Southway Housing Trust

Assurance Review of Asbestos Management

December 2024

Final

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Homes and Environment not maintained to health and safety standards.

KEY STRATEGIC FINDINGS

Clear roles and responsibilities direct strong oversight and compliance with the Asbestos Management Policy.

Improvements can be made to reporting by including data on outstanding recommendations for better scrutiny and management.

The Trust has a policy of removing all asbestos identified, regardless of location or condition to remove the risk entirely.

GOOD PRACTICE IDENTIFIED

Actions from asbestos surveys are centrally tracked until completion, directing effective management of recommendations.

Separation of survey and removal functions reduces conflict of interest and strengthens accountability.

SCOPE

The review considered the action the organisation is taking on the issues relating to asbestos. The scope of the review did not include consideration of action taken in regard to individual properties; the adequacy of the inspections; or the appropriateness of additional remedial works carried out.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	1	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Delivery	Currently asbestos performance is reported in the Property Compliance Report to both the People and Places Committee and the Board of Directors. The data reported is the number of Property Count Requiring a Survey, number of reportable asbestos incidents and number of planned "re-inspections" out of target. There is no reporting on the number of recommendations recorded, resolved and outstanding in the report which would provide enhanced detail for scrutiny.	Statistics on the number of recommendations from surveys made and performance against these be reported within the Property Compliance Report.	3	*Officers already collect this data and will include it in future team performance reporting.*	*Q4 24/25*	*Compliance Manager*

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
3	ROUTINE	Control issue on which action should be taken.

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No operational effectiveness matters were identified.				

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	**Governance Framework**	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	**Risk Mitigation**	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	**Compliance**	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	-

Other Findings	
	The Trust's Asbestos Management Policy was last approved in October 2023 by the Audit and Risk Committee. It was confirmed by the Executive Director of Landlord and Community Services that this Policy is reviewed annually, however as there are no planned changes this year, and it is being moved to be previewed by the People and Places Committee. This will not be reviewed in 2024 and will be updated to 2025.
	Roles and responsibilities are outlined within the Asbestos Management Policy and the roles outlined include the Board's overall responsibility for asbestos safety, the Chief Executive as duty holder, the Strategic Director ensuring compliance, the Head of Health and Safety implementing policy and reviewing reports, the Compliance Manager handling daily management and monitoring, and the Compliance Team auditing processes for assurance.
	Actions from asbestos surveys are collated and tracked until completion on a central register to allow for effective tracking and management of recommendations.
	The Trust utilises LAR Limited to carry out the removal of asbestos within their property portfolio. Evidence has been provided to confirm that LAR hold a licence to undertake work with asbestos and is accredited by the HSE.

Other Findings

The budget for asbestos is tied into the routine maintenance budget and is separated out into asbestos survey costs and asbestos removals costs. This is reviewed and reported on a quarterly basis and any variances or overspend are commented on by the Building Safety and Compliance Manager. Evidence was provided for September's review where surveys had been incorrectly coded as removals, so it implied no surveys had taken place, Managers comments confirmed that the issue was being reviewed to establish which data was incorrect.

The Trust has identified a risk on their risk map denoted as "Homes and Environment not maintained to health and safety standards" which has existing mitigating controls and further actions planned outlined within. This Risk Map document is approved by the Risk Panel.

A total of 60 properties were sampled to ensure that properties on the asbestos register had evidence of a survey conducted by an appropriate professional. All properties sampled had evidence of an asbestos survey completed by Scope IT Ltd who the Trust use for inspection surveys.

Of the 60 properties sampled it was identified that 35 of the properties had asbestos present. The Trusts policy is to remove asbestos regardless of condition or location and it was evidenced that 22 of the 35 had the asbestos removed by LAR and the disposal note was provided as proof. The remaining properties are being tracked on the Trusts actions tracker.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	**Performance Monitoring**	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	1	-
S	**Sustainability**	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	**Resilience**	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings
The Trust demonstrates resilience in its asbestos management by employing two separate contractors, Scope IT Ltd for surveys and LAR for removals, ensuring a clear division of responsibilities. This separation reduces the risk of conflicts of interest and enhances accountability. The consistent utilisation of both contractors across all reviewed properties highlights an effective approach to asbestos management. Both contractors hold the necessary accreditations for identifying and/or removing asbestos. All reviewed properties utilised the services of both contractors.
There are six positions that hold responsibility within asbestos management which provides more than reasonable segregation of duty and resilience throughout the procedure.

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	17th October 2024	17th October 2024
Draft Report:	2nd December 2024	12th December 2024
Final Report:	12th December 2024	