Southway Housing Trust

Assurance Review of Building Safety Regulations

December 2025

Final

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to comply with statutory and regulatory requirements under the Building Safety Act and associated legislation, leading to unsafe homes, regulatory downgrade, reputational damage, and loss of stakeholder confidence.

SCOPE

The review assessed the Trusts preparedness for compliance with the Building Safety Regulations, including higher-risk buildings, inspection and maintenance, and documentation and record-keeping.

KEY STRATEGIC FINDINGS

While some training has been evidenced, the absence of a central, validated record of all building safety training limits assurance over staff competence and regulatory readiness.

Assurance could not be provided over asbestos surveys, communal EICR testing, or training KPIs due to incomplete or inaccessible data.

The Trust has a strong general engagement framework, but residents are not yet directly involved in safety decision-making.

The Trust is in the process of procuring a consultant (Ferntec) and recruiting a Building Safety Manager. Until these roles are embedded, there is a resourcing gap that could constrain delivery of the Building Safety Act duties and delay the development of a dedicated resident safety engagement strategy.

GOOD PRACTICE IDENTIFIED

The Didsbury Point project has proactively embedded Golden Thread principles during design and build, despite this not being legally required.

The Board approved Building Safety Policy is explicitly aligned to the Building Safety Act 2022, Fire Safety Act 2022, and Social Housing (Regulation) Act 2023.

ACTION POINTS

Urgent	Important	Routine	Operational
0	2	0	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	The Trust has developed a framework for resident engagement, with communication commitments and accessible routes for raising concerns, including the ability for tenants to report issues directly to the Customer Engagement Team. Mechanisms such as the Tenant Scrutiny Panel and Service Improvement Groups show that residents can influence service delivery, and tenant membership on the Scrutiny Panel provides a structured route for involvement in governance. However, the evidence reviewed does not show that residents participate in safety-related decision-making. A dedicated strategy for building safety engagement has not yet been set, pending the appointment of a Building Safety Manager.	The resident engagement framework be updated to explicitly cover safety by developing a dedicated strategy for building safety engagement, led by the Building Safety Manager (once appointed).	2	*A Building Safety Manager has been appointed and is due to start in Feb 2026. A Resident Engagement Framework will be led by the Building Safety Manager upon commencement of the post in Feb 26.*	*31/03/26*	*Building Safety 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)
2	Delivery	Testing confirmed that three staff members, comprising two Contracts Managers and one Senior Development Officer, attended the Introduction to the Building Safety Regulator & Building Safety Act training delivered by HSE.gov.uk on 18th March 2025 at Etc Venues, Manchester. Evidence of attendance was available in the form of certificates and confirmation for at least one participant. However, it is noted that it was not possible to validate all training completed around building safety and therefore cannot provide absolute assurance in this area.	Management to ensure that a central, validated record of all staff training relating to building safety is maintained and periodically reviewed and be stored centrally.	2	*The new People First system will be in place in full by September 2026 and will have an option to record training and upload any certificates that have been attained through that training.*	*30/09/26*	*HR Business Partner*

PRIORITY GRADINGS

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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	-	-
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 Building Safety Policy is formally documented, version-controlled, and was approved by the Parent Board on 25th March 2025. It sets out the process for managing building safety, with evidence of implementation (e.g. fire door inspections, stock condition surveys) and no reliance on informal work-arounds.

Content within the Building Safety Policy is explicitly aligned to the Building Safety Act 2022, Fire Safety Act 2022, and Social Housing (Regulation) Act 2023, demonstrating compliance with statutory and regulatory requirements.

Oversight and reporting lines are defined within policy, with escalation to the Board and People and Places Committee in line with the scheme of delegation. Additionally, responsibilities are allocated across Accountable Person, Principal Accountable Person, and Responsible Person roles, providing reasonable segregation of duties.

The Trust currently has no high-risk buildings in its portfolio, as confirmed at the audit opening meeting. No high-rise properties are owned. Regular stock condition surveys (two-thirds complete) and standard property inspections have not identified any high-risk issues. It was noted that a new development, Didsbury Point, is scheduled for completion in February 2026. This scheme has been appropriately flagged as a potential high-risk site on completion and is currently being managed by the Development Team before being handed to the Asset Team.

Properties are subject to stock condition surveys every five years as well as routine inspections for areas such as fire risk assessments and electrical safety checks meaning they are routinely inspected for issues. None of the properties within the Trust's portfolio have any dangerous cladding present internally or externally. Additionally, the Trust is in the contract stage of procuring a building safety consultant Ferntec as well as hiring a Building Safety Manager internally to help manage their properties.

Other Findings

	Recent regulatory and oversight activity has highlighted areas requiring improvement at Southway Housing Trust, though not directly linked to high-rise building safety. In June 2025, the Regulator of Social Housing downgraded the Trust to C2 for Consumer Standards, citing weaknesses in delivering outcomes for tenants, alongside G2 for Governance and V2 for Viability. While no catastrophic building safety failures were identified, the judgement emphasised the need for stronger assurance over compliance with the Safety and Quality Standard, which includes safe homes and adherence to health and safety law. Housing Ombudsman cases reviewed in March 2025 also evidenced tenant dissatisfaction with aspects of property condition and repairs.
	The Draft Risk Map evidences that risks relating to building safety have been appropriately identified, assessed, and scored in line with Southway's risk appetite. The specific risk of non-compliance with building safety regulations is recorded with a cautious appetite, a current score of 5 (5x1), and a "Managed" status. Mitigating controls are well established, including a compliance management system, independent and internal audits, staff training, and Board-level oversight. The risk map also references the approval of the new Building Safety Policy (March 2025) as a key control. Further actions are in place, such as implementing a competency development framework and adopting digital tools for real-time compliance monitoring. These demonstrate a proactive approach to continuous improvement. Overall, risks surrounding building safety are well considered, with proportionate mitigating controls in operation and subject to ongoing monitoring.
	Job description evidenced for the roles of Building Safety Manager, Building Safety and Compliance Manager, and Building Surveyor (Assets) at Southway Housing Trust align well with industry standards in the housing and asset management sector. Each role reflects current legislative and regulatory expectations, particularly under the Building Safety Act 2022 and Housing Health and Safety Rating System (HHSRS). They incorporate essential qualifications such as NEBOSH, IFE membership, and CIOB diplomas, and demonstrate a strong focus on resident engagement, risk management, and digital record-keeping.
	The Level 6 Building Safety Management training matrix outlines a comprehensive, modular programme designed to build expertise in both fire safety and building safety. Delivered over several months, the course includes structured modules covering legislation, building design, fire risk assessment and management, fire science, building regulations, technology, and health and wellbeing. Regular webinars provide live engagement and reinforce learning. However as highlighted in recommendation two, it was not possible to validate the full training delivery.
	Testing confirmed that reported KPI figures for gas safety, legionella risk assessments, fire risk assessments, and passenger lift servicing were supported by appropriate, accurate raw data. However, assurance could not be provided over asbestos surveys, communal EICR testing, or training. For asbestos, the log was not provided for validation; for EICRs, management explained that raw data could not be extracted from the new system due to "teething issues"; and for training, the KPI was limited to health and safety training only. While delivery against several statutory KPIs was substantiated, the absence of evidence in these areas reduces the overall reliability of reported compliance and limits the assurance available.

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.	Partially in place	2	-

Other Findings

The Trust has established arrangements to remain up to date with regulatory requirements under the Building Safety Act 2022. The Building Safety Policy clearly identifies the duties of the Accountable Person and Principal Accountable Person, and this has been subject to recent review. The Governance Team undertake regular horizon scanning to monitor emerging legislation and regulatory guidance, ensuring that changes are considered at an early stage. In addition, the Trust is an active member of the Greater Manchester Asset Planning and Management Group, providing access to sector-wide updates and shared good practice. Evidence of attendance has been provided by the Trust. Training on building safety responsibilities, including Accountable Person duties, is coordinated by the Health and Safety Manager, ensuring that relevant staff maintain current knowledge.

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:	13th March 2025	13th March 2025
Draft Report:	3rd November 2025	16th December 2025
Final Report:	16th December 2025	