

Asbestos Management

Final Internal Audit Report 2025/26

Swansea Bay University Health Board



Reasonable Assurance

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Review Reference

SBU-SSU-2526-26

Fieldwork

July - September 2025

Executive Sign Off

February 2026

Audit Committee

March 2026

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Executive Summary

Purpose

Asbestos-containing materials were used for a wide range of construction purposes in new and refurbished buildings until 1999, when almost all use of asbestos was banned. Buildings constructed after year 2000 can normally be regarded as being asbestos-free.

The review was undertaken to determine the adequacy of, and operational compliance with the University Health Board's systems and procedures for the management and control of Asbestos, taking account of NHS and other supporting regulatory and procedural requirements (notably the Control of Asbestos Regulations 2012). The audit was included as part of the internal audit plan for 2025/26 agreed by the Audit Committee.

The overall objective was to ensure that the Health Board's overarching asbestos management procedures (as implemented) are robust and sufficiently comprehensive to manage asbestos based risks.

The Control of Asbestos Regulations 2012 (CAR 2012), place specific responsibilities on duty holders to assess the presence of asbestos, notably prior to any refurbishment or work likely to disturb building materials, and to ensure that appropriate information, instruction, and training are provided to staff.

Overview

The audit found appropriate procedures in place within the Health Board to provide practical guidance on the implementation of the Control of Asbestos Regulations 2012. This included the specific roles of Estates staff as relating to the identification, management, and safe handling of asbestos.

Asbestos management actions included comprehensive risk assessment, re-inspections, and action for high risk or deteriorating materials. Audit sampling and review also found asbestos issues to be appropriately addressed.

We have concluded **reasonable assurance** in respect of the Asbestos Management arrangements operating within the Health Board. Matters requiring management attention largely related to the need to improve procedures / improve alignment of procedures with operational practices. There was also the need for enhanced record keeping procedures to ensure that on-going regulatory compliance can be demonstrated. Key matters for management attention included:

- clarification of the responsible person and associated governance arrangements;
- the need for effective reporting of training compliance; and
- improved specification of administrative requirements within procedures.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Governance - Assurance that an approved Asbestos Management Plan / Policy was in place, verify that there was appropriate and demonstrable executive ownership, that day-to-day management of asbestos has been assigned to a suitably qualified and competent individual and further that monitoring and audit arrangements were operating effectively.	1, 2, 3	Reasonable
2 Identification- Appropriate surveys had been undertaken to identify the presence of asbestos and the potential exposure risk to staff/ public.		Substantial
3 Records – To ensure that the Health Board held a fully comprehensive asbestos register to identify the locations of Asbestos Containing Materials on all sites.	4	Reasonable
4 Risk Management – To confirm all high-risk Asbestos Containing Materials had been identified and escalated to the Health Board’s corporate risk register – including proposed action.		Substantial
5 Action Plans - The Health Board had an Asbestos Risk Register that identifies all asbestos across the estate, and an Asbestos Management Plan that determines how the Asbestos Containing Materials are managed in each premises.		Substantial
6 Operational Delivery - That Compliance with Control of Asbestos Regulations 2012 was demonstrated through operational activities including -. Plans of Work, Information, Instruction and Training, Use and Maintenance of Control Measures etc.		Substantial

Findings & Agreed Action Plan

Objective 1: Governance Arrangements

Reasonable

Overview / Summary of Observations

The Control of Asbestos Regulations 2012 (CAR 2012) places responsibility for control of asbestos on the employer. It further ascribes responsibility to “duty holders” being those with associated responsibilities. Health & Safety guidance (HSG264) states that to facilitate compliance with CAR 2012, an appointed person (and in some cases a deputy) should be appointed where there is a large or complex portfolio of buildings. The Health Board have additionally put in place procedures and defined governance structures to ensure effective communication and management.

A current Asbestos Management Policy and Procedure were both in place as approved by the Quality & Safety Committee. These provided operational procedures for the practical management of asbestos based on the requirements of the Control of Asbestos Regulations 2012 (referenced as applicable). However, due to recent change in titles, there was a need to update these to ensure continuing clarity as to the identify of the appointed (responsible) personnel. While there was comprehensive monitoring of training compliance, there was also a need for associated reporting, including those with key roles.

An Asbestos Safety Group operated, reporting to the Estates Senior Leadership Team (including an Estates Compliance Report) with defined accountability to provide an annual assurance report to the Quality and Safety Committee. The Asbestos Safety Group was chaired by the Assistant Director of Estates and was attended by both the Asbestos and Compliance Managers. However, Terms of Reference of the Capital & Estates Board also specified oversight of asbestos. It was evident therefore that while effective communication mechanisms were in place, as with key roles, there was similarly a need to update the defined accountability of the Asbestos Safety Group and clarification of current reporting structures to relevant sub-committees.

While recognising the need to update defined governance for currency, reasonable assurance is presently determined in relation to governance arrangements.

Key Findings

Risk & Impact

Agreed Management Action

1 Responsible Person

The Asbestos Management Policy and Procedure assigned responsibilities for asbestos to the Assistant Director of Finance (Operations) Estates.

Management have confirmed that both titles and personnel have recently changed, with the management hierarchy now being:

- Executive Director of Finance & Performance
- Director of Estates & Capital Planning (a new post)
- Assistant Director of Estates (a recent incumbent)

There was a need to align these positions to the roles and responsibilities within the Policy (notably clarity as to the Responsible Person). This would be facilitated by signed acceptance of defined duties.

Accountabilities are unclear resulting in ineffective control.

Medium Priority

Control Operation

Proposed Management Action:

Updates will be made to the Asbestos Management Policy and Asbestos Management Plan to incorporate departmental management restructuring and to ensure all roles and titles with responsibility for asbestos management are accurately reflected.

Expected Evidence of Implementation:

Revised Asbestos Management Policy and Asbestos Management Plan inclusive of current titles in relation to Asbestos Management.

Officer: Compliance Manager

Date: May 2026

Theme: Governance

<p>2 Governance</p> <p>Defined governance arrangements are not a requirement of asbestos regulations. However, effective communication and oversight arrangements can facilitate compliance. Accordingly, governance arrangements were defined within the Asbestos Management Policy and Procedure and specifically within terms of reference of relevant groups and committees in accordance with best practice.</p> <p>However, while Terms of Reference were defined for an Asbestos Safety Group, stating that it would provide an annual report to the Quality and Safety Team, it did not also include reference to intermediate reporting via both the Senior Leadership Team (SLT) and the Capital & Estates Board.</p> <p>It is also recognised that compliance issues (that pose an urgent risk to anyone using the premises or business continuity) would be communicated by the Compliance Manager to the Senior Leadership Team and escalated to the Quality and Safety Committee via the Health & Safety Operational Group.</p> <p>There was therefore a need to update the defined governance arrangements, to reflect operational monitoring, including involvement of the Responsible Person and the relationships between key officers.</p> <p>Theme: Governance</p>	<p>Ineffective scrutiny and approval leads to liabilities for the Responsible Person.</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Proposed Management Action:</p> <p>Both the Asbestos Management Policy and the Asbestos Management Plan will be aligned with the established governance arrangements, which include monitoring by the Asbestos Safety Group and the provision of an annual report to the Quality & Safety (Q & S) Committee via the Health & Safety Operational Group (HSOG). Operational issues will continue to be communicated to the Senior Leadership Team, with escalation to the HSOG and or Q & S Committee as appropriate, i.e. any urgent issues that pose a risk to anyone using the premises or to business continuity.</p> <p>Expected Evidence of Implementation:</p> <p>Revised Asbestos Management Policy and Asbestos Management Plan inclusive of intended governance and reporting arrangements for Asbestos Management including involvements of the Responsible Person and key officers.</p> <p>Officer: Compliance Manager Date: May 2026</p>
<p>3 Reporting asbestos training compliance</p> <p>Section 8.2 of the Procedures states that <i>"all staff and others who may cause any disturbance of Asbestos Containing Materials (ACM's) whilst carrying out their work should be familiar with the Asbestos Register. They should avoid disturbing ACM's and be trained in the steps to take."</i></p> <p>The Asbestos Manager advised that staff received Asbestos Awareness training via the Electronic Staff Record (ESR) system as applicable to their roles e.g. Estates staff at Singleton Hospital had a higher level of training than those at the newer Morriston Hospital, enabling them to make safe urgent asbestos issues, as compared to simply isolating at Morriston. Similarly, other staff such as cabling staff within IT require general training.</p>	<p>Failure to ensure all relevant staff are adequately trained may lead to ineffective oversight or unintentional disturbance of Asbestos Containing Materials with resultant health risks and potential breaches of the Control of Asbestos Regulations 2012.</p>	<p>Proposed Management Action:</p> <p>Training compliance and competency is available and monitored and reviewed by the Asbestos Safety Group to ensure ongoing training is provided routinely and as appropriate to their roles, responsibilities and work activities.</p> <p>Data had previously been held at a site level, but is now monitored centrally. This has facilitated central reporting of the various categories of training for the staff with separate reporting on those with specifically assigned asbestos duties. Accordingly, there will now be more regular reporting of training compliance to the Asbestos Safety Group and as relevant to senior committees.</p>

<p>The Asbestos Management Plan specified the various grades of staff training expected including those with key roles. At the draft report stage associated monitoring was evidenced, and it was also confirmed that the Asbestos Manager had been trained.</p>		<p>Expected Evidence of Implementation: Regular reporting of training compliance to the Asbestos Safety Group.</p>
<p>However, associated summary reporting of training compliance was not evidenced e.g. to the Annual Asbestos Group.</p>	<p>Medium Priority</p>	<p>Officer: Compliance Manager</p>
<p>Theme: Quality, Safety & Patient Experience</p>	<p>Control Operation</p>	<p>Date: February 2026</p>

Overview / Summary of Observations

The Health Board undertook a management (general) survey of the entire estate (2019 – 2020) supplemented by an annual re-inspection regime with risk scored appraisals (based on the type of materials and priority assessment). These surveys were conducted by conducted by UKAS-accredited external consultants in accordance with its Asbestos Management Policy and Procedure.

The Procedures specified that *“reassessments of Asbestos Containing Materials (ACM’s) shall also take place whenever information is obtained that suggests the presence of hitherto unknown ACM’s or that suggests ACM has been damaged or the integrity of the encapsulation has deteriorated”*.

There was therefore a risk appraised approach in place for the identification of asbestos and any associated deterioration.

Safeguards included annual reinspection, isolation and make safe procedures (as required by the Asbestos Management Policy & Procedures – the “Procedures”).

The Procedures also specified that any invasive works would be notified to the Estates Asbestos Officer (ensuring professional assessment and oversight).

Accordingly, substantial assurance is determined in relation to asbestos identification.

Overview / Summary of Observations

The asbestos manager was able to provide supporting evidence and a range of key documents to demonstrate compliance. For purposes of sampling, the audit reviewed three of the six asbestos works completed in the prior twelve months being those of highest value and comprising:

Date	Job description	Type	Value
Apr-24	Gorseinon Boiler House	Planned	£36k
Oct-24	Cimla boiler house	Planned	£23k
Jan-25	Singleton Ward 2 - removal of damaged asbestos wall panelling	Emergency	Circa £5k

Our reconciliation of property data confirmed that the sample was incorporated within the asbestos register with appropriate re-inspection surveys for the two planned jobs ahead of works proceeding.

Plans of work including associated surveys and risk assessments were also filed, and the audit found full compliance with asbestos waste requirements.

While the audit did not find any non-compliance with asbestos requirements, procedures did not fully reflect expected and actual operational practices e.g. there was a need to more comprehensively specify administrative and filing requirements and also a need to facilitate a central point of reference for all documentation.

While recognising these issues, noting records in the key aspects of inspection, risk assessment and plans of work, reasonable assurance has been determined in relation to asbestos records.

Key Findings**Risk & Impact****Agreed Management Action**

- 4 **Administrative procedures**
- The Asbestos Management Policy and Procedure provided a practical manual for the management of asbestos within the Health Board.
- While the audit did not find non-compliance with asbestos requirements, procedures did not always fully specify expected administrative and record maintenance requirements e.g. communication / confirmation of site inductions in a number of instances was only via email correspondence with contractors (which was evidenced only as remote provision of policies and date of site attendance).

Failure to evidence compliance with the Control of Asbestos Regulations 2012 risking legal liabilities.

Proposed Management Action:

We will update the Asbestos Management Policy and the Asbestos Management Plan to make reference to other policies and procedures in relation to contractor management.

In the event of challenge that due process had been followed, they should therefore also include expectations as to administrative processes e.g.:

- provision of / access to prior risk assessments and surveys to contractors;
- records of those discovering / disturbing asbestos (archiving of relevant DATIX / RIDDOR records) and associated medical surveillance / records; and
- which records require retention for 40 years (e.g. asbestos exposure and associated medical records).

Noting the above, at the time of the audit the asbestos officer(s) indicated that they did not have access to historical records of exposure to asbestos.

To further safeguard the Health Board's interests, procedures could also usefully specify expectations regarding site induction records including for site familiarisation requirements and potentially site-specific site induction templates.

An administrative checklist referenced to associated documentation / filing requirements / systems could also usefully form part of the procedures to ensure that robust records are maintained and readily accessible (e.g. provide a central point of reference for all documentation relating to a job).

There was also a need to date the associated Asbestos Management Plan (containing operational procedures), together with a renewal date.

Expected Evidence of Implementation:

Updated Asbestos Management Policy and procedures to reflect intended asbestos administration procedures and records keeping.

Medium Priority

Officer: Compliance Manager

Date: May 2026

Theme: Policies & Procedures

Control Design

Overview / Summary of Observations

Asbestos risks were assessed and scored in detail at the Asbestos Risk Register, in addition to confirmation at re-inspections, and Plans of Work.

The June 2025 Estates Compliance Report (provided to the Estates Senior Leadership Team) provided an “amber” assessment of asbestos risks, based on an assessment of issues arising and associated works required.

The Action Log to the June Estates Senior Leadership Team meeting requested an addition to the Estates Risk Register of:

- *Asbestos at the Singleton site and*
- *Asbestos in terms of risk, finance and personnel.*

As confirmed at the **Governance** objective appropriate escalation procedures were in place for such issues.

Management also confirmed that processes were currently under review following appointment of a new Assistant Director of Estates (Responsible Officer).

While recognising these matters, noting comprehensive assessment of specific asbestos risks at the Asbestos Risk Register, together with re-inspections and assessment at Plans of Work, substantial assurance is determined in relation to risk management.

Overview / Summary of Observations

Asbestos Containing Materials were seen to be managed in accordance with the Health Boards' Asbestos Management Policy and Procedure. These in turn aligned with the Control of Asbestos Regulations 2012. Operational directions were contained within the Asbestos Estates Management Action Plan (published only to Estates staff). However, this was un-dated and did not contain a review date (this matter has been considered at the **Asbestos Records** section).

The Asbestos Risk register supported by a Works Tracker act as the key documents informing actions plans covering all Health Board premises.

Management measures included isolation, encapsulation or enclosure of Asbestos Containing Materials to prevent deterioration or accidental disturbance; clear labelling of higher-risk materials, and the periodic re-inspection of their condition to ensure ongoing safety.

A graded response, based on risk, deterioration, and re-inspection was clearly specified at the Procedures, supported by appropriate awareness training.

While recognising the need to date the Estates Management Action Plan, noting comprehensive tracking of asbestos issues and works, substantial assurance is determined in relation to action plans.

Objective 6: Operational Delivery**Overview / Summary of Observations**

The Health Board had implemented robust controls to ensure that Asbestos Containing Materials were managed safely and in full compliance with regulatory requirements. The Health Board's Asbestos Management Policy and Procedure clearly defined procedures to be followed in the event of an accidental or suspected disturbance of Asbestos Containing Materials. Work requiring licenced asbestos contractors and that also requiring notification to the Health & Safety Executive were clearly described in both the Policies and Procedures (in accordance with the Control of Asbestos Regulations 2012). Health Board staff were not permitted to undertake any direct work involving the removal of Asbestos Containing Materials. Most staff were only permitted to isolate an area where asbestos issues arose. However, Estates staff at Singleton Hospital (with higher levels of Asbestos than Morrison), had received more advanced training to also permit "make safe" work ahead of professional mediation or removal.

Procedures detailed how Risk Assessments supported the Method Statements within the proposed Plans of Work (as found to accord with practice in sample testing).

Prioritisation and actions were directed by email correspondence, rather than official listings. Such correspondence naturally arises from the immediacy of the response required and sporadic nature of asbestos events and works. Associated authorisation to proceed and contractor communication were seen to be controlled by the Asbestos Manager in communication with the Compliance Manager (in accordance with Procedures).

It was evident both from the Works Tracker and sample testing that risk assessed issues were being appropriately addressed.

Substantial assurance has therefore been determined in relation to operational delivery.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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