIV. This should be completed and updated at least annually and cover all types of waste generated in your ward/department, to ensure that all risks are considered, safe systems are implemented and waste is correctly identified for segregation according to this policy. However, if ward changes are made a risk assessment review should be undertaken at the time of change.

Health & Safety issues like risk assessment, accidents/incidents, COSHH, RIDDOR, spillages, PPE, Basic hygiene and immunisation should be carried out according to relevant Trust policy.

9. Waste Segregation

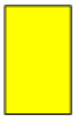
9.1 Colour coding

In order to effectively identify different types of waste generated within the NHS a national colour coded system has been agreed. It is essential that all members of staff are aware of this and correctly segregate waste to ensure that it is disposed of legally, within locally agreed contracts set up via the Waste Management Advisor and Supplies Manager.

In particular, it is the responsibility of clinicians to correctly identify the infectious fraction of clinical waste, this could be implemented by colour coding on medical records, where infection has been identified and is in the process of treatment.

It is important to ensure that appropriate colour coded receptacles are available in order to ensure effective segregation, see chart below:

BEST PRACTICE COLOUR CODING

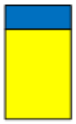


Category A Highly Infectious waste and non hazardous medicines - yellow
Minimum treatment/disposal is incineration in a suitably licensed or permitted facility
This includes: untreated laboratory waste, solidified bodily fluids.

Infectious waste – orange lidded yellow bin or orange bag
Minimum treatment/disposal required is to be 'rendered safe' in a suitably licensed or permitted facility. This includes: all treatment waste not contaminated with medicines

Cytotoxic/cytostatic waste – purple lidded bin or striped bag on yellow base
Minimum treatment/disposal is incineration in a suitably licensed or permitted facility.
This includes: all waste contaminated with cytotoxic or cytostatic drugs (if in doubt check details with the pharmacy)

Anatomical waste – red lidded rigid bin & label
Minimum treatment/disposal required is incineration in a suitably licensed or permitted facility. Specific heavy duty bags are available to order for awkward shaped body parts.



Medicinal waste – blue bin or blue lidded rigid bin & label
Minimum treatment/disposal required is incineration in a suitably licensed or permitted facility. Specific heavy duty bags are available to order for awkward shaped body parts.

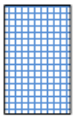
Offensive/Hygiene waste – black stripe on yellow
Minimum treatment/disposal required is landfill in a suitably licensed or permitted site.
This waste should not be compacted in un-licensed/permitted facilities and includes non infectious clinical treatment waste, sanitary products, nappies and incontinence products

Domestic Waste - black
Minimum treatment/disposal required is landfill in a suitably licensed or permitted site

Amalgam waste – white pot with red lid
Specialist disposal with mercury recovery

In addition, locally we also use the following:

Domestic Recyclables - clear
For recycling at a permitted site, keeping 'like with like' and includes: shredded paper, card, plastic bottles, cans, textiles, newspaper & magazines



Confidential waste for shredding – Hessian sack OR locked bin
For shredding and pulping and includes: paper/card documents with patient information, confidential Trust details, CD's, fax rolls, video tapes, boxed files, laminated data, keep 'like with like'.

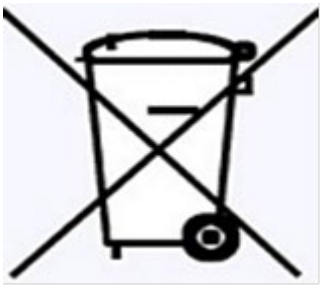
ASSEMBLING SHARPS BINS:

PLEASE NOTE THAT THE COLOUR CODING FOR SHARPS BINS IS REPLICATED BY THE COLOUR OF THE LID AND THE LABLEL. I.E. SHARPS CONTAMINATED WITH CYTOTOXIC OR CYTOSTATIC MEDICINES SHOULD BE CONTAINED IN A YELLOW BIN WITH A PURPLE LID & LABEL

9.2 Other items not colour coded

There will be other items that are impossible to colour code within a bag, these include large cardboard boxes which must be flat packed to ensure minimum space is used prior to collection. This also reduces the risk of fire and slip, trip fall.

Waste Electrical and Electronic Equipment (WEEE) will bear the symbol below:



To restrict it being disposed of in a domestic bin this has been prohibited by law in 2007. It is required therefore to be disposed of through an Authorised Treatment Facility. All Fridges/freezers, IT equipment, batteries, redundant furniture and other equipment, fixer/developer, chemicals etc. should be stored safely in a designated safe area and be referred to the Waste department to arrange specialist removal. Where these items contain hazardous components, this will be following the completion of a Hazardous waste Form / consignment request shown in Appendix IV or with information from any materials data sheets, if applicable, which can then be sent to the following email address:

Community Waste Enquiries: cpn-tr.CommunityWasteEnquiries@nhs.net

In some instances where equipment or furniture has not been condemned, it may be possible to reuse them within the Trust, sell or send these items for aid but documentary evidence of their decontamination and an indemnity form MUST be completed to record this process. In addition, it is essential that items are removed from the asset register by the department, prior to disposal or reuse.

9.3 Disinfection and making equipment safe

Large pieces of equipment and medical devices, where practical, should be disinfected before disposal following manufacturer's guidance. This can include safety measures affected by Estates or Medical Physics personnel to avoid reuse and removal from the asset register. See Appendix X for decontamination certificate.

Definition of a medical device in the medical device and equipment management policy is 'Equipment that is used in the diagnosis or treatment of a disease, or for the monitoring of

patients'. Infusion pumps, syringes, medical instruments, catheters, X-ray sets and Pathology analysers are all Medical Devices. 'Low-tech' items such as wheelchairs, patient hoists, beds and walking frames are also Medical Devices and must be managed in the same way as more 'hi-tech' equipment.

It is important that this equipment is described in full for disposal purposes listing any and all hazardous or infectious components.

9.4 Containers

Receptacles for the use of waste disposal should be approved by infection control, waste department, health & safety and fire departments and are available on INTEGRA via the supplies department for purchase. A list of approved bin types is available on request. It is essential that these containers are not used for any purpose other than they are intended as this could compromise Health & Safety standards. As a minimum standard foot operated bins should be used in all clinical area to reduce the risk of infection by not handling lids.

9.5 Replacement and Labelling

- All waste bags should be replaced, at a minimum, daily or when sacks are ¾ full, any deviation from this should be risk assessed and recorded.
- All receptacles should be securely sealed to prevent waste from escaping and thus compromising infection control. This can be done by either using a swan neck closure or by the use of plastic ties, which can be marked with the name of the site.
- All sacks should be labelled with name of ward or area, site and date.
- Collections should be appropriate to the demand of the area.
- Waste bins should be wiped and visibly clean each time sacks are replaced.

9.6 Waste Contractors

No contractor should be used unless they have been checked and authorised by the Waste Management Advisor to ensure suitable carriers certificates are held and authorised licences or appropriate Integrated Pollution Prevention Certificate (IPPC) for the disposal site.

9.7 Discharge to sewer

Waste should not be discharged to sewer unless suitable 'Consents to discharge to sewer' are obtained from the water company following an appropriate effluent assessment.

10. Identifying and Description of Waste

In accordance with the Duty of Care Regulations and the Lists of Waste Regulations, all waste must be transferred to contractors with a full description of the waste and an allocated six-digit EWC (European Waste Catalogue) number. Where this six-digit number is marked with an *asterisk it will only be collected by arrangement with the Waste Management Advisor and will, in accordance with the Hazardous Waste Regulations be accompanied with a hazardous waste consignment note. This note will include all details of hazards which could put other persons at risk during the disposal process. Where more than one EWC code applies 'duel coding' should be used e.g. redundant pacemakers which contain lithium batteries but have been removed form a client and are therefore contaminated with bodily fluids.

It is the responsibility of each producer to provide all the relevant information to the Waste Management Advisor to manage and reduce risk whilst being transported and its ultimate safe disposal. For this purpose a Hazardous Waste Form must be completed for all hazardous waste. See Appendix VI, VII, VIII, IX and IV reference should also be made to the COSHH sheet and/or Materials Data Sheet where waste is considered hazardous.

11. Hazardous Groups

The recognised hazard groups HP1 to HP15 applicable to waste generated within the NHS are shown in appendix VII.

Further information on these hazard codes and specific risks can be found in the guidance document on the classification of hazardous waste WM3 available on the government web site: https://www.gov.uk/government/publications/waste-classification-technical-guidance

12. Hazardous Waste Producer Registration

In accordance with hazardous waste regulations all sites that generate any hazardous waste must use the recommended registration code in order to be able to dispose of the waste legally and identify the site accurately.

The Waste Management Advisor will record volumes of hazardous waste produced at each site in conjunction with the Hazardous Waste Regulations, consignment requests and consignee returns. These will be co-ordinated and data available on request from the Waste team for each site if required.
Advice on the appropriate code to use can be found on the government web site listed above or sought from the waste manager.

13. Storage of Waste

13.1 Storage at point of production

Storage areas at ward level should be secure and located away from public areas. Storage areas should be sufficient in size to allow packaged waste to be segregated and to avoid waste of different classifications being stored in the same container/area.

13.2 Bulky Storage

All sites / areas should have adequate storage facilities to safely contain all types of waste that is generated in that area between collection schedules. This can range from a single lockable, wheelie bin to a secure compound area dependant on the volume and types of waste produced.

All bulk storage areas should be / provide:

- Reserved for healthcare waste only;
- Well-lit and ventilated;
- Sited away from food preparation areas, general storage areas, and away from routes used by members of the public;
- They should be totally enclosed and secure;

- With separate storage for sharps bins, anatomical waste and waste medicines that need a higher degree of security to prevent unauthorised access;
- Wash down facilities;
- On well drained, impervious hard standing;
- Readily accessible but only to authorised personnel;
- Kept locked when not in use;
- Secure from entry by animals and free from insects or rodent infestation;
- Clearly marked with warning signage;
- Provided with separate, clearly labelled areas, for waste destined for different treatment / disposal options;
- Provided with access to first aid facilities;
- All wheelie bins should have functional locks that remain locked when in use.
- In addition: on larger sites, where dedicated staff collect the waste, there should be provision for:
- Wash down facilities for containers drained to sewer (with discharge consent)
- Washing facilities for employees;
- Easy vehicular access
- Refrigerated storage should be provided for all human tissue waste including placenta's generated by midwifery.

14. Waste Licensing

In accordance with Waste Licensing legislation, any site involved in the treatment or transfer of waste must apply for a license from the Environment Agency to cover its use and ensure that a suitably qualified technically competent person is available to manage the license and comply with their specified requirements.

15. Transportation

Many of the types of waste generated in a healthcare setting are classed as hazardous or dangerous and therefore need to comply with the relevant transport legislation when being moved, either by staff or by the contractors that are used for disposal.

15.1 Internal Transport

Dedicated trucks or containers should be used to transport waste on site, preferably enclosed to reduce the risk of infection. The containers should be regularly cleaned on a pre-programmed rota with drainage to a main sewer.

15.2 External transport

Waste being transported by staff in cars must be packaged in accordance with the Carriage of Dangerous Goods Regulations and carried in UN Approved rigid containers that have been suitably tested to ensure compliance and safety. Bagged infectious Healthcare waste must not be carried in vehicles and any waste generated by community nurses should ideally have a written agreement from the householder to leave it on the premises, when this is undertaken the form attached in Appendix XI must be completed and forwarded to Cornwall Council to arrange a specialist clinical waste collection. Alternatively the client can register with the Council on their web site and order a collection on line if they wish.

As an alternative community nurses can return waste to their base in UN approved rigid containers which are available on the Integra ordering system. All such staff are required to carry proof of the Trusts Carriage licence at all times this should be available on the Document library.

Drivers who transport waste in dedicated vehicles must receive training in ADR specific to the class of hazard they are transporting, ensure that vehicles comply with legislation, carry consignment notes, Transport Emergency cards (TREM), have adequate PPE and fire fighting equipment and display hazard signs as appropriate.

Where bulk movement of clinical waste is carried out by the Trust, drivers will be ADR trained for the transport of Class 6 Infectious Substances and vehicles will be specified in ADR.

All goods considered hazardous for transportation purposes will, in addition to the other requirements of this policy, be identified by the UN number and the appropriate name on the package or bin containing the waste.

16. Monitoring, Audit and Review

Waste audits form an essential, mandatory requirement in monitoring performance, reviewing waste management procedures and ensuring statutory compliance.

Within the context of this policy the following audits and frequency should be undertaken:

Type of Audit	Undertaken by whom	Frequency
Infection control audit and observation of practice	Ward Manager / Staff Nurse / infection control lead	Annual
Pre-acceptance audits	Waste team / ward manager	Annual, each area
Internal audit	South West Audit team or other Approved provider	As per agreed schedule With the Trust
External audit	Environment Agency or other Suitable organisation	As agreed.
Staff questionnaire	Waste Management Advisor	As required
Waste Contractor / Duty of Care Audits	Waste Management Advisor	Annual with 6 monthly checks on practice
Building contractor audits	Waste Management Advisor	Building contractors to be audited as agreed with the Trust.
Site Waste Management Plan Checks / audit For construction projects: Over £300K Over £500K	Project Manager Waste management advisor & Health & Safety Advisor	Update on Site Waste Management Plan at each Project update 1 annual check on Site Waste Management Plans
Place	Hotel services	Annual

The outcome of these audits should be tabled at Health & Safety committee meetings for Governance purposes.

17. Emergency / Contingency Plans

In the event of a disruption to service for waste collection, extra wheelie bins could be provided or rented to the larger sites. Small sites may also need extra storage or if not practical they could designate one room for temporary bulk storage which should be cleared of other items first and lockable. A deep clean would then be required when the room returns to service.

Temporary rental of a lockable skip or a sea container for bulk storage might also be an option, depending on the site if a separate room could not be released. Tiger bags produced on site could be diverted to deep landfill, if applicable, to reduce the total quantity and even compacted using a dedicated compactor if available, and that would also require deep cleaning before returning to service.

This would need to be co-ordinated by the site manager in agreement with the waste contractor. Advice could be obtained from a suitably trained person with agreement from the collection contractor, Cornwall Council and or the Environment Agency.

18. Confidential Waste

Confidential Waste – Is defined as any personal information that can be used to identify individuals, including their name, address, contact numbers or any financial data as defined by the Data Protection Act 1998.

This can be in many forms such as patient records, contract information, and budgetary information. All confidential waste paper must be either shredded to British Code of Practice (BS EN 15713) on site or passed to a secure and specialist contractor for shredding.

The Data Security Protection Toolkit also now contains a requirement for us to provide details of when personal data disposal contracts were last reviewed/updated.

The contract should include the requirement to have appropriate security measures in compliance with data protection law and the facility to allow audit by the organisation. If no contract explain how personal data is disposed.

Appendix I – Confidential Waste Collection Form

Send Email

NHS
Cornwall Partnership
NHS Foundation Trust

PEAKE [GB] limited

CPFT	☐
GP	☐
KCCG	☐

Locality Site:

Requested Date:

CONFIDENTIAL WASTE COLLECTION

Bin/Bag Seal Number	Bin	Bag	Service/Location	Seal/Bin Damaged	Confirmed Destruction Date (Peake GB Ltd Use)
Total Number of Items:					

Driver Signature:..... Print Name:.....
(Peake GB Ltd)

Released By:..... Print Name:.....

Email Your Collection Request to: cpn-tr.CommunityWasteEnquiries@nhs.net

Appendix II – Legislation References and Further Information

The **legislation** currently applicable in this policy includes the following Acts and their associated Regulations, Orders and approved Codes of practice.

Control of Pollution Act 1974

Health and Safety at Work Act 1974

Environmental Protection Act 1990

Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipment Regulations 2009

Control of Substances Hazardous to Health Regulations 2002 as amended

ADR 2017

Hazardous Waste Regulations 2005

The Waste (England and Wales) Regulations 2011

Environmental Protection (Duty of Care) Regulations (as amended)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Environmental Permitting Regulations 2007

MHSWR 2006

The Landfill (England and Wales) Regulations 2002 (duly amended 2004, 2005)

The Controlled Waste Regulations 2012

Genetically Modified Organisms (Contained use) Regulations 2014

European Waste Catalogue through the Lists of Waste Regulations (England) 2005

Animal by-products Regulations 2013

Radioactive substances Act 1993

Management of Health & Safety at Works Regulations 1999 (as amended)

Health & Safety (consulting with employees) Regulations 1996 (as amended)

Waste Electrical and Electronic Equipment (WEEE) Regulations 2013

The Restriction of the Use of Certain Hazardous Substances (RoHS) in Electrical and Electronic Equipment Directive (2011/65/EU)

‘Safe Management of Healthcare Waste’ v2 2011 issued by DoH

Site Waste Management Plans Regulations 2013

Health and Social Care (Safety and Quality) Act

The Pollution Prevention and Control (England and Wales) Regulations 2000

Appendix III – Indicative examples of Category A Clinical Waste UN 2814

(This is not an exhaustive list)

Bacillus anthracis (cultures only) Brucellas abortus (cultures only) Brucellis melitensis (cultures only) Brucellis suis (cultures only) Burkholderia mallei – Pseudomanas mallei – Glanders (cultures only) Burkholderia Pseudomallei – Pseudomanas Pseudomallei (cultures only) Chlamydia psittaci – avian strains (cultures only) Clostridium botulinum (cultures only) Coccidioides immitis (cultures only) Coxiella burnetti (cultures only) Crimean-Congo hemorrhagic fever virus Dengue virus (cultures only) Eastern equine encephalitis virus (cultures only) Escerichia coli, virotoxigenic (cultures only) Ebola virus Flexal virus Francisella tularensis (cultures only) Guanarito virus Hantaan virus Hantaviruses causing hantavirus pulmonary syndrome Hendra virus Hepatitus B virus (cultures only) Herpes B Virus (cultures only) Human immunodeficiency virus (cultures only) Highly pathogenic avian influenza virus (cultures only) Japanese Encephalitis virus (cultures only) Junin virus Kyasanur Forest disease virus Lassa virus	Machupo virus Marburg virus Monkeypox virus Mycobacterium tuberculosis (cultures only) Nipah Virus Omsk hemorrhagic fever virus Poliovirus (culture only) Rabies virus Rickettsia prowazekii (cultures only) Rickettsia rickettsii (cultures only) Rift valley fever virus Russian spring-summer encephalitis (cultures only) Sabia virus Shigella dysenteriae type 1 (cultures only) Tick-borne encephalitis (cultures only) Variola virus Venezuelan equine encephalitis virus West Nile virus (cultures only) Yellow fever virus (cultures only) Yersinia pestis (cultures only)

Appendix IV – Hazardous Waste Form

Appendix IV Hazardous Waste Form

Cornwall Healthcare NHS Estates and Support Services hosted by Cornwall Partnership NHS Trust

Consignment Request

Part A - Notification Details	
2.The waste described below is requested to be removed from (name, address, postcode. tel, email, fax)	4. The Waste will be taken to (name, address, postcode)
	Peake (GB) Ltd. Liskeard Cornwall
Budget Code:	
3. Premises code (first six digits of the practice/site name):	5. The waste producer was (if different from2) (name, address, postcode)

Part B - Description of Waste	
1. The process giving rise to the waste(s) was:	2. SIC for the process giving rise to the waste
HUMAN HEALTHCARE	**8 6 1 0 1**

3.Waste details (where more than one waste type is collected all the information given must be completed for EWC identifica

Description of waste	List of Wastes EWC code (6 digits)	Qty	Chemical/Bio components Component	Concentratio	Physical Form ie Gas	Hazard Code	Container type Number & size

The information below is to be completed for each EWC identified (where appropriate for transport)

EWC code	Packing groups	UN identification Number(s)	Proper shipp Names	UN classes	Special handing requirements

Guidance Notes for example only

Part A

To enable us to complete Hazardous Waste Consignment Notes prior to collection please fill in Part A 2, 3 (and 5 ifapplicable
If your premises are exempt from registration under the regulations write "EXEMPT" in box 3.

Part B

We require a description of the Waste including European Waste Code (EWC) etc. To assist you we have listed below some examples. The regulations state that the producer must provide the collector with the description of the waste. Therefore, if your waste does not appear in this list or you are unsure of the relevant coding please contact us or the Environment Agency.

Example

1. The process giving rise to the waste(s) was;	2. SIC for the process giving rise to the waste
HEALTHCARE	8 6 / 1 0 1

3.Waste details (where more than one waste type is collected all the information given must be completed for EWC identifica

Description of waste	List of Wastes EWC code (6 digits)	Qty	Chemical/Bio components Component	Concentratio	Physical Form ie Gas	Hazard Code	Container type Number & size
Cytotoxic & Cytostatic	1 8 0 1 0 8*		Cytotoxic/cytostatic		Mixed	HP6, HP10, HP11,	
Photo Chemicals	2 0 0 1 1 7*		Fixer/Develo	N/K or %	Liquid	HP5, HP6, HP8,	
Florescent tubes	2 0 0 1 2 1*		Mercury/	N/K or %	Solid	HP5, HP6, HP7,	
ELF's (Fridges)	2 0 0 1 3 5*		CFC	N/K or %	Mixed	HP14.	

When completed scan and e-mail or post to Environmental services Dept on:

cpn-tr.CommunityWasteEnquiries@nhs.net

Appendix V – Waste Colour Coding

Colour of bag / container	Type of waste and description	Storage	Disposal route
However this is broken down into the following categories for segregation purposes and to ensure disposal at the correctly registered and licensed sites.			
Yellow bag 	**Infectious waste** Anatomical waste, mattresses and other wastes infected with pathogens in category A	In locked UN approved yellow wheelie bin with incineration only marked on front	Incineration only Refer to WM3 (Environment Agency guidance)
Orange bag 	**Potentially Infectious waste** Pre-treated infectious waste i.e. laboratory waste that has been autoclaved other treatment waste like soiled dressings	In locked UN approved yellow wheelie bin	Minimum requirement to be 'rendered safe' i.e. alternative treatment at a Licensed/permitted treatment facility or incinerator
Yellow and black tiger bag 	**Offensive/Hygiene waste** Human hygiene waste, nappies, and non-infectious waste like plaster casts, disposable equipment, bedding, clothing	In locked UN approved yellow wheelie bin	Minimum requirement - Licensed Landfill But could also be destroyed at licensed/permitted treatment facility or incinerator
Yellow container with radioactive signage 	**Healthcare waste** Contaminated with radioactive material i.e. dressing, tubing from low level radioactive isotopes **To be directed in 1st instance to Medical physics department**	Isolated in separate locked store.	Incineration at suitably licensed facility subject to RSA 1993
Sharps box - Orange lid 	**Healthcare waste** Consisting of sharps instruments contaminated with blood only i.e. phlebotomy, acupuncture, scalpel blades.	Locked storage separate from bagged material	Licensed treatment facility

Cytotoxic box or bag Yellow and purple 	**Cytotoxic wastes** Waste contaminated with any cytotoxic or cytostatic medicinal products	Yellow wheelie bin designated for this type of waste only and suitably marked	Incineration only
Placenta & Anatomical waste bin Yellow bin with red lid 	**Anatomical / Infectious waste** Placenta will be classed as anatomical waste	In locked yellow bin or by collection arrangement from suitable cold storage where collection exceeds 48 hours	Incineration only
Amalgam box Clear or white, red lid 	**Amalgam waste** Dental amalgam	Collected on site in in separate locked storage area	Specialised and licensed recovery
White Battery Tub 	Small batteries		Licensed transfer station, treatment or hazardous waste disposal facility
Florescent tube container – black	Florescent tubes from lighting fitments	In tubes container with open end raised to avoid mercury leaching from damaged tubes	Specialised and licensed recovery
Clear bag 	**Recyclable** items. 'Like with like' i.e. plastic bottles, cans, office paper, magazines & newspapers, small card	In locked identifiable wheelie bin	Licensed Recycling facilities for recovery

Black bag 	**General** waste General refuse i.e. Part eaten fruit, sandwiches, yoghurt pots, non-contaminated clinical items, crisp packets etc	In locked General waste wheelie bin	Licensed landfill or EFW plant
Hessian sack 'marked confidential waste' or confidential waste bin 	**Confidential waste** Any paperwork with confidential material where departmental shredding is not possible	Locked storage	Shredding and subsequent pulping for recovery
Generally not recommended for use within CFT but may be seen used by other Trusts			
Pharmaceutical bin/ box  	Medicinal products other than cytotoxic or cytostatic medication. Seek advice from pharmacy advisor. Clinical areas i.e. BLUE BIO BIN FOR USE FOLLOWING RISK ASSESSMENT	Locked storage NO SHARPS PHARMACY USE ONLY	For incineration only

Appendix VI – European Waste Catalogue Codes

European Waste Catalogue codes			
Type of Waste	**European Waste Classification**	**Likely Hazard Codes and UN Numbers for carriage**	**Areas waste likely to be produced and colour coding**
All sharps not contaminated with medicines	18 01 01 	MAY OR MAY NOT BE HAZARDOUS HP9 **IF INFECTIOUS 18 01 03 APPLIES**	Clinical areas, i.e. wards, theatres, clinics, outpatients, practicing podiatry, venepuncture or acupuncture, Laboratories. ORANGE LIDDED SHARPS BIN
Body parts and organs, placenta, including full or part full blood bags and blood preserves	18 01 02 	MAY OR MAY NOT BE HAZARDOUS. HP9 IF INFECTIOUS 18 01 03* APPLIES	Clinical areas: i.e. Theatre, haematology, wards, maternity Red lidded bin or CLEARLY MARKED YELLOW SOLID COLOUR BAG OR BIN
Wastes where collection and disposal is subject to special requirements in order to prevent infection	18 01 03* 	HP6,HP9 UN3291 Clinical Waste, Unspecified, Nos	Clinical areas YELLOW/ORANGE DEPENDING ON CONTENTS
Wastes where collection and disposal is not subject to special conditions in order to prevent infection	18 01 04 	Non-Hazardous if patient non-infectious (e.g. plaster casts, dressings, linen, disposable clothing, nappies, used catheters & bags)	Clinical areas: i.e. orthopaedics, baby clinics, public toilets TIGER BAG
Chemicals consisting of or items containing dangerous substances	18 01 06*	HP2,HP3a,HP3b,HP4 HP5,HP6,HP7,HP8, HP10,HP11,HP12, HP13, HP14, HP15	ALL i.e. labs, pharmacy SEPARATE CONTAINMENT CLEARLY IDENTIFIED
Chemicals other than those listed in 180106*	18 01 07	Non-Hazardous	All i.e. Labs, pharmacy

Cytotoxic and cytostatic medicines	18 01 08* 	HP6,HP7,HP10,HP11 UN3291 Clinical Waste	Any area treating cancer patients OR using cytostatic medicines PURPLE BAG OR PURPLE LIDDED SHARPS BIN
Amalgam waste from dental care	18 01 10* 	Mercury HP13 Vapour HP6, HP14 UN2025 Waste with Mercury compounds.	Dental WHITE POT, CLEARLY LABELLED, WITH COLOUR CODED LID.
Generally not recommended for use within CFT but may be seen used by other Trusts			
Medicines other than those mentioned in 180108* **NO SHARPS**	18 01 09		Clinical areas i.e. wards, pharmacy BLUE BIO BIN FOR USE FOLLOWING RISK ASSESSMENT
Medicines other than those mentioned in 180108* **NO SHARPS**	18 01 09		PHARMACY USE ONLY Blue bin, blue lidded bin or blue badged card box.

Appendix VII – Hazard Codes

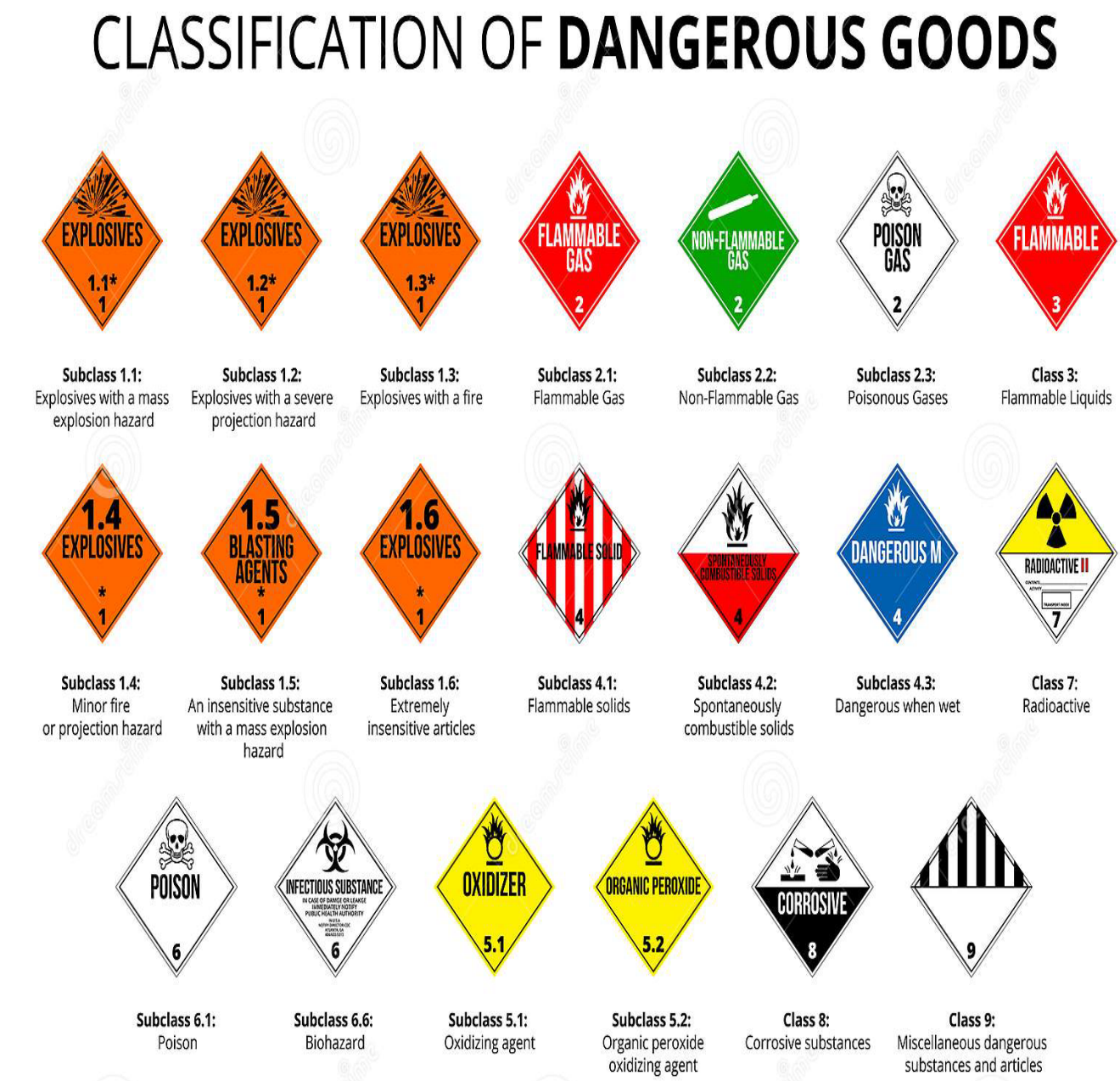
Hazardous waste is defined in the Hazardous Waste Regulations 2005 as any waste identified as hazardous in the List of Wastes or waste that displays one or more of the following hazardous properties, which loosely is that identified as a COSHH regulated item.

The hazardous groups identified in this legislation are shown in the table below:

HP1	Explosive
HP2	Oxidising
HP3A	Highly Flammable
HP3B	Flammable
HP4	Irritant
HP5	Harmful
HP6	Toxic
HP7	Carcinogenic
HP8	Corrosive
HP9	Infectious
HP10	Toxic for Reproduction
HP11	Mutagenic
HP12	Substances that release toxic gases
HP13	Sensitising
HP14	Eco-toxic
HP15	Substances capable of yielding substances listed above i.e. leachate, which possess a hazardous property.

The types of waste that may contain hazardous properties within a healthcare setting are shown below, however this list is not exhaustive and it is the responsibility of the producer of the waste to identify any hazards that might be in the waste for disposal:

Appendix VIII – COSHH Symbols



Appendix IX – Standardized Industry codes (SIC) health related

SIC CODES: Human health and social work activities

86101 Hospital activities

86102 Medical nursing home activities

86210 General medical practice activities

86220 Specialists medical practice activities

86230 Dental practice activities

86900 Other human health activities

87100 Residential nursing care facilities

87200 Residential care activities for learning difficulties, mental health and substance abuse

87300 Residential care activities for the elderly and disabled

87900 Other residential care activities n.e.c.

88100 Social work activities without accommodation for the elderly and disabled

88910 Child day-care activities

88990 Other social work activities without accommodation n.e.c.

Appendix X – COSHH Risk Assessment template

Control Of Substances Hazardous To Health Regulations 2002 as amended

SUMMARY OF COSHH ASSESSMENTS

Hospital: Directorate:	Ward/Dept: Ext:	Assessor: Title:	Assessment Date: Review Date:

Item No.	Substance	Quantity	Freq. of Use	Duration of Exposure	Persons Exposed	Hazards to Health	Risk H / M / L

Note for substances with a significant risk - a detailed risk assessment should be completed i.e. High or Medium rated substances

EXAMPLE OF COSHH CONTROL SHEET

PRODUCT:	Healthcare Waste
MANUFACTURER:	Healthcare premises i.e. GP, Tattooist, Dentist, Supported Homes, Hospitals, Clinics
SUPPLIER:	
POTENTIALLY HAZARDOUS CONTENT	
APPROVED USE/S?	Wastes produced by Healthcare
PHYSICAL PROPERTIES DATA:	Hazard Group 9, Infectious Infectious Bodily Fluids both wet and dry that have potential to contaminate through disease, micro-organism, or toxins present in waste i.e. Blood, Semen, Vaginal Secretions, Cerebrospinal, Synovial, Pleural, Peritoneal, Pericardial, Amniotic Hazard Groups HP6, HP7, HP9, HP10, HP11 Cytotoxic waste and other pharmaceutical products excluding saline and other fluids Offensive waste not considered hazardous i.e. Faeces, nasal secretions, sputum, tears, urine, vomit provided they are not known to be contaminated with above
HANDLING PRECAUTIONS:	Waste should be packaged in accordance with the UN guidance and colour coding agreed in the waste policy. i.e. Yellow bags for anatomical, medicinally

	contaminated waste Orange bag for pre-treated or infectious treatment waste Tiger bag for offensive waste Yellow bag with Purple stripe for cytotoxic waste Generally yellow sharps bins with coloured lid and label. Refer to Waste Management Policy for full details
STORAGE:	All healthcare waste should be segregated as above and from other waste types and should be stored safely and securely in locked wheelie bin or a specific storage area used solely for the storage of waste and sited away from public access.
TRANSPORT:	Only to be packaged and carried in UN approved containers for transportation, in designated, leak proof, vehicles subject to compliance with the Carriage of Dangerous Goods (ADR).
SPILLAGE/DISPOSAL:	All spillages to be reported through the accident/incident forms and immediate use of spillage kits located on vehicles. Dustpans and brushes supplied to sweep up any sharps spillage
FIRE:	2kgDry Powder Fire extinguishers located in the cab and rear of the vehicle
FIRST AID:	In the event of a sharps injury the 'Pocket Guide to sharps in the community' should be followed. i.e. encourage wound to bleed and cover with waterproof plaster. Take the details from the sharps bin (or retain it), attend the local hospital, contact Occupational Health department and line Manager.
ASSESSMENT:	All reasonable precautions have been taken
DATE:	June 2017

Appendix XI – Community Generated Clinical Waste

CORNWALL COUNCIL
one and all • onen hag oll

Cornwall and Isles of Scilly NHS
Primary Care Trust

Registration for the collection of household clinical waste

Please complete all sections in CAPITAL letters and sign and date the declaration in Section E.

Section A

Is this a one off collection request? Yes ☐ No ☐

I request a collection of clinical waste from the premises stated below:

Name:

Address:

Post code:

Tel no:

Email:

Clinical waste collections begin at 7am; please ensure your items are presented ready for collection.

Clinical waste and sharps collections - Information only

This collection is covered under the Environmental Protection Act 1990. It is recommended that you retain a copy of this document to enable you to contact the Council should you need to change the arrangements.

The following items **must not** be placed in Tiger / Orange bags:

- Sharps or sharps containers
- Aerosol containers
- Glass of any sort
- Pharmaceuticals
- Non-clinical Waste

Please consider where this waste is stored to ensure safety and security pending collection.

Section B

What needs to be collected and how will it be contained?

Tick boxes to indicate the services you require and indicate expected number of bags per week.

☐ **Tiger bag** (Yellow with black stripes) Number of bags per week

Offensive household clinical waste:

- Gloves and aprons
- Incontinence pads
- Disposable nappies
- Catheter bags
- Non-infectious dressings
- Sanitary products

Please note: Only select this service if you produce more than one third of a black bag of this type of waste per week, otherwise please double wrap and dispose of in a black bag with your household waste.

Continued over

Section B continued

☐ **Yellow bag with purple stripe** Number of bags per week ☐

Cytotoxic and cytostatic clinical household waste: (from chemotherapy or hormone treatment)

All items that could have the following hazardous properties:

- Toxic
- Mutagenic
- Carcinogenic
- Toxic for reproduction
- Waste contaminated by medicines including:
  - Personal protective equipment (gloves, masks and gowns)
  - Syringe bodies and tubing

If you are unsure please check with your healthcare provider or pharmacist.

☐ **Orange bag** Number of bags per week ☐

Infectious clinical household waste:

Any medical treatment waste likely to infect others contaminated with bodily fluids from isolation areas or as a result of contamination from:

- Diarrhoea and vomitting
- HIV/Hep B

Orange bags should not contain any items contaminated by medicines.

Sharps bin /box

☐ **Yellow lid and label** - Infectious sharps waste contaminated by medicines Number per week ☐

☐ **Orange lid and label** - Infectious waste sharps not contaminated by medicines Number per week ☐

☐ **Purple lid and label** - Cytotoxic and cytostatic waste (chemotherapy or hormone treatment) Number per week ☐

This should contain anything that can puncture the skin that may be contaminated with blood or other bodily fluids:

- Scalpels
- Pen needles
- Blades
- Needles and syringes
- Sharp instruments
- Glass ampoules
- Finger prick lancets and platforms
- Empty medicine bottles/cartridges of insulin

This should not contain any not include boxes or containers of medicines.

Section C

Terms and Conditions

We are only able to provide you with this service if:

- The collection point for the waste is from a safe, convenient and easily accessible location for our contractor. We may need to assess private roads and tracks to properties to ensure vehicles can travel on them and will take into consideration whether they are maintained to a suitable standard. We can refuse to collect from a location if it does not meet these criteria.
- You give permission for our contractor to access any private land in order to make the collection from the address provided in Section A and they will not be held liable for any damage to the road surface.
- Your clinical waste is presented for collection in the appropriate containment depending on the type of waste, ie, tiger bag, orange bag, yellow and purple bag or sharps bin.
- You agree to notify us as soon as possible if your circumstances change and you no longer require a clinical collection service.

Section D

Privacy Notice

Who controls my data?

Cornwall Council is the Data Controller for all the information you provide on this form, our address is: County Hall, Treyew Road, Truro, TR1 3AY and our Data Protection Registration Number is: Z1745294. Your data is collected by us for the purposes of carrying out a public task in accordance with the data protection principles contained within the Data Protection Act 2018 and the General Data Protection Regulation.

If something's not clear

If you need help in understanding or completing this form with regards to your clinical collection, please contact the Waste Management team on 0300 1234 141 or email refuseandrecycling@cornwall.gov.uk.

How we use your information

The information you provide on this form will be used to provide you with a clinical waste collection which we are required to do as the local authority. To do this we need your name, address and containment details in order to set up your collections; without them we will not be able to provide you with this service. We will only use this information in conjunction with your request for clinical waste collection. A home visit from a Cornwall Council Officer may be required as part of your assessment.

Who we share your information with

Your name, address, containment type and contact information will be shared with our contractor Biffa Environmental Municipal Ltd who carry out the service on our behalf under contract.

How we keep your information safe

Your data will be held within Cornwall Council's secure network and premises and will not be processed outside of the EEA. Access to your information will only be made to authorised members of staff who are required to process it for the purposes outlined in this privacy notice.

Your data rights

Your personal information belongs to you and you have the right to:

- be informed of how we will process it
- request a copy of what we hold about you and in a commonly used electronic format (if you provided it to us in this way)
- have it amended if it's incorrect or incomplete
- have it deleted (where we do not have a legal requirement to retain it)
- withdraw your consent if you no longer wish us to process it although we will no longer be able to provide the service without it
- restrict how we process it
- object to us using it for marketing or research purposes
- object to us using it in relation to a legal task or in the exercise of an official authority
- request that a person reviews an automated decision where it has had an adverse effect on you

How to exercise your data rights

If you would like to access any of the information we hold about you or have concerns regarding the way we have processed your information, please contact:

Data Protection Officer, Cornwall Council, County Hall, Truro, TR1 3AY

Tel: 01872 326424

Email: dpo@cornwall.gov.uk.

If you don't agree with something

We would prefer any complaints to be made to us initially so that we have the opportunity to see if we can put things right. However, if you are unhappy with the way we have processed your information or how we have responded to your request to exercise any of your rights in relation to your data, you can raise your concerns direct with the Information Commissioner's Office: Tel: 0303 123 1113 https://ico.org.uk/make-a-complaint/.

Section E

Declaration

I confirm that I have understood the information provided in the Terms and Conditions in Section C and the Privacy Notice in Section D and acknowledge that it is my responsibility to keep my waste safe while it is awating collection.

Signed:	Date:

Please return this form to:

Waste Management Administration Team
Cornwall Council
Pydar House
Pydar Street
Truro
TR1 1XU

Tel : **0300 1234 141**
Fax: **01872 322870**

If you would like this information in another format or language please contact:

Cornwall Council, County Hall,
Treyew Road, Truro, TR1 3AY

e: equality@cornwall.gov.uk
t: 0300 1234 100
www.cornwall.gov.uk

Cornwall recycles
Kernow a wra eylgylghya

January 2019 JN45205

Appendix XII – Disinfection of equipment (medical devices) template

One+all | we care Royal Cornwall Hospitals NHS NHS Trust

Fault and Contamination Status (OPF51, DCT, Medical Physics)

Attach To Medical Equipment When Returning For Inspection, Servicing, Repair or Disposal

Please ensure that the item has been suitably prepared to enable safe handling/transportation

From:		**Return to:** *(if different from sender's address)*	
Hospital:		Hospital:	
Ward or Unit:		Ward or Unit:	
Phone No:		Phone No:	

Make, Model & Description of Item *to include Asset number (in-house label) or other specific identification*

DETAILED description of fault or other instructions and information: *(continue overleaf if required)*

If this item has been involved with an '**incident/near miss'** please mark here ☐ and provide details overleaf

Decontamination:

I SIGN TO CONFIRM THAT this item **has / has not*** been in contact with blood, other body fluids, respired gasses or pathological samples and **has / has not*** been decontaminated in accordance with Trust policy *(Delete as appropriate)*

Date:	**Print Name:**	**Signature**:	**Job title:** **Phone No**:

******Please note**: *Equipment that has not been decontaminated, or is believed to be internally contaminated, must* ***not*** *be transported without the prior agreement of the recipient.* ***Any reference or contact name for this agreement must be given here:***

Appendix XIII – Protocol for Disposal of Building Wastes form.

DISPOSAL OF BUILDING WASTES

PROTOCOL FOR CONTRACTORS & PROJECT MANAGERS

Legislation on waste disposal is tightly controlled and as a result all Trusts have a duty of care to ensure that all wastes produced on this site are disposed of in a correct manner. This includes waste generated by contractors as well as waste from directly managed in-house projects.

Building wastes are strictly controlled under the Hazardous Waste / List of Wastes Regulations 2004 and it is the duty of the manager responsible for any project to ensure that waste is taken off-site and that the manner in which it is dealt with complies with the legislation.

Any project over £300,000 is also required to produce a Site Waste Management Plan

Disposal of Contractor's Waste
Contractors cannot deposit waste in any of the Trusts compounds or other disposal vehicles on the site due to the following issues:

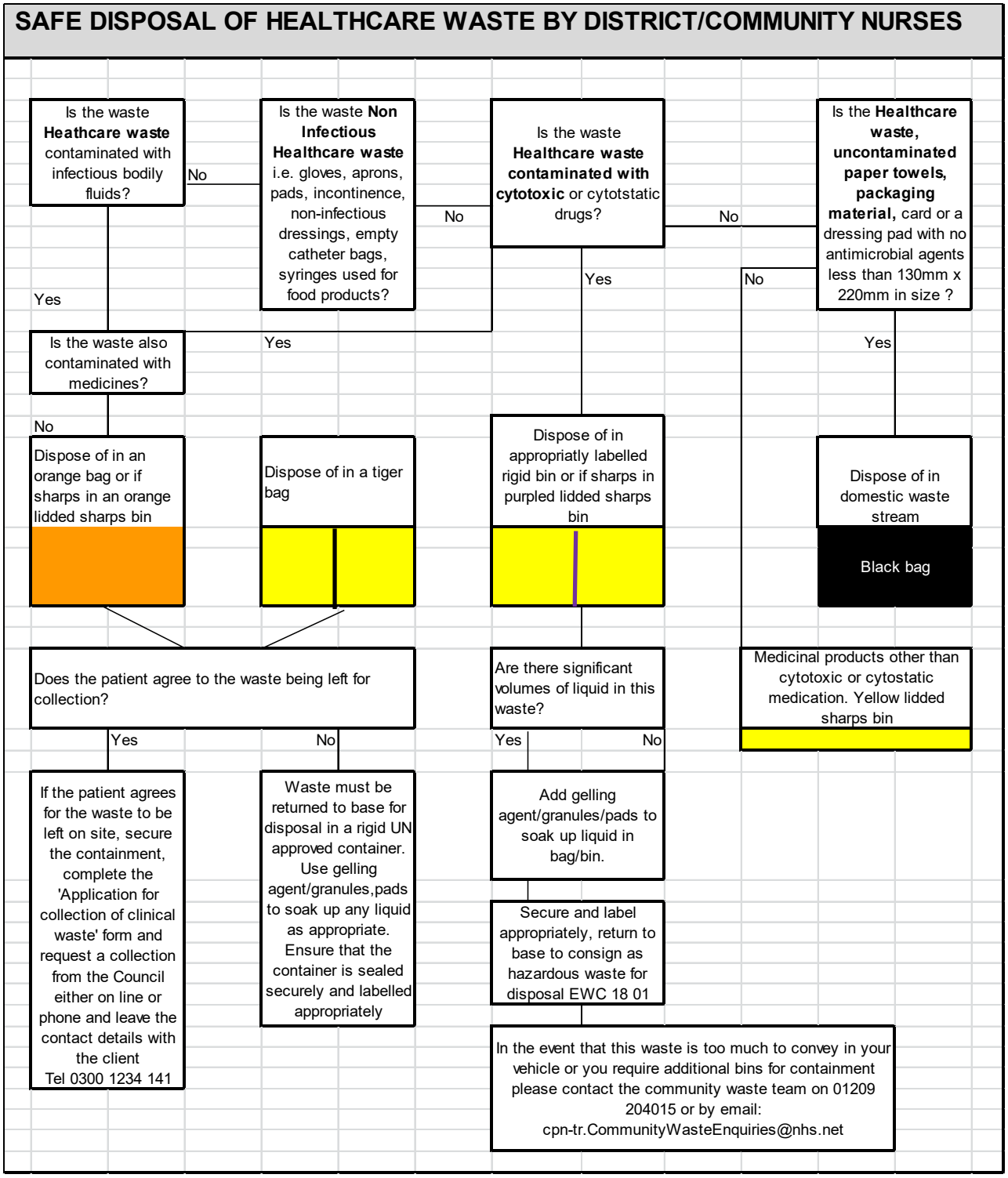
1.	The waste is generated by Contractors and is therefore their waste. By disposing of it on an NHS site the Trust becomes a Waste Broker. The Trust is not a licensed Waste Broker.
2.	Any waste disposed of from a site has to be done so in accordance with the Regulations. The Trust will not have detailed knowledge or control of the content of a Contractor's waste and therefore cannot ensure correct disposal.

To ensure the Trust is compliant with legislation a Waste Control Form (proforma attached) must be completed by the Main Contractor for each project and a selected audit will be undertaken annually by the Waste Manager

Disposal of Waste – In-House Projects
Where a member of staff is responsible for in-house projects that produce waste e.g. departmental re-organisation or clearances, they must ensure wastes are disposed of appropriately. This includes ensuring general wastes do not contain hazardous substances or electrical equipment.
The attached Waste Control form shall be completed by the member of staff managing/organising the work requiring waste disposal.

If there is any doubt regarding safe disposal of building waste or any type of waste produced by a contractor or in-house on a site, please contact the Waste Department for advice – 01209 318152

Appendix XIV – Unit Waste Assessment form template



Equality Impact Assessment Form

Title of Policy / Document for assessment:	**Waste Management Policy**
Document Library Section:	Safety & Risk: Infection Control
Is this a new or existing document?	Existing
Date of assessment:	14/05/2020
What is the main purpose of the document?	To ensure all staff are aware of their direct responsibility for the safe and legal disposal of wastes within Cornwall Partnership NHS Foundation Trust in a manner that protects staff, patients, visitors and contractors at all times whilst complying with relevant UK Health & Safety, Transport and Environmental Legislation.
Who is affected by the Document?	Staff: ; Patients: ; Visitors: ; Carers: ; Other: ; All: ✔
Officer responsible for the assessment:	Paul Jepp - Operational Waste Manager

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Are there concerns that the procedural document could have a differential impact on:	YES	NO	What existing evidence (either presumed or otherwise) do you have for this?
• Age		✔	None
• Disability		✔	None
• Sex		✔	None
• Gender reassignment		✔	None
• Pregnancy and maternity		✔	None
• Race		✔	None
• Religion and belief		✔	None
• Sexual orientation		✔	None
• Marriage and civil partnership		✔	None
• Groups at risk of stigma or social exclusion (e.g., offenders / homeless)		✔	None

• Human Rights			This document applies equally to all trust employees, patients, visitors, contractors and the general public
• Are there any associated objectives of the document?			Compliance with relevant UK legislation and the provision of a safe environment for all

Signature of person completing the Equality Impact Assessment:

Name: *Paul Jepp*

Date: 14/05/2020

Appendix B

Location of external bin store

Hospital Ln

Main Patient Entrance

Ambulance Entrance

Park House Entrance

2100MM High close boarded timber fence

Gully

Gas Bottle Store

Concrete base

Bin Store

Location of Bin Store

RWP

Subfloor Entance

External Decking

External Decking

Subfloor Entance

W

External Stairs

Subfloor Entance

Plant Compound Area

2100MM High close boarded timber fence

King Edward's Rd

Isles of Scilly Pharmacy and Medical Services

Appendix C

Location of Disposal Hold Room to Care Home

Proposed Ground Floor Plan
1 : 100

PRELIMINARY

Citation ISO Certification — Quality management — ISO 9001: 2015 — REGISTERED
Certificate No:11721200

Citation ISO Certification — Environmental management — ISO 14001: 2015 — REGISTERED
Certificate No:425242023

NOTES

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PRIVATE DRAINAGE

6 BUILDING DRAINAGE TO BUILDING REGULATIONS PART H.

7 ALL BUILDING DRAINAGE NOT IN ROAD TO BE DN100 PLASTIC UNLESS OTHERWISE NOTED.

8 ALL BUILDING DRAINAGE IN ROAD TO BE DN150 STRUCTURED WALL PLASTIC UNLESS OTHERWISE NOTED.

9 ALL BUILDING FOUL DRAINAGE AT GRADIENTS NOT FLATTER THAN 1:40 UNLESS OTHERWISE NOTED.

10 ALL BUILDING SURFACE WATER DRAINAGE AT GRADIENTS NOT FLATTER THAT 1:100.

11 UNDER GARDENS WITH 0.6m COVER OR MORE CLASS P FULL DEPTH GRANULAR SUPPORT, SINGLE SIZE MATERIAL ONLY (CLAUSE 663).

12 UNDER GARDENS WITH LESS THAN 0.6m COVER CLASS Q GRANULAR SURROUND WITH PROTECTION (CLAUSE 665).

13 UNDER SOLID GROUND FLOORS 0.3m OR MORE FROM UNDERSIDE OF SLAB CLASS W GRANULAR SURROUND, SINGLE SIZE MATERIAL ONLY (CLAUSE 673)

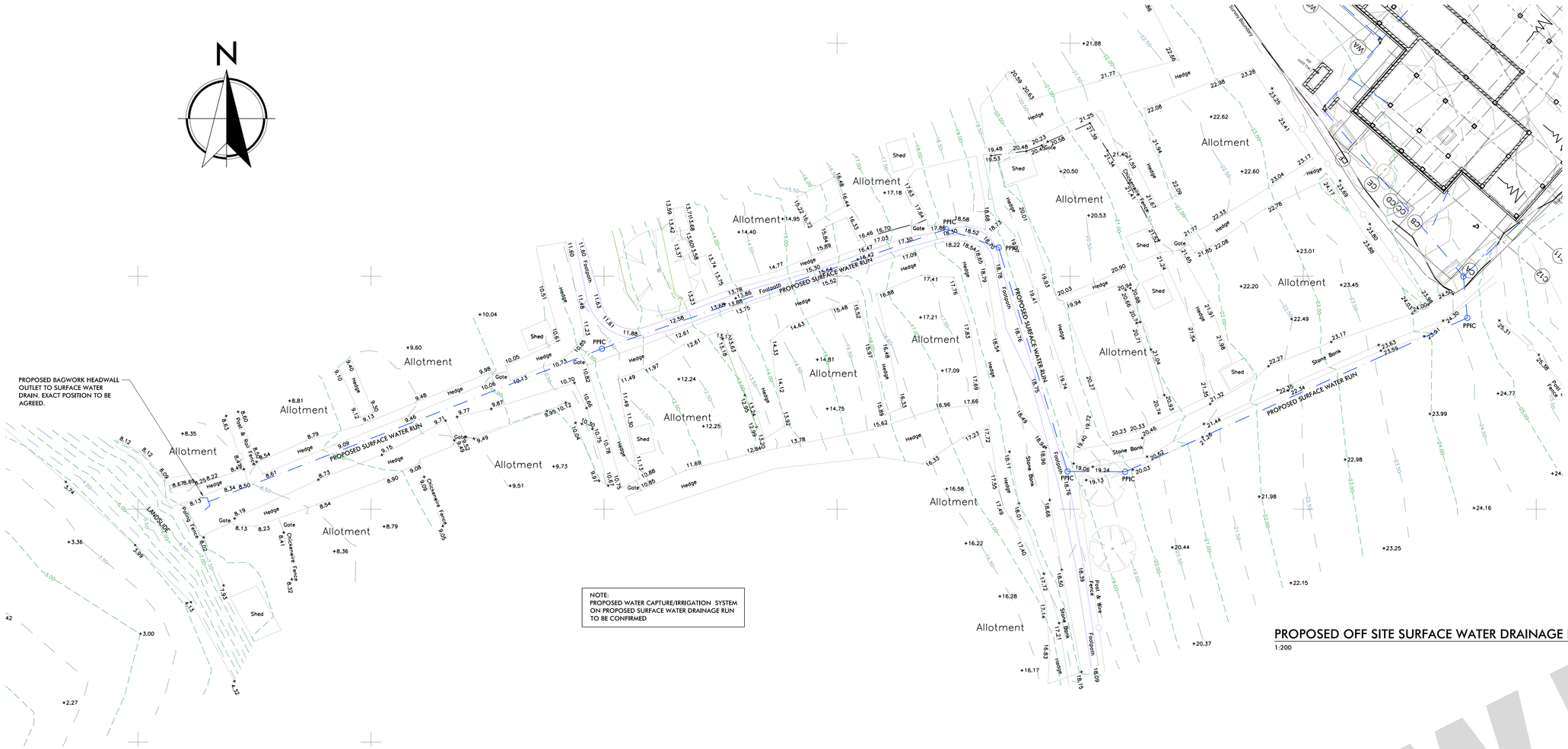
14 UNDER SOLID GROUND FLOORS 0.3m OR LESS FROM UNDERSIDE OF SLAB CLASS Y CONCRETE SURROUND FOR SHALLOW PIPES UNDER BUILDINGS (CLAUSE 676)

15 PIPE RUNS NEAR FOUNDATIONS CLASS Z CONCRETE SURROUND (CLAUSES 678)

16 UNDER ROADS AND CONSTRUCTED UNDER STEPS CLASS O FULL DEPTH GRANULAR SUPPORT, SINGLE SIZE MATERIAL ONLY (CLAUSE 661).

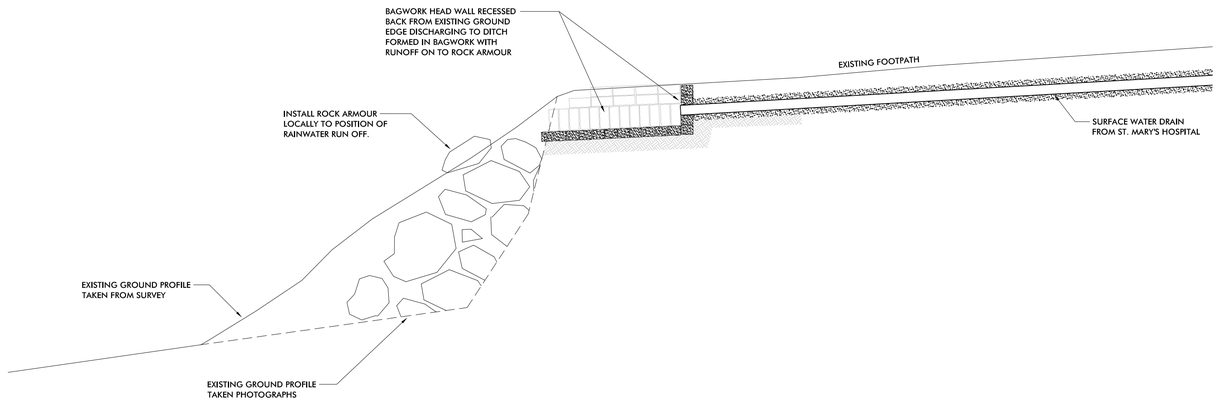
17 FOR PREFORMED POLYPROPYLENE MANHOLES AND BRANCHES, MAIN CHANNEL TO BE USED FOR MAIN FLOW. ALL SPARE INLETS (SLIPPERS) TO BE PROPERLY CAPPED OFF.

18 WHERE REQUIRED BENDS ON BUILDING DRAINAGE RUNS MUST BE LOCATED IMMEDIATELY OUTSIDE CHAMBERS AND ACCESS POINTS.



PROPOSED OFF SITE SURFACE WATER DRAINAGE RUN

1:200



PROPOSED HEADWALL DETAIL

1:50

PRIVATE DRAINAGE KEY

- SURFACE WATER DRAINAGE RUN
- PPIC — POLYPROPYLENE INSPECTION CHAMBER (PPIC) 460Ø DETAIL
- PROPOSED BAGWORK HEADWALL OUTLET TO SURFACE WATER DRAIN

APPROVED
By Lisa Walton at 10:15 am, Apr 19, 2024

RECEIVED
By Liv Rickman at 2:29 pm, Apr 03, 2024

	DATE	REVISION SUMMARY	BY	CHK
P1	02.04.24	ISSUED AS WORK IN PROGRESS	AA	MP

JOB TITLE:
PROPOSED EXTENSION TO ST MARY'S HOSPITAL ISLES of SCILLY

CLIENT:
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST

DETAIL:
PROPOSED OFF SITE SURFACE WATER DRAINAGE RUN AND HEADWALL DETAIL

DRN. BY: A. ASHMAN

DATE: APRIL '24 SCALE: AS NOTED @ A1

JOB NO:	DRAWING No:	REV:
24027	201	P1

MBA CONSULTING
Boscawen House · Chapel Hill · Truro · Cornwall
TR1 3BN
Tel. 01872 260962

BAT PRESENCE/ABSENCE SURVEYS (PAS)

SELECTED BUILDINGS, ST MARY'S HOSPITAL
ST MARY'S, ISLES OF SCILLY

Client: *Community 1st Cornwall Ltd*

Our reference: *24-3-8*

Planning reference: *P/24/006/FUL*

Report date: *16th April 2024*

Revision*: A*

Author: *James Faulconbridge BSc (Hons), MRes, MCIEEM*

Contact: *ios.ecology@gmail.com*

Executive Summary

Overview
A single Presence/Absence Survey (PAS) was undertaken on relevant aspects of those structures within the St Mary's Hospital site which had potential to support roosting bats and which might be impacted as a result of the proposed extension works. This was to provide an evidence base which accords with the requirement within the Good Practise Guidelines[1] for a single survey to be undertaken on a building of Low Potential. The timing of the survey deviates from the standard May-Sept timeframe outlined in the Guidance, but utilises the scope for variation on seasonal timing which allows that this "*should be adjusted (earlier or later) if necessary by the ecologist, bearing in mind the site-specific circumstances, although this should be justified in the survey report".* The justification required to meet this criteria is provided in Appendix 3.
Results
No bats were recorded emerging from the buildings within the Hospital site. The surveys generally recorded low activity levels of common pipistrelle bats foraging or commuting on the boundary of the site, but not associated directly with the buildings themselves.
Mitigation Strategy
The survey was undertaken during the transitional period – the justification for this approach gives due regard to the potential of the buildings; the bat populations present on the islands; the specific climatic conditions on the Isles of Scilly; and the proportionality of delays. A full justification for this approach is provided in Appendix 3. In order to control any residual risk arising from the survey being undertaken in the transitional rather than maternity season, the PAS surveys should be repeated in May 2024. This should be secured through a pre-demolition condition attached to any permission granted. Irrespective of the results of an additional survey, it would be proportionate for works to proceed in line with a Precautionary Method of Working (PMW) which should be incorporated into the Construction Environmental and Ecological Management Plan (CEEMP) for the project. This is outlined in Appendix 4.

[1] Collins, J. (ed.) (2023) Bat Surveys for Professional Ecologists: Good Practice Guidelines (4th edition). The Bat Conservation Trust, London

Table of Contents

1. Introduction

1.1. Background to Survey

The site is the existing Hospital building with associated outbuildings situated on St Mary's in the Isles of Scilly.

A Preliminary Roosting Assessment (PRA)[2] was carried out in January 2024 and updated in March 2024 – these assessments identified elements of the buildings which offer Low Potential for use by roosting bats.

The PRA report stated that a further Presence/Absence Survey (PAS) would be required to provide an evidence base sufficient to identify the status of the buildings with regards to bats, and inform any mitigation measures required to ensure legislative compliance. This PAS report provides the results of the recommended survey. It should be read alongside the PRA report to provide a comprehensive assessment of the buildings with regards to roosting bats.

1.2. Survey Objectives

The PRA report identified the following bat roosting potential with regards to the onsite buildings:

- Buildings B4, B6, B7 and B9 have **Low Potential** to support roosting bats;
- All other buildings have **Negligible Potential** to support roosting bats.

The buildings and classifications are illustrated in Map 01.

The objective of the PAS reported in this document was to observe the relevant aspects of the buildings with roosting potential, and undertake emergence surveys to further assess the use of these features by roosting bats.

In accordance with the Good Practice Guidance[3], the elements of the building with Low Potential were subject to a single PAS survey.

[2] https://www.scilly.gov.uk/sites/default/files/planning-apps/planning-application-p/24/006/ful/P-24-006%20Preliminary%20Ecological%20Assessment%20and%20PRA.pdf
[3] Collins, J. (ed.) (2023) Bat Surveys for Professional Ecologists: Good Practice Guidelines (4th edition). The Bat Conservation Trust, London

Map 01 – Showing the different buildings identified as part of the PRA survey and refered to in the report. Map reproduced in accordance with Google's Fair Use Policy.

2. Survey Methodology

2.1. Surveyor Details

The surveys were led and supervised by James Faulconbridge (B6) and Darren Hart (B4, B7 & B9). Both James and Darren have undertaken Professional Bat Licence training and are Level 2 licenced bat workers with experience in undertaking emergence, re-entry and activity surveys.

Additional surveyors are experienced in undertaking emergence and re-entry surveys and worked under the supervision of the Licenced Bat Workers.

2.2. Survey Methodology

The dusk emergence surveys were conducted following Best Practice methodology for bat surveys, with the exception of the seasonal timing of the survey in April– this is justified fully in Appendix 3.

The bat emergence surveys were carried out on the evenings of 11th and 13th April 2024. The dusk emergence surveys commenced from 15 minutes before sunset and continued until 90 minutes after sunset.

The surveys were undertaken with regard for the appropriate weather conditions (≥10°C at sunset, no/light rain or wind). The timing of the surveys within the agreed mid-April window was selected with regards to the forecast and the risk of changeable weather rendering conditions unsuitable at the end of the window – the two dates selected were chosen to target optimal weather conditions.

Frequency division bat detectors were used to detect and record all bat passes. The surveyors recorded metadata including the time the pass occurred, the behaviour observed (foraging/commuting) and where possible, the species of bat observed. Results from the bat detector recordings were analysed using BatSound/Analook sonogram analysis computer software.

Night Vision Aids (NVAs) were used on all survey positions – these included a Track IR35 thermal imaging camera; a Nightfox Red infra-red video camera; and three Nightfox Whisker infra-red cameras. The footage from these NVAs was watched back to verify or update the survey results confirmed in the field.

2.3. Survey Validity and Update

Bats are transient in their use of habitats such as these, and apparently minor changes in condition or use of the building can affect suitability. However in the absence of significant changes in condition or building use, the nature and character of the site suggest that the PAS survey can be considered proportionately valid for a period of 6 months after the survey was completed, until October 2024.

3. Results

3.1. Surveyor Positions

In order to ensure that the different elements of the buildings received a survey effort of a single bat survey for a Low Potential building (in line with the Best Practice Guidance), five surveyor positions were used. These are identified in Map 02 below.

Map 02 – showing surveyor positions around the buildings.

3.2. PAS Survey 1

3.2.1. Survey Aim

The survey included two surveyor positions – S1 and S2 – to observe Building B6 on the aspect where a new modular unit is proposed to be tied in.

3.2.2. Survey Conditions

The dusk survey was undertaken on 11th April 2024. The survey commenced at 7:58pm, approximately 15 minutes before sunset at 8:13pm. It was completed at 9:43pm.

The temperature throughout the survey was 12°c - the evening was dry with a light breeze and 50% high cloud cover.

Following the completion of the survey, extended common pipistrelle activity was recorded offsite beneath streetlights on Church Road, Hugh Town and along the shoreline of Town Beach indicating suitable conditions for emergence and sustained foraging behaviour.

3.2.3. Survey Results

The emergence survey did not identify any emergence activity from onsite buildings.

Common pipistrelle bats were recorded intermittently foraging along the south-western boundary hedgerow and offsite on this aspect from 8:36pm (approximately 23 minutes after sunset) until towards the end of the survey at 9:35pm.

A review of the NVA footage confirmed this assessment.

3.3. PAS Survey 2

3.3.1. Survey Aim

The survey included three surveyor positions – S3, S4 and S5 – to observe buildings B4, B7 and B9.

3.3.2. Survey Conditions

The survey was undertaken on 13th April 2024. The survey commenced at 8:00pm – approximately 15 minutes before sunset at 8:15pm- and completed at 9:45pm.

The temperature was 11°c at the beginning of the survey dropping to 10°c by the end. There was 20% high cloud on a sunny evening with a gentle breeze. There was no precipitation.

3.3.3. Survey Results

The emergence survey did not identify any emergence activity from onsite buildings.

The survey confirmed low levels of bat activity in this part of the site – the position of the surveyors away from the south-western boundary hedgerow is likely to reduce recorded foraging in comparison with the PAS undertaken on B6.

The first common pipistrelle was recorded at 9:14pm, approximately an hour after sunset, with occasional additional passes over the next 15 minutes. These were faint and interpreted as offsite foraging behaviour, likely associated with the land to the east.

A review of the NVA footage confirmed this assessment.

3.4. Summary and Evaluation

3.4.1. Overview

The surveys generally recorded low activity levels of common pipistrelle bats foraging or commuting in the vicinity of the site, but not associated with the buildings or their immediate environs.

The highest levels of activity were associated with the boundary hedgerow to the south-west.

3.5. Limitations and Constraints

3.5.1. Seasonal Timing

The timing of the surveys was during the transitional period – the full reasoning and justification for this timing is provided in Appendix 3.

3.5.2. Survey Conditions

The weather conditions were optimal on all survey occasions with no precipitation or other adverse conditions which might be expected to affect bat behaviour.

3.5.3. Visibility and Coverage

The surveys were comprehensive with regards to surveyor visibility with the exception of the close interface between buildings B7 and B9; however the combination of surveyors and NVAs watching both sides of the buildings would allow any bats emerging from this location to be identified with confidence. No bats were recorded doing so.

3.5.4. NVA Footage

The interference of artificial light sources (associated with hospital security) affected the quality of images around B6, B7 and B9 due to the contrast between artificial and IR light on adjacent aspects – however a careful review of the footage allowed the results to be confirmed. The constraints are given full consideration in the associated screenshots in Appendix 2.

The absence of any bat passes within an hour of sunset on the locations where these constraints was noted and the comprehensive view permitted by the close presence of surveyor positions to cover relatively small building components provide further confidence to this assessment.

There were no constraints to the NVA footage associated with the survey on building B6.

4. Mitigation Strategy

4.1. Additional PAS Surveys

4.1.1. Rationale

The survey was undertaken during the transitional period – the justification for this approach gives due regard to the potential of the buildings; the bat populations present on the islands; the specific climatic conditions on the Isles of Scilly; and the proportionality of delays for the project in question. A full justification for this approach is provided in Appendix 3.

In order to control any residual risk arising from the survey being undertaken in the transitional rather than maternity season, it is recommended that the survey is repeated in May 2024. The baseline surveys meet the requirements for determination under ODPM Circular 06/2005 and additional should be secured through a pre-demolition condition attached to any permission granted.

4.1.2. PAS Survey Methodology

The PAS surveys should represent a repeat of the methodology and coverage completed in the initial April PAS and outlined in this report.

4.1.3. Integration of Results

If no bats are found to emerge from the buildings, a report outlining this result would be submitted to the LPA to discharge the condition.

If any bats are identified emerging from the buildings, the works affecting that building would require an European Protected Species Mitigation License (EPSML) in order to proceed. The report submitted to the LPA to discharge the condition would need to include the results along with an outline of the EPSML mitigation strategy to address impacts to bats and roosts present. Additional PAS are likely to be required to support the EPSML in the event of a positive result.

An EPSML would need to be sought from Natural England prior to any works affecting confirmed roosts in order to ensure legislative compliance. The PMW (see Section 4.2) would still apply to those buildings where a negative result was confirmed, but the EPSML would supersede this methodology on any confirmed roosts.

4.2. Precautionary Method of Working (PMW)

4.2.1. Rationale

Irrespective of the results of an additional survey, it would be proportionate for works to proceed in line with a Precautionary Method of Working (PMW) which should be incorporated into the Construction Environmental and Ecological Management Plan (CEEMP) for the project.

A PMW is outlined in Appendix 4 of this document and should be followed by contractors undertaking works to the hospital site.

4.3. Enhancement Measures

Provision of bat boxes within the new development were integrated into the design of the scheme[4] submitted for planning – this detail is not repeated here for brevity.

[4] https://www.scilly.gov.uk/sites/default/files/planning-apps/planning-application-p/24/006/ful/P-24-006%20Ecological%20Recommendations%20-%20Building%20Integrations.pdf

Appendix 1 – Summary of Results

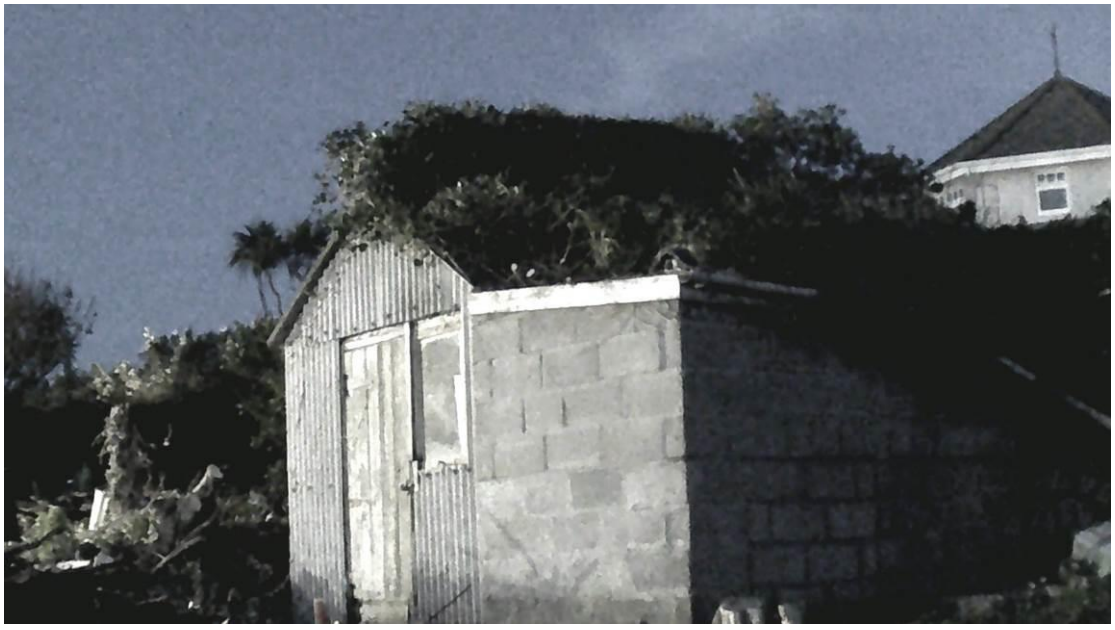
Date	Time	Surveyor Position	Species	Observation
11/4/24	8:36pm	S1	Ppip	Brief pass in the south-western corner of the site
	8:40pm – 8:51pm	S1 & S2	Ppip	Intermittent foraging along the south-western boundary
	9:36pm	S1	Ppip	Brief pass on the south-western boundary
13/4/24	9:14pm & 9:25pm	S3	Ppip	Brief offsite passes (interpreted to be to the east of site) – bats not seen
	9:14pm	S4	Ppip	
	9:18pm	S5	Ppip	
	9:25pm	S4 & S5	Ppip	

Sample Sonogram – showing common pipistrelle pass at 9:18pm by Surveyor S5.

Appendix 2 – NVA Screenshots

Surveyor 01 – showing footage from the Nightfox Red on surveyor position S1. The view is predominantly replicated by the surveyor and NVA in position S2.

Surveyor 02 – showing footage from the Track IR35 on surveyor position S2. The view is predominantly replicated by the surveyor and NVA in position S1.



Surveyor 03 – showing footage from the Nightfox Whisker on surveyor position S3 – note the constraint from artificial light (on the LHS aspect) vs infrared only (on the RHS aspect) – however the surveyor had an excellent, close view of a relatively small area of building and the illumination of key aspects/features was sufficient throughout the period when common pipistrelle and brown long-eared bat (the only two species known to be resident and breeding on the island) would emerge. The result can therefore be confirmed with confidence.

Surveyor 04 – showing footage from the Nightfox Whisker on surveyor position S4. The FOV restricted full replication of surveyor aspect due to the close proximity of the survey position to the building; focus was therefore on the aspects of the building where Potential Roosting Features (PRFs) were recorded in the PRA. The position however provided optimal conditions for the sureyor with excellent close-range visibility.

Surveyor 05 – showing footage from the Nightfox Whisker on surveyor position S5 – note the constraint from artificial light (on the RHS aspect) vs infrared only (on the LHS aspect) – however the surveyor had an excellent, close view of a relatively small area of building and the illumination of key aspects/features was sufficient throughout the period when common pipistrelle and brown long-eared bat (the only two species known to be resident and breeding on the island) would emerge. The level of artificial lighting on the aspects on the RHS from a close proximate outside light (on all night for security purposes) would make it highly unlikely that a bat would roost and emerge from this aspect; therefore the focus of the lighting decisions was on the unlit eaves aspect closest to the camera which is in darkness and lit by IR only in this screenshot. The result can therefore be confirmed with confidence.

Appendix 3 – Justification for April Survey Timing

Author: James Faulconbridge (IOS Ecology)
Reviewer: Richard Crompton (Ecology On Demand)

The following strategy was set up and agreed with the LPA's Ecological Consultants prior to undertaking the surveys.

Survey Results Summary

The building assessment outlined in the PEA and PRA report[5] is summarised in the table below with notes on minor updates following refinement of proposals and/or additional internal inspections.

Building Ref	Bat Potential		Impact
	Maternity Roosts	Individual Roosts	
B1, B2, B3, B8, B10	Negligible	Negligible	Demolition/removal
B4	Negligible	Low	Demolition
B5	Negligible	Negligible[6]	Demolition
B6	Negligible	Low	Tie-in of new Modular Units in a single pitched-roof location with no PRF[7]; and one flat-roof aspect with negligible bat potential. No impacts to the remainder of the structure.
B7	Negligible	Low	Demolition
B9	Negligible	Low	Demolition

The building assessment identifies Low Potential for use by individual roosting bats in a number of buildings – B4, B6, B7 and B9. However, the PRA identifies Negligible Potential for all building structures with regards to maternity use.

[5] https://www.scilly.gov.uk/sites/default/files/planning-apps/planning-application-p/24/006/ful/P-24-006%20Preliminary%20Ecological%20Assessment%20and%20PRA.pdf
[6] Identified previously as Low Potential in PRA submitted in support of planning – now downgraded to Negligible after full internal inspection was achieved – evidence supporting this can be provided alongside the PAS results.
[7] At the time of the original PRA in January 2024, the precise impacts to the main hospital structure were not confirmed. Since this has been identified, a return visit was undertaken to inspect the specific locations where the new modular units would be ties in. The pitched roof section has no access points at all – therefore it could theoretically be downgraded below but it is proposed to maintain a 'low potential' assessment from an abundance of caution.

The Good Practice Guidelines recommend a single Presence/Absence Survey (PAS) for Low Potential buildings which should be conducted between May and September[8]. However Section 7.2.28 of the guidelines states that:

> *"Surveys should be designed around the information that is required to achieve the survey aims. Recommended timings for surveys are given in Table 7.1.... This should be adjusted (earlier or later) if necessary by the ecologist, bearing in mind the site-specific circumstances, although this should be justified in the survey report."*

This establishes that the dates are guidelines and that variation is acceptable when the specified criteria are met.

In this instance, the following approach is proposed:

- A single PAS in mid-April with survey results to be submitted prior to the Planning Meeting on 18th April 2024;
- A further pre-demolition PAS to be conditioned in any consent granted – to be carried out in the summer season to control any residual risk.

The justification for this approach, using Section 7.2.28 as a framework, is as follows:

Survey Aim

The aim is to undertake a single PAS to assess the use of Low Potential buildings for day/transitional use by individual bats to meet recommended survey effort within the Good Practice Guidance.

Assessment of maternity use is not required due to Negligible Potential for this roost type being determined.

Good Practice Guidelines for Individual Roosts

Whilst PAS for individual roosts are often undertaken in the maternity season, individual roosts can be detected throughout the active season from April – September[9]. Roosts used by individuals comprise both transitional and day roosts. The recommendation for a single survey for a Low Potential building necessitates just one of these temporally distinct roost types be routinely surveyed under industry standard survey approaches. Whilst the timeframe for a summer roost arguably covers a longer time period, there are typically a higher number of transitional roosts as females during this time are roosting in a large number of small roosts, rather than in a small number of maternity aggregations.

Section 7.2.26[10] identifies that April is suitable to detect transitional roosts. Within the standard guidelines therefore, the aim of the survey can be met through a mid-April survey. The justification in this instance is further strengthened by considering the climatic conditions in Scilly as detailed in the following section.

[8] Table 7.1 of the Bat Surveys for Professional Ecologists: Good Practice Guidelines (4th edition).
[9] Section 7.5.25 of the Bat Surveys for Professional Ecologists: Good Practice Guidelines (4th edition).
[10] [10] Section 7.5.26 of the Bat Surveys for Professional Ecologists: Good Practice Guidelines (4th edition).

Scilly Climate

The guidance with regard survey timings is for the whole of the UK and Section 7.2.28 states that *"timings can be adjusted earlier or later… bearing in mind the site-specific circumstances"*.

The Isles of Scilly are situated off the south-western tip of the UK which puts it at the earliest extreme of the life cycle and survey timings described in the nationwide Good Practice Guidelines. In addition to its geographic position, the small island characteristics mean the weather is significantly stabilised by the buffering effects of the sea, resulting in much more consistent temperatures year-round. Winter weather conditions in Scilly are more akin to spring in the mainland as can be seen in the table below sourced from the Met Office averages (1990 – 2020)[11].

Month	Average Maximum temperature (°C)	Average Minimum temperature (°C)
January	9.91	6.42
February	9.99	6.26
March	10.89	6.69
April	12.59	7.51
May	14.69	9.53

This results in common pipistrelles being active at a far higher level throughout the winter – a static detector recorded this species on the wing on 78% of nights over a 90 day period from 20th January to 20th April 2023[12].

Spring is significantly advanced on the islands compared with the mainland, and it is reasonable to conclude that bat activity levels in mid-April would be akin to May in much of the UK.

Population Status

The Big Bat Survey[13] was undertaken across all inhabited islands from May – October in 2022 and 2023 – this covered every 500m square in 2023 for a minimum of 4 nights and gives a very strong evidence base to understand the populations of bats on the islands. Backed up by historical and current records from an active local Bat Group, and multiple surveys undertaken for ecological consultancy purposes, the following species composition is determined:

[11] https://www.metoffice.gov.uk/research/climate/maps-and-data/uk-climate-averages/gbgebz4kn
[12] Data recording as part of the Isles of Scilly Wildlife Trust / Scilly Bat Group joint static monitoring project running from 2022 – 2025 – the winter static data will be published in the 2023 results report which is currently in production.
[13] https://www.ios-wildlifetrust.org.uk/our-projects/big-scilly-bat-survey

- **Common pipistrelle** is the only widespread resident breeding species found on all inhabited islands;
- **Soprano pipistrelle** were historically present but encounters on the 2022/3 statics are at such a consistently low level that this species is no longer considered to be a resident breeding population;
- **Brown long-eared bat** is confirmed from DNA evidence and radiotracking studies – the distribution of the species is understood to be within Holy Vale and The Garrison where there is significantly higher tree cover than on much of the rest of the islands. Wooded habitat, in line with the widely understood ecological niche of this species, is likely to restrict its distribution on the islands and the area around the hospital is considered suboptimal on this basis;
- **Nathusius pipistrelle** is present at a very low level through the summer and autumn – encounter rates are not consistent with a resident breeding population;
- **Leisler's** is an occasional vagrant in the summer months.

The distance of 28 miles between the mainland and Scilly result in high confidence that this is a stable species composition – only modified by those species which undertake long distance flights such as Nathusius pipistrelle and Leisler's.

The only likely encounter at the Hospital Site therefore is common pipistrelle. Given our knowledge of the population size and/or distribution of other bat species, the chances of their presence on the site is negligible.

Precautionary Principle

A mid-April survey would therefore achieve the aims of the PAS requirements to support a Planning Application in accordance with the Best Practice Guidance and meeting the requirements of the ODPM Circular 06/2005.

The tight timeframe which requires this approach is dictated by the need for planning to be achieved by 18th April 2024 to secure project viability. It does not preclude the ability to undertake additional surveys post-determination which would provide a backstop to control any residual risk of summer roosts being identified. A requirement for a pre-demolition PAS could therefore be conditioned in accordance with the Precautionary Principle without compromising the ODPM Circular.

In the unlikely event that a roost is identified by pre-demolition surveys, the legislative protection of bats and roosts would control any risk without further recourse to the LPA. The project already incorporates the installation of 5 bat boxes to create enhanced roosting features post-development which would ensure that the consented development would not require modification in this eventuality. An EPSML would be sought if required to allow works to proceed with legislative compliance.

Survey Protocol

Surveys would be completed with full NVA coverage (Nightfox Whisker/Red or Track IR Thermal Scope) on the buildings and PRF to be impacted. All NVA footage would be reviewed to confirm results post-survey.

Five surveyors would be used to ensure that all aspects of the relevant buildings would be covered. This would be led by one/two licenced bat workers with other surveyors being suitably experienced in undertaking bat surveys and operating under the direction of the licenced bat workers.

The survey would be undertaken between the 10th and 16th April 2024. The window would be used to select the optimal weather conditions within this timeframe which the winter static data indicates is a more significant predictor of activity levels than date. Where possible, the survey would be scheduled towards the end of this window.

Appendix 4 – Precautionary Method of Working (PMW)

Rationale

A number of features within the remainder of the buildings B4, B6, B7 and B9 were identified as potentially providing roosting opportunities in the PRA, but no emergence was recorded by the PAS surveys.

As individual bats can be exploratory or make transient use of roosting opportunities, it is important that contractors undertaking the works are aware of the low risk for bats to be encountered and for works to proceed with appropriate caution and vigilance.

These works do not require an EPSML, nor would it be proportionate to stipulate that these be undertaken under ecological oversight by a Licensed Bat Worker

Methodology Guidance

The following guidance outlines measures required to ensure that contractors are suitably informed of the potential for bats to be present, and undertake works in a manner which minimises the risk of impact to bats in the unlikely event of their presence.

Measures entailed by a Precautionary Method of Works

- **Site Induction/Toolbox Talk** - contractors undertaking the works should be informed of the potential for bats to be present in the features outlined in the PRA report. This could take the form of a Toolbox Talk or site induction when contractors commence works on the site.
- **Legal Obligations** - contractors should be aware of their own legal obligations with regards to bats;
- **Caution during Works** - where possible, the features identified in the PRA report should be visually inspected by contractors before works, after which they should be removed carefully and by hand such that in the highly unlikely event of bats being present, they are not crushed and can disperse freely.
- **Fascias** - there are intermittent gaps where the fascias meet the walls on various elements of the buildings. During the initial stages of demolition, fascias would be carefully removed and the gaps behind them exposed in such a way that, in the unlikely event that bats are present, they are not injured or killed by the action. Once these areas are fully exposed, they can be visually inspected by contractors. Any cavities exposed by this action would also be carefully inspected and features dismantled by hand where necessary until absence of bats can be confidently confirmed.
- **Roof Sheets** - there are gaps created where corrugated sheets overlap both on roofs and walls on some structures. There is a negligible potential for these minor gaps to be used by individual roosting bats on an

exploratory/opportunistic basis. As a precaution, the cavities created by the overlaps would be visually inspected using a torch prior to the removal of the sheets. If any bats are present, or suspected, works would pause and the Licenced Bat Worker contracted to review the situation. If it is not possible to fully and comprehensively confirm the absence of bats in these minor niches, then the sheets would be removed carefully and by hand, beginning with the apex sheet and working down the roof or wall until all gaps are exposed and inspected. Care should be taken to lift the sheets in such a way that, in the unlikely event of bats being present, they are not crushed or otherwise harmed by the action. If no bats are present, the sheets can be fully removed and works can continue.

- **Encounter** - in the event of bats being encountered, works should cease and the Licensed Bat Worker contacted immediately for advice. If the bat is in a safe situation, or a situation which can be made safe, they should remain undisturbed. Only if the bat is in immediate risk of harm can the bat be moved with care and using a gloved hand. This is a last resort and should only be undertaken for humane reasons if the bat is at immediate risk of harm and if the Licensed Bat Worker cannot be contacted for advice.