

Reference Number: UHB072 Version Number: 4	Date of Next Review: February 2026 Previous Trust/LHB Reference Number: T/114
Asbestos Management Policy	
Policy Statement <p>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.</p>	
Policy Commitment <p>It is the policy of the UHB to treat all asbestos as hazardous and to manage that hazard in accordance with statutory regulations in force.</p> <p>The aim of this Policy is to maintain within the UHB, strict adherence to the associated Asbestos Management Plan as per Regulation 4 (8) to ensure that:</p> <ul style="list-style-type: none"> • Asbestos management is in line with current asbestos legislation. • All asbestos containing materials (ACMs) are identified, regularly inspected and this information is made available to all who require it. • Access / work is restricted in any high risk areas (Regulation 18 areas). • Any work that has the potential to disturb asbestos containing materials is strictly controlled and monitored. • Any work to remove or remediate asbestos containing materials, is undertaken by suitably competent persons using a suitable methodology and overseen by an independent asbestos consultant. • All asbestos containing materials are removed (where reasonably practicable) from areas during refurbishment schemes to reduce the overall asbestos legacy. 	
Supporting Procedures and Written Control Documents <p>Other supporting documents are:</p> <p><i>List all documents the reader needs to be aware of alongside / in support of this document</i></p> <ul style="list-style-type: none"> • Asbestos Management Plan (version 6) • Asbestos Management Plan – Appendices (various) • 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 	
Scope	

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This policy applies to all of our staff in all locations including those with honorary contracts	
Equality Impact Assessment	An Equality Impact Assessment (EqIA) has previously been completed and this found there to be no impact
Health Impact Assessment	A Health Impact Assessment (HIA) has been completed and this found there to be a no impact.
Policy Approved by	Board/Committee/Sub Committee
Group with authority to approve procedures written to explain how this policy will be implemented	For example: Health System Management Board
Accountable Executive or Clinical Board Director Director [insert title of post holder]
<u>Disclaimer</u>	
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 <u>Governance Directorate.</u>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	23/08/2011	Replaces previous Trust version 114
2	17/04/2014		Replaces T/114 version 1. Updates made to terminology, wording and dates throughout document.
3	20/04/2017		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.
4	20/02/2023		Significant alterations made to document following wholesale changes to Asbestos Management Plan (version 6)

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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 -

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crocidolite, amosite, chrysotile, fibrous anthophyllite, fibrous actinolite and fibrous tremolite.

The inhalation of asbestos fibre is considered a significant occupational health hazard and still kills approximately 5000 people per year in the UK. Unlike many other occupational diseases, Asbestos - related diseases can manifest themselves over a long latent period (between fifteen and sixty years) so exposure now may have long term health implications for those involved.

70% of the buildings within the Health Board's (UHB) built estate are known to contain Asbestos Containing Materials (ACMs) in a wide range of forms and the Asbestos Management Plan, Asbestos Management Policy and supporting documents are the UHB's response to ensure this is appropriately managed.

2.0 AIM

Cardiff and Vale University Local Health Board 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 aim of this policy to treat all asbestos as hazardous and to maintain within the UHB, strict adherence to the associated Asbestos Management Plan as per Regulation 4 (8) to ensure that:

- Asbestos management is in line with current asbestos legislation.
- All ACMs are identified, regularly inspected and this information is made available to all who require it.
- Access / work is restricted in any high-risk areas (Regulation 18 areas).
- Any work that has the potential to disturb asbestos containing materials is strictly controlled and monitored.
- Any work to remove or remediate asbestos containing materials, is undertaken by suitably competent persons using a suitable methodology and overseen by an independent asbestos consultant.
- All asbestos containing materials are removed (where reasonably practicable) from areas during refurbishment schemes to reduce the overall asbestos legacy.

3.0 ROLES AND RESPONSIBILITIES

The Asbestos Management Plan (AMP) defines a number of specific roles and associated responsibilities.

3.1 Dutyholder

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The Chief Executive has overall responsibility for Health and Safety within Cardiff & Vale University Health Board and as such is the “Dutyholder”. They shall ensure that sufficient resources are allocated to meet the objectives of the Asbestos Management Plan (AMP) in order to minimise the risk of exposure to asbestos, of staff, patients, visitors and anyone engaged to carry out work in the Health Board’s premises.

For space leased by Cardiff University from UHB, the duty holder is the Vice Chancellor of Cardiff University and as such should have the same level of responsibility over their demised areas as the Chief Executive has over UHB controlled areas.

The plan also identifies a number of other “Dutyholders” on smaller sites who, technically are under the responsibility of the Chief Executive, but are defined by CAR2012 as having a separate legal responsibility. A system has been put in place to delegate their responsibility back to the Appointed Persons.

3.2 Appointed Person

The “Dutyholder” has appointed Asbestos specialists, both within Capital, Estates & Facilities (CEF) and Corporate Health & Safety, to manage the day to day requirements of the Asbestos Management Plan (AMP). For the purposes of the AMP they are considered the Appointed Persons. They can be supplemented by specialist consultants who become Appointed Persons also.

The Appointed Person will:

- Ensure that reasonable steps are taken to identify Asbestos Containing Materials (ACMs) within the premises or presume that they are present until proven otherwise.
- Ensure that a written record of these ACMs (MiCAD) are maintained and that they will have their condition regularly checked.
- Assess the risk of someone being exposed to asbestos fibre as a result of these ACMs.
- Facilitate the AMP that sets out in detail how the risks from these materials will be managed
- Ensure materials are effectively controlled or removed.
- Ensure the relevant asbestos information is provided to all who are liable to disturb the ACM or could potentially be at risk.
- Audit the AMP to ensure its effectiveness and compliance.
- Ensure that biannual Asbestos Management Group meetings are held to discuss the effectiveness and compliance of the AMP.

3.2 Competent Person

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Competent persons would include, but not be limited to, anyone undertaking work on the fabric of the building, maintaining equipment and plant or managing those who do so. These staff, both internal and external, will undertake Category A - Asbestos Awareness training annually.

The competent persons will be expected to understand the asbestos information given to them, or that they have accessed via MiCAD. They will understand the implication that their work may have on the products identified and act in accordance with the procedures outlined in the AMP to ensure that the products are not disturbed and that they, or others, are not exposed to airbourne asbestos fibres.

Where a Competent Person finds any suspect material or damage to existing products it is their responsibility to inform the Asbestos Management Team of this and secure the area to prevent others accessing it.

4.0 RESOURCE IMPLICATIONS

The revenue costs associated with the effective control and management of asbestos across the UHB are of the order of £350k per annum, which is to be funded via the discretionary capital programme. Additional costs for asbestos surveying and removal work relating to project work should be funded from the individual projects.

5.0 TRAINING REQUIREMENTS

Formal training requirements are as follows:

- Category A Asbestos awareness – required by all maintenance staff and contractors.

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- Category B – Asbestos Non-licensed – required by those staff undertaking minor asbestos works on low risk asbestos products on a sporadic basis.
- Category C – Asbestos licensed – required by contractors undertaking asbestos removal on notifiable products
- BOHS P403 & 404 (or equivalent) – contractors undertaking asbestos surveys.
- BOHS P402 (or equivalent) – contractors undertaking asbestos surveys.
- Appointed persons require BOHS P405 (or equivalent), CCP or CoCA.

Informal training provided for UHB staff accessing the asbestos information (via MiCAD), on asbestos emergency procedures and on undertaking Category B works under a Permit.

6.0 COMMUNICATION OF ASBESTOS INFORMATION

Effective communication of asbestos information to those who require it will follow one of these routes:

- **MiCAD.** This will be the principal route for staff undertaking work on site to access the asbestos information they require. The MiCAD asbestos register is available to all who require access (via any internet enabled device). This includes all UHB staff and also long-term compliance sub-contractors.
- **Authorisation to Proceed.** This is a formal procedure to request information prior to work taking place. The request will be processed by one of the Asbestos Management Team who will provide digital or physical copies of all relevant asbestos information, any caveats and signed approval for the work to continue.
- **Management or R&D surveys.** These will be commissioned prior to work taking place and will be provided to the UHB Supervising Officer and Principal Contractor. The Consultancy providing the survey will update MiCAD with the new information. In larger F10 projects the surveys can become the responsibility of the Principal Contractor but they must adhere to the minimum standards set out within the Asbestos Management Plan.
- **Signage.** High risk or Regulation 18 areas will have specific signage warning of the requirement to wear full RPE and PPE. They also have a QR code which will access the specific MiCAD asbestos information. It should be noted that Labelling of

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asbestos items is sporadic across the UHB and should not be relied on.

- **Quality & Assurance meetings.** All local and Departmental Quality & Assurance meetings and forums will include asbestos sections and any relevant asbestos information can be cascaded down. Toolbox talks are also used for communicating relevant asbestos information.
- **Displays.** Current Regulation 18 area lists are normally displayed along with emergency procedures, training manuals and other relevant information on Estates Department H&S boards.
- **Asbestos Management Team.** The Asbestos Management Team can provide specific asbestos information to any stakeholder that requires it. This may be in physical or digital form (extracts from asbestos register) but could also be verbal.

7.0 ASBESTOS MANAGEMENT PLAN AUDIT AND REVIEW

The Asbestos Management Plan will be thoroughly reviewed by the Asbestos Management Team on an annual basis and each new version of the AMP will be discussed at and endorsed by the Department Quality & Assurance Meeting. Additional reviews of the plan will also occur in the event of any incidents, enforcement action, significant changes to the property portfolio or if significant new information is identified.

In addition to the formal review of the AMP, aspects of the plan will also be monitored and managed using audits. These will be carried out on the following activities at the defined frequency.

- Surveys – 3% of surveys or three per year to be audited either by an alternative consultancy or a P402 qualified and competent member of the AMT.
- Analytical work – 3% of air monitoring certificates to be audited by a P403 qualified and competent member of the AMT.
- Clearances – 5% of clearances or 1 per year to be audited either by a P404 and competent member of the AMT or by an alternative consultancy.
- Licensed contractors – any job over 5 shifts will be audited by the analytical company using their own audit form. 3% of removal works will be audited by Asbestos Management Team.
- Provision of asbestos information to contractors – as part of Control of Contractors monitoring
- There will also be regular unannounced spot checks on all projects as part of the Control of Contractors Monitoring

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Any incidents involving asbestos will be reported to and dealt with by the Asbestos Management Team. An incident will be defined as any action that

- Has the potential to release airborne asbestos fibre (above the control limit of 0.010 f/ml).
- Has released airborne asbestos fibres above the control limit.

Once any initial response has been completed the AMT will investigate the incident and the report and any follow up actions will be reported back at the next Quality & Assurance meeting.

8.0 FURTHER INFORMATION

- Cardiff & Vale UHB Asbestos Management Plan (UHB 072 version 6)
- The Control of Asbestos Regulations 2012
- Managing and working with asbestos 2012. Approved Code of Practice and Guidance L143
- A comprehensive guide to Managing Asbestos in premises HSG 227
- Asbestos: The Survey Guide HSG264.
- Asbestos: The Analysts' Guide for Sampling, Analysis and Clearance Procedures HSG248
- Asbestos Essentials Task Manual: Task guidance sheets for the building maintenance and allied trades HSG210
- Asbestos: The Licensed Contractors' Guide HSG247
- A Comprehensive Guide to Managing Asbestos in Premises HSG 227.
- Hazardous Waste Regulations 2005
- The Health & Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- Construction Design and Management Regulations 2015
- Welsh Language Act 2018

9.0 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

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ensure that we meet our responsibilities under the Equalities legislation.

10.0 DISTRIBUTION

This Policy will be posted on the UHB Intranet along with the Asbestos Management Plan (Version 6).

11.0 POLICY REVIEW

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

Equality & Health Impact Assessment for

Asbestos Management Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

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 (02921) 736217
3.	Objectives of strategy/ policy/ plan/	To ensure the Health Board delivers its aims, objectives, responsibilities

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253.73860411&_dad=portal&_schema=PORTAL

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	procedure/ service	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.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • 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 Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>The Policy is largely technical and closely follows the legislative requirements set out in the Control of Asbestos Regulations 2012.</p> <p>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.</p> <p>No background information was required as evidence.</p>

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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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 that project manage, organise or control maintenance activities within UHB sites.
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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	
<p>6.5 Women who are expecting a baby, who are</p>	It should have no pregnancy 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
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.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	It should have no ethnicity related impacts	N/A	
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:	It should have no sexual preference related impacts		

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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
<ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 			
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>This policy is only available in English and could therefore have a negative impact on a non English speaker.</p>	<p>The policy could be translated into Welsh or other languages as required.</p>	
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to</p>	<p>This has no impact on people with low income or no income.</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
work due to ill-health			
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.		
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.

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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>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	Not applicable.		
<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</p>	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>access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>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</p> <p>Well-being Goal – A prosperous Wales</p>	Not applicable.		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green</p>	This should have a positive impact by reducing the likelihood of being exposed to airbourne pollutants (namely asbestos).		

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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>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>	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
social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
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 Well-being Goal – A globally responsible Wales	Not applicable.		

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

8.1 Please summarise the potential positive	The impact of improving the physical environment by reducing people's
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and/or negative impacts of the strategy, policy, plan or service	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.
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Action Plan for Mitigation / Improvement and Implementation

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

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is 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>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 				

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

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13. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
14. Protocol 1, Article 1 Right to peaceful enjoyment of your property
15. Protocol 1, Article 2 Right to education
16. Protocol 1, Article 3 Right to participate in free elections
17. Protocol 13, Article 1 Abolition of the death penalty

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Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seeks views and opinions.