

Asbestos Management Plan

V4.0

August 2024

Summary

The Royal Cornwall Hospitals NHS Trust is committed to meeting all the duties placed upon it under:

- Control of Asbestos Regulations 2012.
- Health and Safety at Work etc. Act 1974.
- HSE Health and Safety guidance note HSG227-A Comprehensive Guide to Managing Asbestos in Premises.
- HSE Health and Safety guidance note HSG264-Asbestos: The Survey Guide.

Specifically, the Trust will protect, so far as reasonably practicable, all staff, contractors, and users of the Trust's properties from exposure to asbestos fibres:

- Provide adequate resources to effectively deliver this Asbestos Management Plan.
- Identify, so far as reasonably practicable, all Asbestos Containing Materials (ACMs) in the Trust's buildings.
- Maintain an asbestos register of identified ACMs and make it accessible to staff, contractors and any other party that undertakes work on Trust properties.
- Implement and maintain an effective Asbestos Management Plan (AMP) to ensure that all ACMs identified are maintained in a safe condition, isolated or removed.
- Raise the understanding of the risks of ACMs, the Trust's AMP and the process and procedures for dealing with ACMs through training and ongoing awareness for relevant staff, contractors and any other interested party.
- Remove all asbestos from areas where major refurbishment is taking place.
- Appoint a competent and suitably qualified person to undertake the role of Asbestos Co-ordinator.
- Ensure that only appropriately trained, qualified and competent persons undertake work with ACMs.
- Review the Asbestos Management Plan on an annual basis or more frequently if required.

Table of Contents

Summary	2
1. Introduction.....	5
2. Purpose of this Policy/Procedure	6
3. Scope.....	6
4. Definitions / Glossary	6
5. Ownership and Responsibilities	6
5.1. The Trust	6
5.2. Role of the Chief Executive-The Duty Holder.....	7
5.3. Role of the Director of Estates- Designated Person.....	7
5.4. Role of the Head of Estates- Responsible Person.....	7
5.5. Role of the Estates Manager- Appointed Person.....	7
5.6. Role of the Staff, Contractors and Third-Party Individuals	8
5.7. Role of Managers, Estates Officers and Project Managers	9
6. Standards and Practice	10
6.1. Management of Asbestos Plan.....	10
6.2. Legal Framework	10
6.3. Identification and Recording of Asbestos containing materials	10
6.4. Types of Survey undertaken.....	10
6.5. Refurbishment and Demolition Survey.....	10
6.6. Intrusive works	11
6.7. Assessing and managing risk	12
6.8. Taking action	12
7. Dissemination and Implementation	14
8. Monitoring compliance and effectiveness	15
9. Updating and Review	16
10. Equality and Diversity	16
Appendix 1. Governance Information	17
Appendix 2. Equality Impact Assessment	20

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This document, the Asbestos of Management Plan (AMP), sets out the Royal Cornwall Hospitals NHS Trust's plan, organisation and arrangements for managing the risks from Asbestos Containing Materials (ACMs) in all its premises. Under the Control of Asbestos Regulations, the Trust has a duty to have an up-to-date management plan for compliance. This document will be one and the same.
- 1.2. The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and The Control of Asbestos at Work Regulations (2012). In doing so, the Trust aims to take all reasonable precautions in respect of the management of asbestos to control the risk of harm to patients, visitors, staff and other persons working at or using its premises.
- 1.3. The Royal Cornwall Hospitals NHS Trust is committed to meeting all the duties placed upon it under the Control of Asbestos Regulations 2012 and specifically will:
 - Provide adequate resources to effectively deliver this Asbestos Management Plan.
 - Identify, so far as reasonably practicable, all ACMs in the Trusts buildings.
 - Maintain an asbestos register of identified ACMs and make it accessible to staff, contractors and any other party that undertakes work on Trust properties.
 - Implement and maintain an effective Asbestos Management Plan (AMP) to ensure that all ACMs identified are maintained in a safe condition or alternatively are isolated or removed.
 - Raise the understanding of the risks of ACMs, the Trust's AMP and procedures for dealing with ACMs through training. Including the ongoing awareness for relevant staff, contractors and any other interested party.
 - Remove all asbestos from areas where major refurbishment is taking place.
 - Appoint a competent and suitably qualified person to undertake the role of Asbestos Co-ordinator.
 - Ensure that only appropriately trained, qualified and competent persons undertake work with ACMs.
 - Review the Asbestos Management Plan on an annual basis or more frequently if required.
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. This document details the steps that will be taken by the Trust to ensure that the risk from known or suspected Asbestos Containing Materials (ACMs) within Trust owned or controlled buildings is managed in accordance with the Control of Asbestos Regulations (2012), and that so far as reasonably practicable no one can come to any harm from asbestos.
- 2.2. Some buildings owned or occupied by the Trust were built or refurbished at a time when the use of ACMs in construction was common. This Plan is designed to effectively manage and minimise asbestos health risks to staff and other persons working in or using the Trusts premises.

3. Scope

The Plan applies to all Trust employees and contractors across all Trust properties.

4. Definitions / Glossary

- ACM - Asbestos Containing Materials.
- AMP - Asbestos Management Plan.
- CAR2012-Control of Asbestos Regulations 2012.
- Accredited- Company Accredited to UKAS ISO 17020 and ISO 17025.
- ACOP-Approved Code of Practice: E.g., HSG227 Managing Asbestos in Premises.
- Appointed person- Asbestos Coordinator.

5. Ownership and Responsibilities

5.1. The Trust

- 5.1.1. The Trust recognises its responsibility to provide adequate resources to fully implement the appropriate codes of practice and legal compliance, in order to properly control the asbestos within the environment of the hospital – including risk assessments, remedial actions and training.
- 5.1.2. To enable the Trust in fulfilling its obligations, staff need to be aware of the clear lines of communication, roles and responsibilities for all matters relating to the management of Asbestos.
- 5.1.3. Those who are appointed to carry out the control measures and strategies should be suitably informed, instructed, trained and their competence suitably assessed.
- 5.1.4. Although training is an essential element of competence it should also be viewed alongside experience, knowledge and other personal qualities which are needed to undertake a job safely.

5.2. Role of the Chief Executive-The Duty Holder

- 5.2.1. The Chief Executive has overall responsibility and accountability for all aspects of the fabric and its environment within Trust Properties.
- 5.2.2. Nominate, in writing the Director of Estates as the “Designated Person” to take overall responsibility for identifying and controlling the risks from asbestos fibre release.

5.3. Role of the Director of Estates- Designated Person

Via designated deputies, the Director of Estates has overall responsibility for exercising the Trust’s duty of care with respect to asbestos management and ensure sufficient arrangements are in place for implementing policy and the Asbestos Management Plan.

5.4. Role of the Head of Estates- Responsible Person

Responsible for implementing general policy under Health and Safety at Work Act 1974, Control of Asbestos Regulations 2012 and associated ACOP’s. The Responsible person accepts deputised management responsibility for the responsibilities of the Director of Estates.

5.5. Role of the Estates Manager- Appointed Person

- 5.5.1. This will be a Senior Estates person who has been appointed in writing by The Duty Holder. Who has the relevant training and is the Authorised Person for Asbestos Management. They are responsible for day-to-day control of the asbestos management, including the upkeep of the Asbestos Register and for organising necessary training for staff. Liaison with the Authorising Engineer (Asbestos) in providing advice on actions to be taken in matters relating to asbestos.
- 5.5.2. They will ensure through monitoring that the Trust complies fully with all legislative acts in its operations that could involve the disturbance of Asbestos Containing Materials.
- 5.5.3. Provide advice and guidance to all managers in relation to Legislative requirements, Training needs of staff, P.P.E. (Personal Protection Equipment) used to protect staff and contractors engaged in the remediation/removal of Asbestos Containing Materials.
- 5.5.4. Act as a point of reference for the Trust in respect to Asbestos Policy issues, meet with official bodies such as Health and Safety Executive Officers and communicate the Trust’s position. Deal with the concerns of staff, patients, and visitors in a helpful and sympathetic manner.
- 5.5.5. Carry out regular reviews of the permit to work system to ensure full compliance and that the system is workable.
- 5.5.6. The Appointed Person (also known as the Asbestos Co-ordinator) is

responsible for coordinating the commissioning of Management Surveys. All surveys undertaken will be undertaken in line with HSE ACOP HSG 264.

- 5.5.7. The Asbestos Co-ordinator is responsible for maintaining the Asbestos Register. NB: The Responsibility for the delivery of updated information to the Asbestos Co-ordinator falls to Estates Managers, Officers and Project Managers.

5.6. Role of the Staff, Contractors and Third-Party Individuals

5.6.1. CITS Managers

Responsible for the management of staff undertaking associated I.T. works and ensure staff liaise with Estates Department prior to any project works, cable laying or works which have the potential to disturb asbestos or access previously inaccessible areas. Inform the Appointed Person if they find any damaged asbestos or if they know that the condition of any ACM has changed in anyway. Coordinate with the Appointed Person in order to maintain compliance with asbestos legislation and achieve the goal of effective asbestos management.

5.6.2. Asbestos Consultant-AE

Although asbestos does not fall under a HTM in order to maintain consistency the Trust will appoint an Asbestos Consultant to act in the role of Authorising Engineer. This is an external Asbestos Consultant employed to advise the Trust on compliance issues as well as carry out audits of the Asbestos Management Systems to ensure the Trust is compliant and advise action to correct deficiencies.

5.6.3. Contractors:

- All contractors presenting themselves for works on site are required to access the Asbestos Register if the works are to be intrusive, within any building constructed before the year 2000 and /or if they are to enter areas of high risk to exposure. By liaising with an Appointed Person, Manager, Estates Officer or Project Manager.
- Demonstrate that they (all staff attending site) have an Asbestos awareness qualification in the last 12 months.
- Make further contact with the supervising officer responsible for their visit in the event of any confusion.

5.6.4. Staff, Contractors and third-party individuals: (accountable to the Manager, Estate Officer or Project Manager)

- They will ensure that they act in a safe manner when working near to Asbestos Containing materials thereby not putting themselves or others at risk from the exposure to Asbestos. They will be given access to the Asbestos Register. In the case of the Emergency Services this will be done via the switchboard staff in line with the Trusts Emergency Procedures.

- They will carry out the requirements of the Trust's Asbestos Policy and The Asbestos Management Plan in all works on site as conveyed by the Manager, Estate Officer or Project Manager for the Trust.

5.7. Role of Managers, Estates Officers and Project Managers

- 5.7.1. Will ensure that they are familiar with the Asbestos Policy/ the Asbestos Management Plan and the Asbestos Register.
- 5.7.2. The Managers/Estate Officers or Project Manager will be ultimately responsible for the production of a review of all health and safety implications in advance for projects under their control. They will ensure that:
 - The project to be undertaken has been assessed in respect to its impact and potential exposure risk to any known ACMs present. Asbestos must appear as a criterion in the formal risk assessment.
 - The contractor has had sufficient information given to them prior to the commencement of any works especially at the estimating stage and address the presence of asbestos in their risk assessment and method statements which should be approved prior to work commencing.
 - That the contractor is given access to the contents of the Asbestos Register for that area and has declared this to the Managers/Estate Officers or Project Managers.
 - That during the project adequate supervision and auditing is afforded to ensure that the agreed processes are being adhered to.
 - Be aware of the correct precautions required for the associated tasks including PPE, Risk Management and training.
 - If a Refurbishment and Demolition Survey is required this will be organised by the Project Manager/ Officer/ Manager overseeing the work.
- 5.7.3. During the pre-assessment conducted by the Managers/Estate Officers or Project Managers, it must include an evaluation of the presence of ACMs via the Asbestos Register. If Asbestos removal is instigated then on completion all records, Air Monitoring Reports, Plans of Work, Risk Assessments and Hazardous Waste Consignment Notes will form the Construction Design Management Health and Safety File. These documents will be passed to the Asbestos Coordinator to include within the Asbestos Register.

6. Standards and Practice

6.1. Management of Asbestos Plan

This Plan sets out the organisation and arrangements by which ACMs are to be managed. It details how the Trust will protect staff, contractors who work on Trust properties as well as users of our services and visitors from exposure to asbestos.

6.2. Legal Framework

- 6.2.1. The Control of Asbestos Regulations (CAR) 2012 places a specific duty to manage asbestos on the owners and/or those responsible for maintenance in non-domestic premises. The Regulations place minimum standards for the protection of employees from risks related to exposure to asbestos. In addition, it places a duty on employers to take account of people not directly employed by them, but who could be affected by the work being done on asbestos, (including employees of other employers, people occupying buildings, members of the public etc).
- 6.2.2. This Plan is intended to enable compliance with all aspects of the requirements of CAR 2012 and other relevant legislation; the following duties within CAR 2012 are highlighted as being fundamental to the effective delivery of the asbestos management system:

6.3. Identification and Recording of Asbestos containing materials

In order to manage the risk of asbestos and for legal compliance with CAR2012 and the HSE (Health and Safety Executive), Trust will ensure that a suitable and sufficient assessment is carried out as to whether asbestos is present within the Trusts buildings. This requirement is valid for any property built before 2000.

6.4. Types of Survey undertaken

Management Survey – its purpose is to locate, as far as reasonably practical, the presence and extent of any ACMs in a building which could be damaged or disturbed during normal occupancy and to assess their condition. The survey will involve inspections of false ceilings and inside risers, service ducts, lift shafts etc. Where an area is inaccessible, it may involve presuming the presence of ACMs. A Management Survey has been completed and this forms the base information for the Asbestos Register. Re-inspections are undertaken every twelve months; the purpose of the re-inspection is to assess the condition of existing and known ACMs and amend the risk register accordingly.

6.5. Refurbishment and Demolition Survey

Will be undertaken prior to any intrusive works, refurbishment or demolition work being to be carried out. This can be defined as works where the fabric of the building will be disturbed through abrasion, impact or penetration. This type of survey is intrusive and is used to locate and describe, as far as reasonably practicable, all ACMs in the area where the work is being carried out or in the whole building if demolition is planned.

6.6. Intrusive works

- 6.6.1. Where any intrusive work is planned in a building constructed before the year 2000 or is believed to contain Asbestos, the Asbestos Co-ordinator must be consulted. The Asbestos Co-ordinator will assess the quality and the extent of the information available and decide whether it is suitable and sufficient to permit the proposed work to proceed.
- 6.6.2. Where the Asbestos Co-ordinator deems the known information is not sufficient, further survey work must be commissioned in the form of targeted sampling or a Refurbishment and Demolition survey.
- 6.6.3. Intrusive works is defined as and not limited to demolition or breaking out, forming openings (of any size) in walls, floors, ceilings, opening up of ducts, boxing or voids, lifting of covers where the contents are not known and could potentially release asbestos fibres.
- 6.6.4. The Asbestos Register (In conjunction with the most recent Management Survey) records known and suspected ACMs in the Trusts buildings. Where ACMs are recorded, as a minimum it will record the following information:
 - Location.
 - Material type.
 - Asbestos type.
 - Extent of damage.
 - Surface treatment.
 - Management status.
 - Date of inspection.
 - Name of the person inspecting.
 - Date of next inspection.

6.6.5. Updating the Register

Any updating of the Register will be authorised by the Asbestos Coordinator. Updates will be made following:

- Re-inspection of the ACM.
- Removal, repair or encapsulation of the ACM.
- Identification of further ACMs or following sampling of non ACMs.
- New management surveys.

- New refurbishment and demolition surveys, changes in building layout or area use.

6.6.6. Storage and availability of the Asbestos Register

The Asbestos Register is stored electronically (by means of a shared server or the online MICAD portal) and is made available to authorised Trust staff and contractors.

6.7. Assessing and managing risk

6.7.1. Management Strategy

Where ACMs are in a safe condition and unlikely to be disturbed, they will be left in situ. They will be inspected regularly at intervals determined by the Asbestos Coordinator. This will typically be every twelve months but may be less or more based upon risk assessment.

6.7.2. Assessment and action priorities

All ACMs are subject to a material risk assessment in accordance with HSG264 (See Summary). This is the primary guide in assessing priority action. The algorithm within the risk assessment assesses the likelihood of an ACM releasing fibres if it is disturbed. Scores and associated risks are set out in Table 1 below.

Table1 – ACM risk assessment

Material Score	Implications
10-12	A high risk with a significant potential to release fibres
7-9	Medium risk
5-6	Low risk
< 4	Very low risk

6.8. Taking action

6.8.1. Remedial action will be taken is based on two criteria:

- Essential actions to stop exposure; and
- The agreed management, remediation and removal programme which has been developed in line with this Policy/ Plan.

Areas of minor damage will be repaired and sealed. Where effective repair cannot be achieved, ACMs will be removed. The decision to instigate remedial action is at the direction of the Head of Estates, based upon the advice of the Asbestos Coordinator and Authorising Engineer (Asbestos).

In the case their absence a HSE Licensed Asbestos Removal Contractors (LARC) will be commissioned to make appropriate repairs.

6.8.2. Removing and remediating Asbestos

Work involving the repair, encapsulation or removal of asbestos will only be carried out by a HSE Licensed Asbestos Removal Contractors (LARC). The appointment of the LARC will generally be made directly but may be made through a Principal Contractor when agreed by the Asbestos Coordinator. Where scaffold is required, only organisations who are registered on the HSE Register of Asbestos Licensed Scaffolders will be used.

6.8.3. Air monitoring and four stage clearance certification.

Where air monitoring and 'four stage clearance' certification is required, this will only be carried out by one of the Trust's approved Asbestos Consultants. The Analyst must be accredited to BS17025.

6.8.4. Emergency Action – Accidental release of asbestos

Following the discovery of significant damage of suspected, known ACMs or where accidental damage has been caused in the course of a work activity, the following actions will be undertaken:

- Work must cease immediately. No effort should be made to clean up.
- The area should immediately have restricted access to all persons but those with appropriate PPE/RPE.
- A Senior Manager should immediately notify the Asbestos Co-ordinator.
- A Senior Manager should arrange to clear the immediate area of all persons, including staff, taking names and contact details.
- Staff and Contractors who have been exposed to asbestos fibres should be held in a designated area, outside by the shortest/ safest route in order to allow an assessment of potential contamination. This could involve the disposal of contaminated clothes and materials.
- As soon as practical a Senior Manager should inform the relevant Trust staff or example: Head of Nursing, Ward Manager, Director of Department etc.
- A designated UKAS Accredited Asbestos Consultant will access the area in appropriate PPE/RPE (Personal Protection Equipment / Respiratory Protection Equipment) and assess the situation. Where the Asbestos Co-ordinator and / or UKAS Accredited Asbestos Consultant is unable to confirm or dismiss the presence of asbestos, samples will be taken for analysis.

- The material shall be presumed to be asbestos and the area will be adequately restricted/ sealed until such time as results to the contrary have been received.
- Air Monitoring tests must be performed by a UKAS 17025 accredited analyst before the area is deemed safe to enter.
- If ACMs are confirmed the Asbestos Co-ordinator will instigate remedial action in accordance with this AMP and Trust procedures.
- The Asbestos Co-ordinator will investigate the matter with a Senior member of the Health and Safety Team. The report will include recommendations on whether the incident should be classed as a 'dangerous occurrence'. If this is the case it will be notified to the Health and Safety Executive under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.
- The Responsible Person will make arrangements to inform all persons who might have been exposed to the uncontrolled release of asbestos and of their potential exposure.
- A Datix will be submitted.

7. Dissemination and Implementation

7.1. Training

- 7.1.1. Awareness is at the core of providing Safety for all individuals therefore, training will be provided and checked to ensure compliance.
- 7.1.2. Estates and Trust employees liable to find asbestos will be required to undergo training to ensure that they understand:
 - The health hazards relating to asbestos.
 - Where asbestos is likely to be found.
 - What asbestos could look like.
 - The actions to be taken if asbestos is discovered.
- 7.1.3. The Appointed Person (Asbestos Coordinator) will arrange all training for Estates Staff. All training shall be carried out by competent specialists or approved online training and a record of staff who have received training shall be maintained by the departmental manager and recorded within their personal file in accordance with **regulation 10 of The Control of Asbestos Regulations 2012**.
- 7.1.4. Further refreshers will be given in the form of Toolbox talks and Task specific briefings.

7.1.5. The training will be specific for the role performed i.e., Managers, Supervisors, maintenance staff, IT and telecoms.

7.2. The levels of training required are set out (Y=Yes N=NO):

Role	Asbestos Awareness	Asbestos Duty to manage	P405
Asbestos Coordinator	Yes	Yes	Yes
Estates/Capital Managers	Yes	Yes	No
Estates Officer	Yes	No	No
Maintenance Team	Yes	No	No
IT/Security/Telecoms	Yes	No	No
General Contractor	Yes	No	No

Contractors will be expected to have a level of training and competency commiserate to the project being undertaken. It will be the Trusts supervising officer's responsibility to ensure that appropriate instruction and information is made available prior to project commencement.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the Policy
Lead	Asbestos Co-Ordinator for Estates
Tool	Asbestos Register, training, compliance checks and permits-to-work.
Frequency	Yearly or when the need is required from alterations to the Asbestos on site.
Reporting arrangements	Reported to the Estates and Facilities Asbestos Management/ Safety Group, with exception reports to the Health and Safety Committee as required.
Acting on recommendations and Lead(s)	Head of Estate Operations will be responsible for ensuring all actions are completed and will report to the Estates and Facilities Performance and Governance Group as required.
Change in practice and lessons to be shared	Lessons shared to be disseminated through to other relevant parties, for example CITS and Major Capital Projects.

9. Updating and Review

- 9.1. The Trust will review the AMP at regular intervals in order to ensure that the Plan remains relevant and effective. The review will be undertaken by the Asbestos Coordinator in consultation with Head of Estates and the Head of Health and Safety. The review is to assess the effectiveness of the AMP in the following key areas:
- Organisational Responsibilities.
 - Identification and recording of asbestos containing materials.
 - Assessing and managing risk.
 - Communication.
 - Risk assessment and method statements; Information, instruction and training.
- 9.2. The review will be carried out annually (in line with the Control of Asbestos Regulations 2012) or sooner if in response to:
- A significant incident involving an uncontrolled release of asbestos fibres.
 - A change in the Control of Asbestos Regulations.
 - If the AMP is no longer considered adequate.
- 9.3. The Health and Safety Manager will periodically audit compliance with this AMP across the Trust Departments. The audit programme will be agreed on an annual basis but will be flexible in order to react to areas of concern as they arise.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Asbestos Management Plan V4.0
This document replaces (exact title of previous version):	Asbestos Management Plan V3.0
Date Issued / Approved:	20 August 2024
Date Valid From:	August 2024
Date Valid To:	August 2027
Author / Owner:	Scott Pateman, Senior Manager, Projects
Contact details:	01872 252352
Brief summary of contents:	This document details the steps that will be taken by the Trust to ensure that the risk from known or suspected Asbestos Containing Materials (ACMs) within Trust owned or controlled buildings is managed in accordance with the Control of Asbestos Regulations (2012), and that so far as reasonably practicable no one can come to any harm from asbestos.
Suggested Keywords:	Asbestos, Health and Safety, Estates, Occupational Health, Project Management, Contractors, COSHH
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Asbestos Safety Group.
Manager confirming approval processes:	Richard Parris, Head of Estates
Name of Governance Lead confirming consultation and ratification:	Phil Bond, Performance Improvement, Governance and Compliance Manager
Links to key external standards:	HSE-Approved Code of Practice-Control of Asbestos Regulations 2012

Information Category	Detailed Information
Related Documents:	Management of Contractors, Health and Safety Policy, Asbestos Management Policy
Training Need Identified:	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Estates

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2011	V1.0	First Draft	J Robin Gatenby, Health and Safety Advisor (Interim)
May 2011	V1.0	Consultation with HSC members	J Robin Gatenby, Health and Safety Advisor (Interim)
1 June 2012	V2.0	Revised policy in accordance with implementation of the Control of Asbestos Regulations 2012.	J Robin Gatenby, Health and Safety
12 June 2012	V2.0	Consultation with HSC Members	J Robin Gatenby, Health and Safety
27 March 2013	V2.1	Minor revisions, consultation with HSC	J Robin Gatenby, Health and Safety
December 2015	V2.2	Rewritten and updated	Anthony Ayers, Estates Officer
October 2019	V3.0	Transposed into latest Trust template	Phil Bond
March 2024	V4.0	Rewritten and Updated. Transposed to latest Trust template.	Author: Scott Pateman, Senior Manager, Projects. Contributor: Richard Parris, Head of Estates.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Asbestos Management Plan V4.0
Department and Service Area:	Estates
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Scott Pateman, Senior Manager, Projects
Contact details:	01872 253400

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All Staff
2. Policy Objectives	To manage Asbestos across the Trust
3. Policy Intended Outcomes	Ensure that there is no unintended exposure to Asbestos Containing Materials
4. How will you measure each outcome?	Reported incidents
5. Who is intended to benefit from the policy?	All Staff, Visitors, Contractors and Patients
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: Yes

Information Category	Detailed Information
	Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Authorising Engineer (Asbestos). Asbestos Safety Group.
6c. What was the outcome of the consultation?	Guidance and confirmation of procedures.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	

Protected Characteristic	(Yes or No)	Rationale
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Scott Pateman, Senior Manager, Projects.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)