

# Management of Asbestos

<b>Department / Service:</b>	Estates
<b>Originator:</b>	Simon Noon
<b>Accountable Director:</b>	Stephen Welch
<b>Approved by:</b>	Ray Cochrane – Head of Estates, Trust Management Executive
<b>Date of approval:</b>	19 <sup>th</sup> January 2022
<b>Review Date:</b>	19 <sup>th</sup> January 2025
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	Estates, IT,
<b>Target staff categories</b>	Trust Estates, Trust IT, Engie Staff, Contractors

## Policy Overview:

This policy sets out the systems which the Trust will employ, to ensure: it has identified all Asbestos Containing Materials in the Estate, the condition of these materials are regularly reviewed and managed. The Policy describes how this information will be passed on to the staff who need to be aware of it, including Trust and PFI contractors. The policy also specifies the arrangements for carrying out work that might disturb such materials and procedures to follow in the event of accidental disturbance of such materials, or discovery of previously unidentified materials.

## Key amendments to this document

Date	Amendment	Approved by:
23/08/2017	New Document Approved	Key Document Approval Group Meeting
19/01/2022	Document Approved	Trust Management Executive

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## 1. Introduction

This Asbestos Policy sets out Worcestershire Acute Hospitals Trust’s (WAHT) strategy for compliance to all relevant Health and Safety legislation regarding asbestos.

It also details the responsibilities, with regard to asbestos, of the Trust and its employees and contractors working for or on behalf of the Trust. All procedures outlined below are mandatory for all parties involved.

This Policy and the procedures outlined require the cooperation of all employees, all regular building users and contractors who also have responsibilities to ensure a safe and healthy working environment is maintained at all times.

The specifics of how asbestos is managed are not covered in this document. Rather this document lays out the broad structures to be put in place by the Trust to achieve the goal of effective asbestos management.

For the purposes of this policy the Estate comprises all the buildings currently owned or occupied under a full maintenance lease or otherwise by the Trust. A full list of properties/buildings and status of occupation is held within the Estates and Facilities Departments at WAHT. This policy applies to all the properties owned or managed on behalf WAHT.

## 2. Scope of this document

The purpose of this policy is to provide a comprehensive asbestos management system, to eliminate or where that is not possible, safely manage exposure, to Asbestos Containing Materials (ACMs) as far as is reasonably practicable.

## 3. Definitions

ACM	Asbestos Containing Materials.
Asbestos	A naturally occurring mineral and a category one human carcinogen.
Types of asbestos	Three main types: chrysolite (white); amosite (brown); crocidolite (blue).
Asbestos Survey	Type 1 Occupation and Maintenance Type 2 Demolition Survey
Duty Holder	Chief Executive. Worcestershire Acute Hospitals NHS Trust
Appointed Person	Principal Engineer / Statutory Standards Manager
HSG264	Methods for determination of Hazardous Substances – Health and Safety

	Executive publication covering surveying, sampling and assessment of ACM.
Asbestos Register	A paper and electronic register of all identified locations, type and condition of asbestos materials. The records of ACMs will be kept for a period of 50 years.
Enforcing Authority	Health and Safety Executive
UKAS	United Kingdom Accreditation Service (which is currently the sole recognised accreditation body).
Method Statement	Details of how the work is to be done safely.
Permit to Work	A permit-to-work system is a documented way of managing a hazard and controlling risk. Supervised by an Authorised Person (AP)

## 4. Responsibility and Duties

### 4.1 Chief Executive

The Chief Executive has overall responsibility for all matters relating to Asbestos management. The Chief Executive will ensure that financial resources are made available to support this Policy based upon a risk assessment of priorities.

### 4.2 The Responsible Person (RP)

The RP is responsible for ensuring that this policy is implemented across the Trust and by partner organisations.

For the purposes of the policy the Principal Engineer / Statutory Standards Manager will be the “Responsible Person (RP)” and will oversee the implementation of this policy on behalf of the Duty Holder (Chief Executive) for the Trust. The RP, on behalf of the Duty Holder, has to ensure that the risk from the asbestos is assessed, that a written plan identifying where that asbestos is located is prepared and that measures to manage the risk from the asbestos are set out in the plan and implemented. The Appointed Person will ensure that:

- The Trust Estates Officers at Alexandra Hospital and Kidderminster are provided with all the necessary information in regard to the presence of Asbestos on those sites, to enable the Estates team to safely manage all work carried out

- Worcestershire Hospital SPC plc. (Project Co) are provided with all the necessary information in regard to the presence of Asbestos in those assets which they maintain in the retained estate, to allow the FM Service providers to carry out their contractual obligations in a safe, timely and efficient manner.
- Take reasonable steps to find out if there are materials throughout the estate, containing asbestos, the amount, where it is and what condition it is in.
- Presume materials contain asbestos unless there is strong evidence that they do not.
- Ensure that systems are in place to identify and manage asbestos on all Trust properties/sites or materials which are presumed to contain asbestos.
- Ensure that systems are in place to assess the risk of anyone being exposed to fibres from the materials identified.
- Ensure that plans are prepared that set out in detail how the risks from these materials will be managed.
- Put measures in place to ensure that the necessary steps to put the plan into action are taken.
- Periodically review the plan to ensure that the plan remains relevant and up-to-date.
- Periodically monitor the safe systems of work to evaluate their efficacy.
- Ensure that information is provided on the location and condition of the materials to anyone who is liable to work on or disturb them.

### 4.3 Project Co and Contracted Services

Will ensure that suitable contractual arrangements are put in place to ensure that asbestos related risks are managed and that the WAHT are compliant in fulfilling their duties in regard to Control of Asbestos Regulations (CAR) 2012. As such they will ensure that this policy is communicated to the Hard Facilities Management service provider and oversee in consultation with the Trust and Hard FM provider, the implementation and monitoring of this policy. The arrangements should take into consideration all buildings provided under the PFI agreement as well as those assets that fall within the retained estate and the specified list of facilities as below:

The properties that need to be surveyed will be formally agreed in a separate schedule by Project Co with WAHT and the Hard FM provider.

Project Co will ensure:

- That this policy is communicated to the Hard FM provider and oversee the implementation of this policy on behalf of the Trust, in particular regard to management and statutory compliance arrangement for asbestos, by the Hard FM provider.
- That any measures deemed necessary by the Duty Holder / RP are implemented by the Hard FM service provider or their contractor.
- The Hard FM service provider will immediately alert Duty Holder / RP and Project Co when asbestos is found or suspected, so that arrangements can be agreed to immediately take appropriate action to manage any risk.
- Any work likely to affect asbestos materials is carried out after consultation with, and in agreement with, the Duty Holder / RP.

- The Hard FM Provider will ensure, so far as is reasonable, that departmental staff, patients, contractors or visitors are not at risk of exposure to hazardous asbestos materials.
- Hard FM Provider will ensure compliance with the requirements of current legislation and this Policy where alteration, demolition or maintenance works are required in Trust premises.
- Hard FM Provider will train their staff to identify the type and condition of ACMs and will inform the RP if any ACMs are found which are not on the Asbestos register.
- Hard FM Provider will ensure that Risk assessments are carried out and communicated to staff, wherever asbestos is found, or is suspected to be present in Trust premises.
- Hard FM Provider will ensure that appropriate steps are taken to manage asbestos and regularly review their procedures.
- Hard FM Provider will ensure appropriate remedial steps are taken where existing means of access and escape are temporarily affected by asbestos working enclosures.
- Hard FM Provider will ensure that the Project Managers appointed for major project works, are aware of their responsibilities under this Policy.
- Hard FM Provider will ensure that the Contractors employ competent accredited companies/contractors for asbestos surveying and removal and will ensure that the appropriate records are received and maintained.
- Hard FM Provider ensures that the Trust Asbestos Register and Plan is communicated and implemented.
- Hard FM Provider ensures that appropriate records of asbestos works are properly kept. That the Trust has access to the Asbestos Register and other such information as required.
- Hard FM Provider will ensure that all incidents are reported, including RIDDOR, are copied to the Trust Health and Safety Manager .

#### 4.4 WAHT Estate Officers

- Will ensure that this policy is communicated to Estates staff and oversee the implementation of this policy on behalf of the Trust.
- That any measures deemed necessary by the RP are implemented by Estates staff or their contractor.
- Will immediately alert the RP if asbestos is found or is suspected, so that arrangements can be agreed to take appropriate action to manage any risk.
- Ensure that any work likely to affect asbestos materials is carried out after consultation with, and in agreement with, the RP.
- Ensure, so far as is reasonable, that departmental staff, patients, contractors or visitors are not at risk of exposure to hazardous asbestos materials.
- Ensure compliance with the requirements of current legislation and this Policy where alteration, demolition or maintenance works are required in Trust premises.

- Ensure adequate steps are taken to identify the location, type and condition of asbestos materials where they are likely to be present in premises occupied by the Trust.
- Ensure that Risk assessments are carried out wherever asbestos is found, or is suspected to be present in Trust premises.
- Ensure that appropriate steps are taken to manage asbestos and regularly review their procedures.
- Ensure appropriate remedial steps are taken where existing means of access and escape are temporarily affected by asbestos working enclosures.
- Ensure that Contractors under their control employ competent accredited companies/contractors for asbestos removal and surveying.
- Ensure that the Trust Asbestos Register and Plan is maintained, communicated and implemented
- Ensure that appropriate records of asbestos works are properly kept and that the RP has access to the information as required.
- Ensure that all incidents are reported, including RIDDOR, are copied to the Trust Health and Safety Manager

## **5 Policy detail**

### **5.1 Asbestos**

Asbestos is a naturally occurring, fibrous silicate mineral. There are many types of asbestos, the most prevalent of which are Crocidolite (blue asbestos), Amosite (brown asbestos), and Chrysotile (white asbestos). All asbestos is hazardous to health. However it can only pose a risk if the asbestos fibres become airborne and are then inhaled. Most asbestos materials therefore pose a low risk unless they are disturbed and fibres are released.

Asbestos is commonly used in building materials particularly from the 1950's to the mid 1980's, but can still be found in buildings built up to 1999.

WAHT is committed to preventing exposure of staff, contractors, patients or visitors to asbestos wherever possible. It is also committed to ensuring that the Trust complies with it's legal obligations relating to the identification of areas containing asbestos, control of exposure and selection of suitable contractors to carry out asbestos work.

Any staff carrying out work or managing contractors who carry out work, should ensure that they have reviewed the information in the asbestos register and that the proposed method of working complies with this policy before work starts.

## **5.2 Survey/Risk Assessment and Monitoring of ACMs**

WAHT will ensure that a UKAS accredited analytical company carries out a 'Type 1' (Management Survey) survey in line with current prevailing legislation and or guidance.

The RP will ensure that a register is maintained and kept up to date so that all works can be managed and coordinated safely in all asbestos containing areas.

The survey will be reviewed at an interval of 12 months for higher risk locations or following any relevant change of circumstances and 3 yearly at low risk locations.

The Trust acknowledges that this type of survey has limitations as it is non-destructive and any works which may involve major alteration/removing of ceilings etc. may reveal ACMs. The Trust will therefore plan such works carefully and ensure a 'Type 2' demolition survey is performed before carrying out such work.

The risk scores will be based on methodology taken from HSG264, which take into consideration:-

- Product type of ACM
- Type of asbestos
- Surface treatment
- Condition
- Size of area
- Use of area
- Likelihood of damage to ACMs in normal circumstances.

Each of the above elements will be risk rated from 0-3, 3 being the highest risk, then added together to form an overall risk rating (0 being the lowest and 21 being the highest).

Elements with a high-risk rating will be entered into an action plan, which will consider the best option for minimisation of risks.

Following each survey update a report will be prepared which will detail actions required to reduce the risk of exposure to ACMs.

The Trust may not choose to remove all ACMs from its buildings as this could be extremely costly and may introduce a greater risk than leaving ACMs in situ and managed.

The action plan will detail what is required to manage, treat or encapsulate the ACMs so as to minimise risk.

Where the survey indicates an immediate or high risk, remedial works will be actioned as soon as possible and a prohibition of entry to the area will be enforced.

Any high risk ACMs or ACM locations will be entered on to DATIX and funding will be sought to carry out any necessary remedial works.



**5.3 Action to be taken before Refurbishment or Demolition**

The Trust RP will ensure that, all staff and contractors are fully informed of the requirements of this procedure and that necessary measures are put in place to deal with any ACMs in an appropriate manner.

Dependent on the nature of the work further destructive surveying techniques may be required by the “accredited specialist company” (Type 3 survey) so that an informed judgement can be made to ensure that suitable and sufficient control measures are in place.

Details of the findings shall be entered into the asbestos register.

**5.4 Labelling as Appropriate of ACMs Including Prohibition of Entry to Certain Areas.**

The use of labelling is intended as an additional control measure and one which will not replace proper management control.

The fact that labels can become detached and give a false impression that the substance does not contain asbestos is recognised, it is therefore essential that consultation of the asbestos database is carried out before entering an area or carrying out work.

- Where practicable each ACM shall be clearly identified with a label.
- In sensitive public areas an alternative label may be used.

**5.5 Asbestos Register**

The Trust recognises that asbestos is present in its properties and there is need for a management strategy and associated procedures to be in place in order to manage the situation

The RP will engage a competent surveyor to assess whether the premises contain asbestos, assess the risk and take appropriate action to manage any risk. If existing asbestos containing materials are in good condition, they may be left in place; their condition monitored and managed to ensure they are not disturbed. The survey will also take due cognisance of the likelihood of ACMs becoming damaged and fibres released

This information will be held and recorded in an asbestos register and will be maintained on site for the life of each building.

The register will be available to Trust staff and contractors working on site in order to prevent accidental exposure.

The register will be periodically reviewed and updated.

**5.6 Damage to Materials Containing Asbestos**

In the event that damage occurs to fibreboard, insulation board or other ACMs, the Departmental Manager must be notified immediately and all persons within the area must leave.

It is the responsibility of all staff to report any suspected or known damaged ACMs.

In all areas where the marking of ACMs will not cause undue concern or increase the risk of damage by the encouragement of vandalism, the ACM will be marked by the B.S approved yellow and black label.

Where the marking of ACMs may be considered to be inappropriate as above, the material will be marked with discrete ACM labels. Information on the meanings of discrete labels will be available to all estates and affected staff and will be passed on to all relevant contractors as part of the Trust site induction process by the Hard FM service provider

Staff working for Trust Estates / IT team, Hard FM services providers or their contractors are most likely to encounter ACMs. In line with this policy all these staff will be trained in Asbestos Management Procedures to control such an eventuality.

Where ACMs are discovered by contractors they will immediately vacate the area of concern and inform the Trust RP.

The RP will arrange for appropriate action dependant on the area and risk encountered, by sealing off the minimum area possible via double skinned approved thickness polythene sheeting, and seek the attendance as soon as possible of the approved specialist contractor to advise on the safest method of dealing with the issue. If possible, dependant on the area and risk advised, emergency damping and or vacuuming with an approved vacuum equipped with a HEPA filter of the area surrounding the damage will be undertaken. The operative undertaking this action will use disposable overalls, and gloves and mask, and will dispose of these in approved double thickness bags double tied marked ACM, and this will be securely stored with the vacuum for decontamination disposal by the approved contractor. Training by an external specialist trainer will be arranged for staff likely to be undertaking this emergency work, and only persons trained and competent will be allowed to do such tasks.

## 5.7 Notification of Asbestos Related Works (Licenced and Non Licensed)

The Trust in conjunction with Project Co and its contractors will ensure that ALL works are carried out by licenced companies / contractors. The revised Control of Asbestos Regulations (CAR) 2012 now require organisations to follow guidance which ensures that works which are non-licensed but notifiable are followed.

Project Co and its Contractors will ensure that all works whether licensed or non-licensed are notified in line with the CAR 2012 regulations a flow chart of works that are notifiable is appended to this policy.

See flow chart figure 1.

## 5.8 Exposure to asbestos

Any Trust employee or person working on a WAHT site will report any suspected exposure to Asbestos to their manager, who will report it to the RP. The incident will be recorded on the DATIX system and the incident will be investigated by the Trust RP with the Trust Health & Safety Manager. If the employee has been exposed to Asbestos, a note to be made in their personal

record about possible exposure, including date(s), duration, type of asbestos and likely exposure levels (if known). In some circumstances, The person involved will be referred to a specialist in respiratory medicine. HSE does not advocate routine X-rays for people who have had an inadvertent exposure to asbestos. Asbestos-related damage to the lungs takes years to develop and become visible on chest X-rays. X-ray examinations cannot indicate whether or not asbestos fibres have been inhaled, but employees suspected of having been exposed to Asbestos will have health monitoring.

Exposure to asbestos is reportable under RIDDOR when a work activity causes the accidental release or escape of asbestos fibres into the air in a quantity sufficient to cause damage to the health of any person. Such situations are likely to arise when work is carried out without suitable controls, or where those controls fail

## **6. Implementation**

### **6.1 Plan for implementation**

Procedures will be created to manage the risks presented by the presence of Asbestos Containing Materials. All affected staff will be trained in the procedures

### **6.2 Dissemination**

The policy will be saved on the Trust's intranet, where it is available to all Trust staff. It will be sent to all the Trusts contractors and service providers and to Project Co. The production of each new version will be advertised via the corporate Team Brief and managers must ensure that it is implemented within their section.

### **6.3 Training and awareness**

All staff employed by the Trust who will potentially come into contact with Asbestos, will be trained in asbestos awareness, the Trust Asbestos Register and the asbestos management policy.

Contractors attending the sites will be pre-qualified in Asbestos awareness training and will be notified in their induction of areas containing Asbestos to ensure they have undertaken suitable and sufficient training to protect their employees and others affected by the works they undertake.

ACM location will be provided to the managers employing contractors who are responsible for advising their contractors of the location and labelling of ACMs. The pre-qualification will consider the method statement/ kind of task being undertaken to ensure the risk of disturbance of ACMs is avoided.

**7. Monitoring and compliance**

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	Asbestos Policy	Review	Yearly or if an incident occurs or law changes	Asbestos RP	New document uploaded onto intranet.	yearly
	Asbestos Procedures	Review	Yearly or if an incident occurs or law changes	Asbestos RP	New document uploaded onto intranet.	yearly
	Training	Review Training Matrix	Yearly or if an incident occurs or law changes	Estates Officers	Training Matrix held on Estates drive, training refreshers done 3 yearly	yearly
	Safe system of work	Audit	Yearly or if an incident occurs	Asbestos RP / Estates Officers	Report issued to Director of / Head of Estates	yearly
	Incident Reports	Review	Quarterly	Asbestos RP	Report issued to Director of / Head of Estates	quarterly

**8. Policy Review**

This Policy will be reviewed annually by the Principal Engineer / Statutory Standards Manager, the Head of Estates and the Health and Safety Manager

**9. References**

**References:**

Code:

Health and Safety at Work, etc Act 1974	
The Management of Health and Safety Regulations 2003	
Control of Asbestos Regulations 2012	
Control of Asbestos Regulations 2012. Approved Code of Practice and guidance	
Asbestos Essentials - A task manual for building, maintenance and allied trades of non-licensed asbestos work	
<b>Managing and working with asbestos</b> Control of Asbestos Regulations 2012. Approved Code of Practice and guidance	

**10. Background**

**10.1 Equality requirements**

The contents of this policy has no adverse effect on equality and diversity

**10.2 Financial risk assessment**

Some additional training will be required to have the necessary Responsible and competent people in place, but this is a statutory requirement.

**10.3 Consultation**

Consultation will take place with Estates and Facilities, ICT, Project Co and the Hard and Soft FM service providers

**Contribution List**

This key document has been circulated to the following individuals for consultation;

Designation
Director of Estates and Facilities
Head of Estates
Capital Works Manager
Health and Safety Manager
SPC Project Manager
WRH Contract Manager, Equans

Project Manager, Equans
Technical Managers, Equans

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health and Safety Committee

**10.4 Approval Process**

Written by Principal Engineer, proof read and approved by Head of Estates, circulated to Trust Estates Officers, Cofely FM, Project Co and ISS for comment. Final Draft sent to COOG for approval.

**10.5 Version Control**

This section should contain a list of key amendments made to this document each time it is reviewed.

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
23/08/2022	Version 2 minor changes	S. Noon

## Supporting Document 1 - Equality Impact Assessment Tool



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
 Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	
----------------------------------	--

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Simon Noon	Principal Engineer	simon.noon@nhs.net
<b>Date assessment completed</b>	27/08/2021		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Management of Asbestos Policy</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	Statutory compliance management of a safe system of work accessed only by personnel with specialist expertise		
Who will be affected by the development & implementation	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Communities
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

of this activity?	<input checked="" type="checkbox"/> Carers Visitors	<input type="checkbox"/> Other _____
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Looked at relevant legislation – electricity at work act, H&S at W act, ACOPS, BS7671 HTM 06-01, 02, 03	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consulted with Trust Authorising Engineer (Electrical),	
Summary of relevant findings	This policy will not adversely affect anyone	

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		



Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sex</b>		✓		
<b>Sexual Orientation</b>		✓		
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		This system is used by all groups, but the control and safety of it is managed by designated experts as required by legislation and best practice
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		This system is used by all groups, but the control and safety of it is managed by designated experts as required by legislation and best practice

## Section 4



What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
	N/A			
	N/A			
<b>How will you monitor these actions?</b>	N/A			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	3 yearly when policy is reviewed			

## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

# Trust Policy

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	27/08/2021
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	27/08/2021
<b>Comments:</b>	



**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	Yes
	Other comments:	Implementation is a statutory requirement and could be considered a cost avoidance measure

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval