

Reference Number: UHB 072 Version Number: 3	Date of Next Review: April 2020 Previous Trust/LHB Reference Number: T/114
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ASBESTOS MANAGEMENT POLICY

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will take all reasonable precautions to protect patients, staff and the general public from exposure to all known deposits of asbestos containing materials on the UHB's premises and sites.

Policy Commitment

It is the policy of the UHB to treat all asbestos as hazardous and to control or manage that hazard in accordance with statutory regulations in force.

The aim of this Policy is to introduce to the UHB, a structured Procedure and Reporting Schedule, for the Management and Control of Asbestos, in order to:

- Conform to current asbestos legislation.
- Ensure that when it is essential and necessary for continuing patient care, that only competent persons, with approved control measures in place and adequately protected with respiratory and personal protective equipment are exposed to asbestos.
- Control works and maintenance activities carried out within UHB controlled premises.
- To maintain a register of approved asbestos removal and analysis companies.
- Provide and maintain an Asbestos Database detailing ACM location and analytical identification of the types of asbestos on each site
- Implement an effective and positive Asbestos Management Plan so that appropriate measures, such as sealing, labelling, inspection or removal of the material are undertaken.
- Provide regular up to date training for all staff who may have reason to work near asbestos in the event of an emergency arising in the interests of continuing patient care.

Supporting Procedures and Written Control Documents

Other supporting documents are:

- Asbestos Management Plan
- The Health & Safety at Work Etc. Act 1974
- Control of Asbestos Regulations 2012
- L143 Managing and working with Asbestos, Approved Code of Practice and guidance

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Scope

This policy applies to all of our staff in all locations including those with honorary contracts

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and it was found there to have no impact.

Note: Policies will not be considered for approval without an EHIA

Policy Approved by	Health and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Operational Health and Safety Group
Accountable Executive or Clinical Board Director	Director of Planning

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1		23/08/2011	Replaces previous Trust version 114
2	17/04/2014	08/07/2014	Replaces T/114 version 1. Updates made to terminology, wording and dates throughout document.
3	20/04/2017	03/09/2019	Minor updates made to wording and terminology in places. Significant alterations made to Legislation section due to the amalgamation of 2 no. ACOPs to form a single ACOP.

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1. Asbestos - Organisational Relationships

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1.0 INTRODUCTION

The Control of Asbestos Regulations 2012 define Asbestos as any of the following silicate minerals, or any mixtures containing them - crocidolite, amosite, chrysotile, fibrous anthophyllite, fibrous actinolite and fibrous tremolite.

Asbestos is considered as a significant occupational health hazard throughout the workplace because of the risks associated with the inhalation of fibrous dust and its dispersion within the lungs and other parts of the body. These are enhanced when the Asbestos dust is combined with air borne pollutants such as those absorbed by the body when smoking. Unlike many other occupational diseases, Asbestos - related diseases manifest themselves over a long latent period of between fifteen and sixty years. As a consequence, the present numbers of disease and deaths are attributable to past control methods and to dust levels which obviously were injurious.

Unfortunately, many of the buildings within the UHB's built estate are known to have had asbestos materials used in their construction in the form of cladding, sheet boards and pipe-work insulation and numerous other products. In light of this, the UHB Asbestos Management Plan, Asbestos Management Policy and supporting documents are the UHB's response to meet the requirements of providing a safe system to manage asbestos.

2.0 POLICY STATEMENT AND AIM

Cardiff and Vale University Local Health Board, hereinafter known as the UHB, accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Asbestos Regulations 2012 to take all reasonable precautions to protect patients, staff and the general public from exposure to all known deposits of asbestos containing materials on the UHB's premises and sites.

It is the policy of the UHB to treat all asbestos as hazardous and to control or manage that hazard in accordance with statutory regulations in force.

The aim of this Policy is to introduce to the UHB, a structured Procedure and Reporting Schedule, for the Management and Control of Asbestos, in order to:

- Conform to current asbestos legislation.
- Ensure that when it is essential and necessary for continuing patient care, that only competent persons, with approved control

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measures in place and adequately protected with respiratory and personal protective equipment are exposed to asbestos.

- Control works and maintenance activities carried out within UHB controlled premises.
- To maintain a register of approved asbestos removal and analysis companies.
- Provide and maintain an Asbestos Database detailing ACM location and analytical identification of the types of asbestos on each site
- Implement an effective and positive Asbestos Management Plan so that appropriate measures, such as sealing, labelling, inspection or removal of the material are undertaken.
- Provide regular up to date training for all staff who may have reason to work near asbestos in the event of an emergency arising in the interests of continuing patient care.

2.1 The Estate

The Estate comprises all the buildings currently owned or occupied (leases, with maintenance responsibility) by the UHB. A full list of properties/buildings and status of occupation is available on request from the Capital, Estates and Facilities Department.

3.0 ROLES AND RESPONSIBILITIES

3.1 General Responsibilities

3.1.1 Employer's Duties

General duties under the Health and Safety at Work etc Act 1974 (HSWA)

The general duty of employers under the Health and Safety at Work etc., Act 1974 applies generally to working with Asbestos as it applies to other kinds of work. The act places a duty on every employer to ensure so far as is reasonably practicable, the health, safety and welfare at work of all his employees (HSWA 2(1)) moreover all employers must:

1. Provide and maintain plant and systems of work that are, so far as is reasonably practicable, safe and free from health risks (HSWA 2(2)(A)).
2. Make arrangements for ensuring, so far as is reasonably practicable, safety and absence of health risks in connection with the use, handling, storage and transportation of articles and substances. (HSWA 2(2)(B)).

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3. Provide such information instruction, training and supervision as is necessary to ensure so far as is reasonably practicable, the health and safety at work of their employees [HSWA 2(2)(C)].
4. Provide a safe working environment [HSWA 2(2)(E)].
5. Those in control of premises must ensure that they are safe and that any plant or substances do not endanger health (i.e. of patients, staff or visitors etc.,) HSWA. sect.4.

Specific Legal Requirements under The Control of Asbestos Regulations 2012 (Reg.4)

No employer shall carry out work which exposes, or is liable to expose their employees to asbestos containing materials - ACMs unless first, they:

1. Take reasonable steps to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and what condition it is in;
2. Presume materials contain asbestos unless there is strong evidence that they do not;
3. Make, and keep up-to-date, a record of the location and condition of the asbestos containing materials – or materials which are presumed to contain asbestos;
4. Assess the risk of anyone being exposed to fibres from the materials identified;
5. Prepare a plan that sets out in detail how the risks from these materials will be managed;
6. Take the necessary steps to put the plan into action;
7. Periodically review and monitor the plan and the arrangements to act on it so that the plan remains relevant and up-to-date; and
8. Provide information on the location and condition of the materials to anyone who is liable to work on or disturb them.

There is also a requirement on anyone to co-operate as far as is necessary to allow the dutyholder to comply with the above requirements.

3.1.2 Employees Duties

Employees - General duties under the Health and Safety at Work etc., Act 1974

By virtue of Section 7 of the Health and Safety at Work Act, employees are under a duty to take reasonable care of their own and others 'safety' when handling and using substances hazardous to health as well as during any other work activity. Employees must also co-

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operate with their employer so far as is necessary to enable that employer to comply with any statutory duty or requirement, e.g. by following safe systems of work and by using and/or wearing personal protective equipment.

Specific Legal Requirements under The Control of Asbestos

Regulations 2012 (Reg.4)

Every person shall cooperate with the duty holder so far as is necessary to enable the duty holder to comply with his duties under this regulation.

3.2 Delegated Responsibilities

The UHB delegates to the Chief Executive, responsibility for the safe management of asbestos. In practice, the responsibility is designated to through the UHB Divisions and Directorates as outlined in the UHB overall Health and Safety Policy.

Furthermore, the UHB has appointed an Asbestos Management Team, from whom advice and information on asbestos can be sought. *[An organisational chart for the management of Asbestos is illustrated in Appendix 1]*

The Asbestos Management Team will act on notification that asbestos has been located or is suspected of being present and will:

1. Establish the presence or other wise of asbestos;
2. Will carry out a risk assessment;
3. Will arrange to remove or adequately manage the hazard;
4. Will review the assessment periodically or sooner if there is valid reason to do so;
5. Will maintain records and a database of asbestos within the UHB.
6. Will keep management and accredited staff health and safety representatives informed on matters concerning asbestos.

4.0 RESOURCE IMPLICATIONS

The revenue costs associated with the effective control and management of asbestos across the UHB are of the order of £650k per annum, which is to be funded via the estate maintenance revenue allocation. The capital costs of asbestos management and control schemes are in the order of £650k per annum (over the next three years), which is to be funded via discretionary capital programme.

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Reference should be made to the accompanying *UHB Operational Procedures for the Control of Asbestos* for full details including contractor selection.

5.0 TRAINING REQUIREMENTS

Training must be given to staff so that they can action the following:

1. That the Estates Managers and Supervisors are capable of planning the duties involved when essential work must be actioned on or near asbestos containing materials. They must ensure adequate precautions are in place or effected, prior to work being performed on or near asbestos containing materials. That the necessary authorisation (i.e. permit to work) is obtained prior to the work being undertaken. They must be capable of planning, monitoring and supervising the work on or near asbestos in a safe manner.
2. That all staff are capable of working in such a manner that they do not expose themselves and all others to asbestos containing dust when they have reason to work on or near known deposits of asbestos.
3. That the Asbestos Management Team are capable of supervising the work of the approved asbestos removal contractors and ensuring that strict observance and adherence is made to the UHB Asbestos Operational Procedures and Protocols Manual.

6.0 POLICY RATIFICATION

It is The UHB's Policy, to meet the full obligations of the Control of Asbestos Regulations 2012. In order to meet the obligations of the Control of Asbestos Regulations 2012, with respect to the introduction of premises holders 'duty to manage', the UHB has put in place the following initiatives in order to effectively manage asbestos containing materials - ACMs within UHB premises.

1. Manage the asbestos database, with requests for information on ACMs only from authorised UHB / University personnel.
2. Provide requisite on-going training seminars in support of the above for all relevant personnel.
3. Carry out periodic re-inspections of all known ACMs in UHB/University premises to ensure database is up to date.

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4. Update database with information received via site personnel, where ACM's have been removed, discovered or other changed circumstances etc., utilising an agreed update procedure.
5. Develop comprehensive 'Asbestos Management Plan procedures' for the management of ACMs within the UHB.
6. Guided by the recommendations of the reinspections, carry out remediation works as necessary and where ACMs are of a lower risk, put in place safe systems of work.

7.0 FURTHER INFORMATION

7.1 Main Legislation and Guidance

7.1.1 General

The Health and Safety at Work Etc. Act 1974 (HSAWA) requires every employer to ensure, so far as is reasonably practicable, the Health, safety and welfare at work of all employees. Section 2 states that employers, the self-employed and occupiers must conduct their undertaking and keep their premises in such a condition as to ensure that others are also not exposed to risk (sections 3 and 4)

The Management of Health and Safety at Work Regulations 1999 (MHSR) require employers and self employed people to make an assessment to the risks to the health and safety of themselves, employees and people not in their employment arising out of or in connection with the conduct of their business – and to make appropriate arrangements for protecting those people's health and safety.

The Workplace (Health, Safety and Welfare) Regulations 1992 require employers to maintain workplace buildings so as to protect occupants and workers.

The Construction (Design and Management) Regulations 2007 (CDM) requires the client to pass on information about the state or condition of any premises (including the presence of hazardous materials such as asbestos) to the planning supervisor before any work begins and to ensure that the health and safety file is available for inspection by any person who needs the information.

The Defective Premises Act 1972 in England and Wales or **The Civic Government (Scotland) Act 1982** in Scotland places duties on

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landlords to take reasonable care to see that tenants and other people are safe from personal injury or diseases caused by a defect in the state of the premises. Any premises in such a state is prejudicial to health and constitutes a statutory nuisance under section 79 of the Environmental Protection Act 1990. An abatement notice can be served by local authorities on the owner or occupier of premises requiring prevention or restriction of the nuisance.

There are two principle sets of regulations and four guidance documents, as follows:

Employers must consult safety representatives appointed by recognised trade unions under with regard to health and safety issues. Employees not covered by such representatives must be consulted, either directly or indirectly, via elected representatives of employee safety, according to The Health and Safety (Consultation with Employees) Regulations 1996.

The Health & Safety at Work Etc. Act 1974

Control of Asbestos Regulations 2012 (CAR2012)

L143 Managing and working with asbestos, Approved Code of Practice and guidance. *(This amalgamates the previous ACOPs L127 & L143, and replaces L27, L28 and the Asbestos (Licensing) Regulations 1983, L11.)*

HSG 210 Asbestos Essentials: A task manual for building maintenance and allied trades on non-licenced asbestos work.

HSG 247 Asbestos: The licensed contractors guide.

HSG 248 Asbestos: The analysts guide for sampling,

7.1.2 The Control of Asbestos at Work Regulations 2012 (CAR2012)

This applies to all work activities involving asbestos-containing materials. It places duties on an employer, including the self-employed, who carries out “any work which exposes or is liable to expose any of his employees to asbestos.....” to protect all employees and anyone else who may be affected by the work.

CAR2012 is supported by an Approved Codes of Practice that gives practical guidance on how to comply with the law. Although failure to observe any of the provisions of an ACOP is not in itself an offence, that failure may be taken by a court in criminal proceedings, as proof

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that a person has contravened the regulations to which the provision relates. The onus would then be on that person to show that they have complied with the regulations in an equally effective way. The ACOP is:

Managing and Working with Asbestos (L143) amalgamates the two previous ACOPs L127 (The management of asbestos in non-domestic premises) and L143 (Work with asbestos containing materials). It explains the duties to building owners, tenants and any other parties who have any legal responsibility for the premises. It also sets out what is required of people who have a duty to co-operate with the main duty holder to enable them to comply with the regulation. It also applies to any work on, or which disturbs, or is liable to disturb, materials containing asbestos. It also covers the requirements for asbestos sampling and laboratory analysis. It is particularly relevant to those who are responsible for the maintenance and repair of non-domestic premises where asbestos-containing materials are or are likely to be present. It replaces the previous ACOPs, L27 and L28. It also replaces the guide to the Asbestos (Licensing) Regulations 1983, L11.

7.2 Further Guidance

More detailed guidance may be found in the ***“UHB Operational Procedures for the Control of Asbestos”*** Document.

8.0 EQUALITY

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned. Where appropriate we will make plans for any necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities legislation.

9.0 AUDIT

The Policy is largely technical in nature with particular relevance for Capital, Estates & Facilities Department, although all users within the UHB have a part to play. Adherence to the requirements of this policy will be monitored via a number of different methods e.g. internal audit

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programme, review of database statistics, and regular re-surveys of UHB ACMs etc.

A regular audit/inspection will be undertaken to check that the Asbestos Database has been kept up to date. The audit/inspection shall be organised by the Asbestos Management Team or his nominated representative. Audits will be conducted by suitably trained asbestos surveyors who have undergone suitable training.

10. DISTRIBUTION

This Policy will be posted on the UHB Intranet.

11. REVIEW

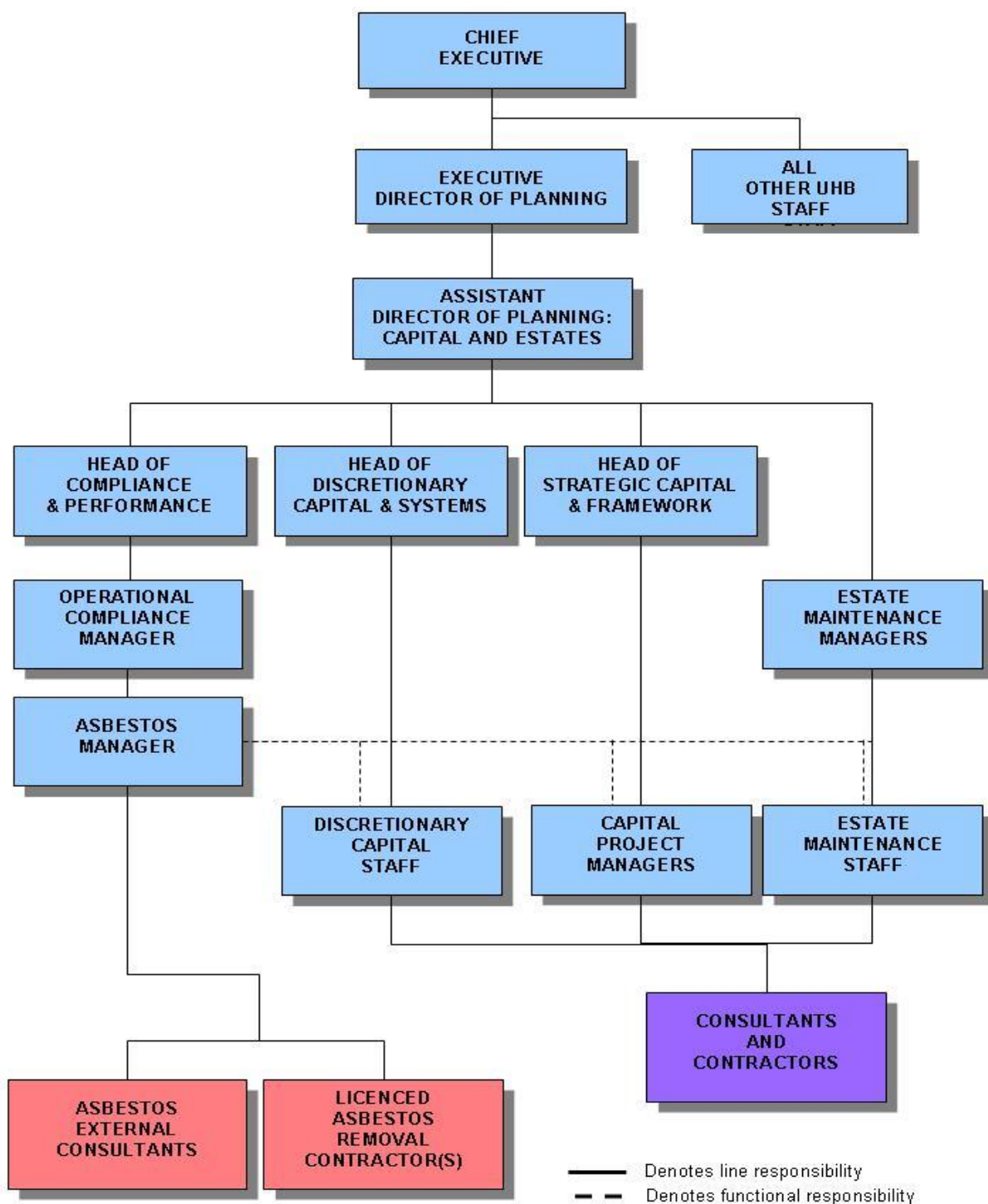
This procedure will be reviewed every 3 years or more frequently if required, to ensure continued compliance with regulations, health technical memoranda - HTMs, and relevant codes of practice, and best practice as appropriate.

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APPENDIX 1

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Asbestos Organisational Structure: Line Management Responsibilities



Equality & Health Impact Assessment for

ASBESTOS MANAGEMENT POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Asbestos Management Policy UHB 072
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Capital, Estates & Facilities Owen Davies Estates Health Safety & Asbestos Support Officer (02920) 742720
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will take all reasonable precautions to protect patients, staff and the general public from exposure to all known deposits of asbestos containing materials on the UHB's premises and sites.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research 	The Policy is largely technical and closely follows the legislative requirements set out in the Control of Asbestos Regulations 2012. It would apply in full to all members of staff engaged in maintenance or refurbishment work within UHB premises or those managing others undertaking these tasks.

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	<ul style="list-style-type: none"> • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	No background information was required as evidence.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This is technical documentation and is only relevant to maintenance staff, contractors and those project managing or organising maintenance activities within UHB sites.

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	It should have no age related impacts.	N/A	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	It should have no disability related impacts.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	It should have no gender related impacts.	N/A	
<p>6.4 People who are married or who have a civil partner.</p>	It should have no impact on married people or those within a civil partnership.	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>It should have no pregnancy related impacts.</p>	<p>N/A</p>	
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>It should have no ethnicity related impacts</p>	<p>N/A</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	It should have no religious related impacts.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	It should have no sexual preference related impacts		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	This policy is only available in English and could therefore have a negative impact on a non English speaker.	The policy could be translated into Welsh or other languages as required.	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This has no impact on people with low income or no income.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	This policy has no regional bias.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None applicable		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation	Not applicable.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>			
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight</p>	<p>Not applicable.</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	Not applicable.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food,	This should have a positive impact by reducing the likelihood of being exposed to airbourne pollutants (namely asbestos).		

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Approved By: Health and Safety Committee		

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<p>leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging;</p>	<p>Not applicable.</p>		

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<p>social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Not applicable.</p>		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The impact of improving the physical environment by reducing peoples exposure to pollutants (namely asbestos) is likely to be a very positive impact. The only negative was the lack of bilingual alternative for the policy and supporting documentation. This has not previously been raised as an issue but should it be in the future, then measures would need to be taken to translate it into Welsh in order to not impact upon those who only speak Welsh.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Not applicable.</p>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>No. The negative impacts are believed to be minimal so further assessment would not be beneficial.</p>			

