Southway Housing Trust

Assurance Review of Property Compliance – Lifts

August 2025

Final

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Colleague Health and Safety Obligations are not met.

KEY STRATEGIC FINDINGS

Policies and procedures provide good guidance for staff at the Trust.

All lift services and inspections are carried out by qualified individuals and copies of certification is retained.

The Trust does not track all recommendations that arise from lift services and inspections.

Performance Monitoring arrangements were not seen to be in place at the Trust.

GOOD PRACTICE IDENTIFIED

For passenger lifts at the Trust the services are conducted on a monthly basis. This means that the Trust is exceeding the expectation set out in regulation of no longer than 12 monthly service cycles.

SCOPE

The review considered the actions taken by the Trust to monitor compliance with the statutory obligations in relation to Lifts.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	2	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)
2	Directed	A sample of 16 passenger lifts was selected to ensure the inspections were carried out each month as expected, the inspections were conducted by a qualified individual, and that any recommendations made during the inspections are being properly logged and managed. It was found that all inspections were conducted by a qualified engineer, and each case but one the lift inspections were completed within the monthly timeframe provided in policy. In this particular case a service was missed in March 2025, but it was explained by the Building Safety and Compliance Manager that the Contractor attended on 26th March, however the lift failed the inspection and was not able to be serviced. For the recommendations that were noted during the inspections, not all are included on the Trust's repairs tracker. The Building Safety and Compliance Manager advised that actions that pose a health and safety risk are completed on site during the inspection, and only recommendations that have received a quote will be added to the tracker. It would benefit the Trust to utilise the tracker to monitor all recommendations that need completing, prioritise them based on severity and track the status of quotations to better monitor the remedial actions required.	Recommendation tracker be utilised to include all recommendations that arise from lift service inspections, and include information regarding the status of quotation, the status of works completed, and expected dates to allow the Trust to better manage the progress of maintenance works.	2	*The tracker covers repairs that are required and not recommendations. Tracker has now been amended to include the status of works. The team will look at where recommendations could be logged.*	*IMMEDIATE*	*Building Safety and 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.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Trust operates a Lifting Equipment Policy and a Lifting Equipment Procedure document that are to be reviewed annually. The Lifting Equipment Procedure was last reviewed in December 2024, however the Lifting Equipment Policy is overdue review, and should have been updated in quarter 3 of 2024/25. The Lifting Equipment Policy makes reference to all relevant legislation and directs to the Lifting Equipment Procedure for more specific information relating to the management of lifting equipment at the Trust.	The Lifting Equipment Policy to be reviewed in line with specified review date and the new review date be reflected on the Policy.	3	*It was agreed in November 2024 at People and Places Committee that the Property Compliance Policies would be extended by one year. The Policy is due to be reviewed in Q3 by People and Places Committee at their meeting in November 2025 in line with this extension.*	*04/11/25*	*Building Safety and Compliance Manager*
3	Delivery	Policies and procedures reviewed during the audit confirmed that performance monitoring is conducted on a monthly basis and there is also a monthly report that goes to the Compliance Manager to detail the overdue cases and justify the reasons for these. It could not be verified that the required reports are being produced at the specified frequencies, nor could the quality of information in such reports be evaluated.	The Trust are to monitor and report compliance information relating to lift servicing including overdue services.	3	*Information was sent to the Auditor following the close down meeting. This will continue to be reported.*	*Complete*	*Building Safety and Compliance Manager*

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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	1	-
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.	Partially in place	2	-

Other Findings

It was agreed with the Building Safety and Compliance Manager that the audit review would concentrate on passenger lifts only and that domestic lifts would be included in a separate review because they wish to conduct these as separate audits in the future.

The Lifting Equipment Procedure is a comprehensive document that covers the required tasks, expected timescales and responsible person for various aspects of managing lifitng equipment across the Trust. It includes information on raising services and inspections, managing new components and lifts within the database, and carrying out remedial works. More specifically it details information such as, passenger lift services are to be raised manually on the first working day of each month; remedial actions identified at servicing that are not able to be completed at the time of service will have an invoice and work order raised within two weeks of the certificate being received; and any addresses overdue a service will be reported to the Compliance Manager monthly by the eighth working day of that month.

There is one risk in the Risk Register that covers the obligations for lift servicing arrangements at the Trust which is “Colleague Health and Safety Obligations are not met”. Each risk has a responsible risk owner, mitigating controls and further actions to help reduce the potential harm caused to the Trust.

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.	Not in place	3	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	In place	-	-
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 has a contract in place with the providers it uses for its Domestic Lift Services, Dolphin, and for its passenger lifts, Allied Lifts. Within these contracts there is a clause written that states, the contractor will attempt to use the most environmentally friendly lifting equipment, and another clause written to state that the removal of any waste as a result of service and remedial works will be properly disposed of. This ensures that the works completed relating to lifting equipment at the Trust is being completed in the most sustainable manner possible.
For passenger lifts at the Trust the services are conducted on a monthly basis. This means that the Trust is exceeding the expectation set out in regulation of no longer than 12 monthly service cycles.

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:	7th April 2025	11th April 2025
Draft Report:	9th July 2025	31st July 2025
Final Report:	1st August 2025	