

Compliance Policy Bank Summary

This Housing Compliance Policy Manual for Cambridge City Council has been developed through a rigorous, evidence-based process to ensure each policy meets the highest standards of regulatory compliance, operational practicality, and assurance readiness.

Development Process

- Aligned each policy to statutory obligations (e.g., Fire Safety Order 2005, Gas Safety Regulations 1998, Electricity at Work Regulations 1989, Control of Asbestos Regulations 2012, LOLER 1998, and HSE ACOPs).
- Benchmarked policies against sector-leading organisations including Southwark, Peabody, Clarion, Gentoo, and Housemark data.
- Incorporated guidance from the Regulator of Social Housing (Consumer Standards), Housing Ombudsman spotlight reports, PAS 79 (Fire), BS 7671 (Electrical), ACOP L8 (Legionella), and HSG264 (Asbestos).
- Ensured integration of emerging best practice from the Building Safety Act 2022 and Social Housing Regulation Act 2023.

Self-Audit and Performance Framework

- Applied a comprehensive policy checklist across 18 quality criteria for each policy (scope, legislation, audit, training, KPIs, governance, etc.).
- Embedded performance measures to support live compliance tracking and regulatory reporting (e.g. % FRA compliance, overdue actions by risk level, LGSR completion rates, EICR remedial timelines).
- Each policy follows a consistent structure with clearly defined roles, escalation processes, and audit pathways.

The policies are designed to support both operational delivery and strategic governance, ensuring the Council's HRA housing stock remains safe, legally compliant, and responsive to tenant and regulator expectations.

To help with assessing these to ensure they are deliverable it is recommended that:

- A small working group across teams reviews these to assess whether:
 - current delivery is compliant with these
 - whether there are areas of inaccuracy in the policy drafts
 - whether there are gaps in practice that will need addressing to comply
- There is a KPI template to complete with both data held and to support identifying gaps in data that would be helpful to start reporting on.

To note – this pack doesn't include Damp, Mould and Condensation Policy which has been developed separately, though would benefit from being aligned in approach.

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Fire Safety Policy

1. Policy Statement

Cambridge City Council is committed to ensuring the health, safety, and welfare of all tenants, leaseholders, staff, contractors, and visitors by maintaining compliance with fire safety legislation and implementing proactive risk management across its housing stock. This policy outlines the Council's approach to the prevention, assessment, and management of fire risk across all Housing Revenue Account (HRA) properties, ensuring alignment with regulatory expectations and sector best practice.

2. Scope

This policy applies to:

- All residential housing stock owned and managed under the Housing Revenue Account (HRA)
- Common parts of blocks of flats, sheltered schemes, temporary accommodation
- Communal areas and services, including plant rooms and risers
- Leasehold units within blocks where the Council retains landlord responsibilities

This policy does not cover non-residential properties or corporate assets.

3. Legal and Regulatory Framework

This policy is underpinned by the following:

- Regulatory Reform (Fire Safety) Order 2005
- Building Safety Act 2022
- Fire Safety (England) Regulations 2022
- Housing Act 2004 (HHSRS)
- Equality Act 2010
- PAS 79 and PAS 9980 methodologies
- BS 9991 and BS 9999 Fire Safety Codes of Practice
- RSH Consumer Standards (Safety, Transparency)
- Housing Ombudsman Complaint Handling Code and Spotlight Reports

4. Objectives

- To ensure all HRA properties are risk assessed and actions prioritised in line with best practice
- To complete all FRAs within risk-based timescales
- To maintain robust data on risks, actions, resident vulnerabilities and building types
- To ensure timely and effective completion of remedial actions arising from assessments
- To support vulnerable tenants through person-centred fire risk assessments (PCFRAs)
- To ensure clear resident communications and engagement
- To monitor compliance through reporting, audit and review
- To ensure all staff and contractors meet competence requirements

5. Fire Risk Assessments (FRAs)

- All blocks with communal areas must have a valid Fire Risk Assessment (FRA) conducted by a competent person.
- Frequency of FRAs is determined by building risk:
 - High-risk blocks (e.g. tall buildings, sheltered schemes): annually
 - Medium-risk blocks: every 2 years
 - Low-risk blocks: every 3 years
- FRA methodology must follow PAS 79 and be subject to quality assurance checks.
- Actions from FRAs must be risk-rated and timebound.
- The compliance system will track status, deadlines, and audit logs for all FRA actions.

6. Person Centered Fire Risk Assessments (PCFRAs)

- A PCFRA is offered to any tenant identified as vulnerable due to age, disability, health or lifestyle.
- Referrals can come from housing officers, social care, health professionals or the tenant.
- PCFRAs will identify bespoke fire risks and mitigation (e.g. oxygen use, smoking, hoarding).
- A Personal Emergency Evacuation Plan (PEEP) may be created as part of this process.
- PCFRAs are reviewed annually or when circumstances change.

7. Remedial Actions and Servicing

- All FRA actions must be risk-prioritised:
 - Immediate (within 24 hrs.), Urgent (7 days), Planned (30–90 days)
- The compliance system must generate reports on outstanding actions, timeframes and overdue levels.
- Fire safety equipment (e.g. alarms, doors, emergency lighting) must be serviced in line with statutory cycles:
 - Emergency lighting: monthly flick test and annual full test
 - Smoke and heat alarms: tested annually
 - Fire doors: inspected every 6 months
- Contractors must provide certification for all servicing.
- No access procedures must be robust, with three-attempt policy and escalation.

8. Resident Engagement and Communication

- Tenants must be informed of fire safety risks and planned works affecting their block.
- Fire safety information is shared in accessible formats (including translated, large print, easy read).
- Leaseholders will be consulted on major safety works in line with Section 20 obligations.
- Resident engagement forums will receive annual fire safety updates.
- Feedback is logged and responded to as part of continuous improvement.

9. Performance Monitoring and KPIs

The Council will monitor delivery of this policy through the following performance indicators:

- % of HRA blocks with an in-date FRA
- Number and % of FRA actions by risk band (Immediate, Urgent, Planned)
- % of actions completed on time
- % of overdue actions by 1–30 days, 31–90 days, over 90 days
- Number and % of PCFRAs completed and reviewed annually
- % of fire door inspections completed within cycle
- % of successful access for safety inspections
- Number of non-conformances found through internal audit

10. Training and Competency

- All FRA assessors must be third-party accredited and trained to PAS 79 or equivalent
- Fire door inspectors must be qualified under recognised certification (e.g. FDIS)
- Compliance officers and housing staff will receive annual fire safety training
- Contractors must provide training logs for operatives conducting safety work
- Refresher training will be mandatory every 2 years or following regulatory change

11. Governance and Audit

- The Fire Safety Policy will be reviewed annually by the Compliance Manager and Corporate H&S
- Quarterly performance reporting to:
 - Housing Compliance Board
 - Executive Director – Communities
 - Cabinet Portfolio Holder for Housing
- Internal audit will review fire safety compliance annually
- Actions from external audit or inspection (e.g. RSH) will be tracked to closure

12. Equality and Vulnerability

- The Council will comply with the Equality Act 2010 in delivering this policy
- PCFRAs are the key tool to identify individual risks and adapt support
- Information will be provided in accessible formats to meet tenants' needs
- Tenants identified as vulnerable will be prioritised for early engagement and risk review
- Fire safety procedures and communications will consider mental health, language, disability and sensory needs

13. Continuous Improvement and Review

- Learning from incidents, complaints, near misses and audits will inform ongoing improvement
- Monthly dashboard reports will flag performance trends
- A Lessons Learned Log will be maintained and reviewed quarterly
- The policy will be reviewed:
 - Annually

- Following significant changes in law or guidance
- After a major fire incident affecting Housing

Gas Safety Policy

1. Policy Statement

Cambridge City Council is committed to safeguarding the health and safety of tenants, leaseholders, staff, contractors, and the general public through full compliance with gas safety legislation. This policy outlines how the Council will manage gas safety across all properties it owns or manages under the Housing Revenue Account (HRA), including the delivery of annual Landlord Gas Safety Records (LGSRs), repairs, audits, tenant engagement, and reporting.

2. Scope

This policy applies to:

- All HRA-managed homes with gas appliances
- Communal gas installations, boilers, and plant rooms in blocks and sheltered housing
- Leasehold or shared ownership properties where the Council retains landlord responsibilities

This policy does not apply to commercial buildings or corporate offices, which are governed under separate arrangements.

3. Legal and Regulatory Framework

- Gas Safety (Installation and Use) Regulations 1998
- Health and Safety at Work Act 1974
- Building Safety Act 2022
- Housing Act 2004 (HHSRS)
- RSH Consumer Standards (Safety, Transparency)
- Housing Ombudsman Complaint Handling Code
- Institution of Gas Engineers and Managers (IGEM) standards
- British Standards BS 6891 and BS 5440

4. Policy Objectives

- Achieve and maintain 100% LGSR compliance
- Ensure all gas appliances and pipework are safe and maintained
- Respond rapidly to gas leaks or carbon monoxide alerts
- Maintain accurate records and ensure performance can be audited
- Provide clear communication and support to tenants on gas safety
- Continuously review and improve safety procedures and delivery

5. Roles and Responsibilities

- Executive Director – Overall strategic accountability
- Gas Safety Compliance Officer – Programme delivery and contractor oversight
- Housing Officers – Access coordination and resident communication
- Approved Contractors – Annual LGSRs, emergency callouts, and repairs

- Corporate Health and Safety – Policy assurance and audit
- Tenants – Allow access and report gas-related issues

6. LGSR Delivery and Access Protocols

- A Landlord Gas Safety Record (LGSR) must be completed every 12 months for each property with gas installations.
- The Council will use third-party accredited contractors to complete LGSRs.
- Appointments will be scheduled in advance, with at least three attempts made to gain access.
- No access cases will be escalated following internal policy, including legal action if required.
- Emergency call-outs will be responded to within 24 hours.
- A live tracking system will be used to monitor due and overdue LGSRs, with exception reporting.

7. Servicing, Repairs, and Certification

- All gas appliances and installations will be serviced annually in line with manufacturer guidance.
- All new installations will be commissioned with relevant certification (e.g. CP12).
- Remedial works identified during LGSRs must be completed within 7 calendar days unless safety critical.
- All safety-critical repairs must be made safe immediately.
- Completed works will be subject to post-inspection sampling.
- All documentation will be stored in the Council's compliance database with full audit trail.

8. Performance Monitoring and KPIs

The Council will monitor gas safety delivery through the following indicators:

- % of properties with an in-date LGSR
- % of LGSRs completed on first visit
- % of overdue LGSRs by 1–30, 31–60, and 60+ days
- % of emergency repairs attended within 24 hours
- % of no access cases resolved within 30 days
- % of completed LGSRs with follow-up remedial work required
- % of post-inspections passed
- Number of incidents, near misses, and complaints related to gas safety

9. Training and Competency

- Contractors must hold Gas Safe Registration and operatives must be qualified for the specific work type.
- Compliance staff must complete gas safety awareness training annually.
- All officers involved in enforcement or access will be trained in the Council's legal protocols.
- A training matrix will be maintained and reviewed quarterly.
- Competence of contractors will be assessed through annual audits and quality inspections.

10. Governance and Audit

- The Gas Safety Policy will be reviewed annually by the Compliance Manager and signed off by the Executive Director.
- Monthly compliance dashboards will be reported to the Housing Compliance Board.
- Internal audit will carry out annual reviews of the gas safety compliance programme.
- External auditors or the Regulator of Social Housing may request evidence of LGSR compliance.
- Contractor performance will be reviewed quarterly through KPI reports and site audits.
- Breaches of compliance will be escalated to senior management and reported via the corporate risk register.

11. Equality and Vulnerability

- The Council will ensure compliance with the Equality Act 2010 in delivering gas safety services.
- Reasonable adjustments will be made for tenants with disabilities or vulnerabilities.
- Enhanced support will be offered for vulnerable households (e.g. dementia, mental health, mobility issues).
- Communication will be made accessible in multiple languages and formats.
- Referrals to support services or social care may be made as needed.

12. Continuous Improvement and Review

- Lessons learned from incidents, audits, tenant feedback, and complaints will inform service improvement.
- A service improvement plan will be maintained by the compliance team.
- Near misses and non-compliance trends will be reviewed quarterly.
- The policy will be reviewed:
 - Annually
 - Following legislative or regulatory change
 - After any serious incident or enforcement action related to gas safety

Electrical Safety Policy

1. Policy Statement

Cambridge City Council is committed to protecting the safety of residents, staff, contractors, and the public by ensuring all electrical installations within its Housing Revenue Account (HRA) properties are safe, compliant, and well-maintained. This policy sets out the Council's approach to electrical safety management, inspection, testing, repairs, performance reporting, and continuous improvement.

2. Scope

This policy applies to:

- All HRA dwellings with electrical installations
- Communal areas in blocks of flats, plant rooms, and landlord supplies
- Electrical assets in sheltered schemes and temporary accommodation
- Leasehold properties where the Council retains electrical safety responsibilities

It does not apply to non-residential or corporate properties.

3. Legal and Regulatory Framework

- Electricity at Work Regulations 1989
- Building Regulations Part P
- Health and Safety at Work Act 1974
- BS 7671: IET Wiring Regulations (18th Edition)
- Social Housing (Regulation) Act 2023
- RSH Consumer Standards (Safety)
- Housing Ombudsman Complaint Handling Code

4. Policy Objectives

- Achieve and maintain 100% Electrical Installation Condition Report (EICR) compliance
- Ensure timely delivery of remedial works from EICRs
- Prevent electrical-related hazards through planned maintenance
- Accurately record compliance data and ensure audit readiness
- Communicate clearly with tenants about access and safety
- Embed continuous improvement and risk-based prioritisation

5. Roles and Responsibilities

- Executive Director – Overall strategic oversight
- Electrical Safety Compliance Officer – Programme delivery and contractor management
- Housing and Repairs Teams – Access, resident support, post-remedial works
- Contractors – Delivery of EICRs, certification, remedial repairs

- Health & Safety – Internal assurance and monitoring
- Tenants – Provide access and report electrical faults

6. EICR Delivery and Remedial Actions

- All domestic and communal electrical installations must have a valid Electrical Installation Condition Report (EICR).
- EICRs will be completed every 5 years or sooner if required by previous report.
- All remedial actions from EICRs will be risk-rated and addressed within:
 - Code 1 (C1): Immediate action
 - Code 2 (C2): Within 28 days
 - Further Investigation (FI): Within 14 days
- All remedial works will be certified and stored on the compliance database.
- No access procedures will be enforced where appointments are missed, including escalation for legal entry.

7. Access and Servicing Protocols

- Tenants will be offered three appointment opportunities before enforcement.
- All installations will be inspected by qualified NICEIC or NAPIT contractors.
- Landlord electrical installations (e.g. in plant rooms) will be included in the 5-year programme.
- Re-inspections will be triggered by change of tenancy or following a serious fault.
- Completed EICRs must meet BS 7671 standards.
- Emergency response to electrical faults will occur within 4 hours (life risk) or 24 hours (non-urgent).

8. Performance Monitoring and KPIs

The Council will monitor electrical safety performance through the following indicators:

- % of properties with in-date EICRs
- % of communal blocks with compliant landlord electrical systems
- % of EICRs resulting in remedial works
- % of C1 and C2 remedial actions completed within timeframe
- % of access gained on first appointment
- % of successful post-inspections
- Number of electrical faults, near misses, and complaints
- Audit compliance scores and data integrity reviews

9. Training and Competency

- All electrical contractors must be NICEIC or NAPIT accredited.
- Housing compliance staff will undertake basic electrical awareness training annually.
- Operatives must maintain current qualifications under BS 7671 (18th edition).
- Refresher training is required following regulatory updates or incident investigations.
- Training records will be audited quarterly to confirm continued competence.

10. Governance and Audit

- The Electrical Safety Policy will be reviewed annually by the Compliance Manager and signed off by the Executive Director.
- Quarterly performance data will be reported to the Housing Compliance Board.
- Annual internal audit will assess the delivery of the EICR programme and data accuracy.
- External inspections (e.g. RSH, HSE) may be conducted, and full evidence must be readily available.
- All contractor delivery will be reviewed quarterly against agreed performance and compliance standards.

11. Equality and Vulnerability

- The Council will ensure the Electrical Safety Programme is delivered in compliance with the Equality Act 2010.
- Reasonable adjustments will be made for vulnerable tenants, including flexible appointments and support.
- Staff will be trained to identify vulnerability and make referrals to support services as needed.
- Communications will be adapted to meet language, visual or cognitive needs where required.

12. Continuous Improvement and Review

- The Council will embed a learning culture across the electrical safety service.
- Feedback from residents, audit findings, and incident investigations will be used to drive improvement.
- Near misses and trends in non-compliance will be reviewed quarterly.
- This policy will be updated:
 - Annually
 - Following significant regulatory change
 - After a serious electrical incident or enforcement action

Water Hygiene Policy

1. Policy Statement

Cambridge City Council is committed to preventing the risk of Legionella and other waterborne pathogens in its housing stock through full compliance with water hygiene legislation and guidance. This policy outlines how the Council manages water safety in domestic and communal systems, supported by risk assessments, planned monitoring, remedial works, tenant engagement, and rigorous performance oversight.

2. Scope

This policy applies to:

- All domestic water systems in HRA-owned residential properties
- Communal water systems in blocks, sheltered housing and temporary accommodation
- Plant rooms, stored water tanks, showers and associated pipework
- Leasehold units where the Council retains responsibility for communal supply

3. Legal and Regulatory Framework

- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- HSE Approved Code of Practice (ACOP) L8
- HSG274 Parts 1–3
- BS 8580 Risk Assessment Standard
- Housing Ombudsman Code and RSH Consumer Standards (Safety)

4. Policy Objectives

- To eliminate or reduce the risk of Legionella and other pathogens in water systems
- To ensure every high-risk communal system has an up-to-date risk assessment
- To deliver scheduled monitoring and flushing regimes
- To ensure compliance data is accurate and performance tracked
- To act on findings within required timeframes
- To engage residents clearly on water safety measures
- To embed learning and improvement throughout service delivery

5. Roles and Responsibilities

- Executive Director – Strategic accountability
- Water Hygiene Compliance Officer – Programme delivery and contract oversight
- Housing Officers – Escalation, access, and support for tenants
- Contractors – Risk assessments, temperature monitoring, flushing, and remedials
- H&S Team – Internal audit and technical assurance
- Tenants – Report issues, cooperate with appointments

6. Risk Assessments and Monitoring

- Water hygiene risk assessments must be reviewed every 2 years or after system changes
- All communal tanks, showers, and sentinel points must be monitored monthly
- Dead legs must be identified and removed or managed
- High-risk outlets (e.g. infrequently used showers) will be flushed weekly
- Sampling and analysis will be undertaken where a risk is suspected or confirmed

7. Remedial Actions and Servicing

- Actions arising from risk assessments must be prioritised:
 - High risk: completed within 7 days
 - Medium risk: within 30 days
 - Low risk: within 90 days
- Records must be retained for at least 5 years
- All hot water systems must be maintained at $\geq 50^{\circ}\text{C}$ and cold water at $\leq 20^{\circ}\text{C}$
- Replacement, chlorination, and lagging will be managed by certified contractors

8. Performance Monitoring and KPIs

KPIs will include:

- % of communal systems with current risk assessment
- % of monthly monitoring checks completed
- % of flushing actions completed on time
- % of remedial actions completed by risk category
- % of follow-up inspections passed
- Number of reported incidents or failures

9. Training and Competency

- Contractors must be Legionella Control Association (LCA) registered
- Internal staff will undertake water hygiene awareness training annually
- Compliance staff will complete refresher training bi-annually
- Training records audited quarterly

10. Governance and Audit

- Quarterly reporting to Housing Compliance Board and Executive Management
- Annual internal audit of water hygiene programme
- External audit or spot checks by HSE or RSH
- Policy reviewed annually or after any incident
- Serious breaches escalated to corporate risk register

11. Equality and Vulnerability

- The Council will comply with the Equality Act 2010 in all water hygiene activity
- Adjusted access and engagement approaches will be offered for vulnerable residents

- Risk-based prioritisation will consider vulnerable tenancy types (e.g. supported housing)
- Communications will be available in accessible and translated formats

12. Continuous Improvement and Review

- Lessons learned from audits, feedback, incidents and complaints will inform updates
- Data dashboards reviewed monthly to identify trends
- This policy will be reviewed:
 - Annually
 - After major incident
 - After legislative or regulatory change

Asbestos Management Policy

1. Policy Statement

Cambridge City Council is committed to managing asbestos-containing materials (ACMs) in its HRA housing stock in accordance with all legal and regulatory duties. This policy ensures ACMs are identified, recorded, managed in place or safely removed, and that tenants, staff, and contractors are kept safe through clear procedures and communication.

2. Scope

This policy applies to:

- All HRA homes built before 2000
- Communal areas, plant rooms, lofts, service ducts, and risers
- Blocks, temporary accommodation, and sheltered schemes
- Leasehold units where the Council retains maintenance responsibilities

3. Legal and Regulatory Framework

- Control of Asbestos Regulations 2012
- Health and Safety at Work Act 1974
- Construction (Design and Management) Regulations 2015
- RSH Consumer Standards (Safety)
- HSE Approved Code of Practice L143
- Housing Ombudsman Complaint Handling Code

4. Policy Objectives

- Maintain a complete asbestos register across all relevant properties
- Ensure all refurbishment and demolition works are preceded by asbestos surveys
- Ensure all identified ACMs are risk-assessed and appropriately managed
- Provide clear guidance to staff, residents, and contractors
- Maintain robust audit and performance tracking

5. Roles and Responsibilities

- Executive Director – Strategic accountability
- Asbestos Compliance Officer – Programme delivery and risk register maintenance
- Repairs Team – Coordination of access, resident support
- Contractors – Surveys, removals, encapsulation, lab testing
- Housing Officers – Support tenants, escalate issues
- Tenants – Report suspected damage to ACMs

6. Surveys and Register Management

- Management surveys will be updated on a 5-year rolling programme
- Refurbishment & demolition (R&D) surveys must be completed prior to any planned intrusive works
- The asbestos register will be updated within 10 working days of any new survey
- ACMs will be risk-rated (low, medium, high) with control plans
- Any presumed asbestos must be treated as confirmed until tested

7. Remedial Actions and Labelling

- All high-risk ACMs must be removed or encapsulated within 28 days
- Medium-risk ACMs managed in place with quarterly re-inspection
- Low-risk ACMs managed in place with annual checks
- ACMs in communal areas must be labelled unless this creates confusion or anxiety
- Emergency removal procedures will be in place

8. Performance Monitoring and KPIs

KPIs will include:

- % of properties with in-date management surveys
- % of planned works preceded by R&D survey
- % of ACMs risk assessed and in appropriate management regime
- % of actions completed within specified timeframes
- Number of incidents or complaints involving asbestos

9. Training and Competency

- Contractors must be UKAS-accredited and licensed (for notifiable works)
- Internal staff must complete asbestos awareness annually
- Surveyors must hold P402 or equivalent qualification
- Refresher training following updates or incidents
- Training records held centrally and audited quarterly

10. Governance and Audit

- Asbestos data reviewed quarterly at the Compliance Board
- Internal audit annually to test accuracy of register
- External audits by UKAS and HSE as required
- Policy reviewed annually or post-incident
- Serious breaches recorded on the corporate risk register

11. Equality and Vulnerability

- The Council will deliver this policy in line with the Equality Act 2010
- Tenants will receive tailored communications in accessible formats
- Vulnerable tenants will be supported through personal visits and referrals
- Works involving asbestos in supported housing will be prioritised for clear communication and reassurance

12. Continuous Improvement and Review

- Service learning will be drawn from incident reviews, audits, and tenant feedback
- Trends in damage, deterioration or complaints will be tracked
- This policy will be updated:
 - Annually
 - Following a regulatory change or major incident
 - Following HSE or internal enforcement action

Lift and Equipment Safety Policy

1. Policy Statement

Cambridge City Council is committed to ensuring the safety, reliability, and legal compliance of all lifts, hoists, stairlifts, and mechanical access equipment in its HRA properties. This policy outlines how the Council will manage statutory inspections, servicing, remedial actions, and reporting to meet its legal obligations and protect residents, staff, and contractors.

2. Scope

This policy applies to:

- Passenger and goods lifts in blocks and communal settings
- Domestic stairlifts, step lifts, and hoists in individual homes
- Mobility access platforms in sheltered schemes and temporary accommodation
- Any equipment installed or managed by the Council under disabled adaptations work

3. Legal and Regulatory Framework

- Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
- Provision and Use of Work Equipment Regulations (PUWER) 1998
- Health and Safety at Work Act 1974
- BS EN 81 standards for lifts
- RSH Consumer Standards (Safety)
- Housing Ombudsman Complaint Handling Code

4. Policy Objectives

- Ensure all lifting equipment is maintained in safe working condition
- Complete statutory inspections within the prescribed intervals
- Record, monitor, and act upon all defects and servicing needs
- Ensure contractors are competent and certified
- Maintain performance oversight and audit readiness

5. Roles and Responsibilities

- Executive Director – Strategic oversight
- Lift and Equipment Compliance Officer – Programme lead, contract oversight
- Housing Teams – Tenant liaison, access support, post-repair follow-up
- Contractors – LOLER inspections, servicing, and breakdown response
- Corporate Health & Safety – Audit and assurance
- Tenants – Report faults, allow access for maintenance

6. Inspection, Testing and Servicing

- Passenger lifts inspected every 6 months (LOLER) and serviced every 3 months
- Stairlifts, hoists and step lifts inspected every 6 months and serviced in accordance with manufacturer guidance
- All inspections must be completed by a competent person
- LOLER reports must be uploaded within 5 days of completion
- Remedial actions from inspections must be prioritised and tracked

7. Remedial Works and Response

- Category A (urgent) defects actioned within 24 hours
- Category B (non-urgent but safety-related) defects actioned within 7 days
- Category C (non-safety) defects completed within 30 days
- Emergency call-out response time: within 2 hours
- Resident communication post-repair and during outages is mandatory

8. Performance Monitoring and KPIs

KPIs include:

- % of lifts with in-date LOLER inspection
- % of domestic lifting equipment with current inspection
- % of defects addressed within priority timescales
- % of scheduled servicing completed on time
- % of emergency call-outs responded to within target
- Number of lift failures and complaint incidents

9. Training and Competency

- Contractors must be accredited by relevant industry bodies (e.g. LEIA)
- Council staff involved in delivery or oversight must complete annual awareness training
- Technical leads must undertake refresher training every 2 years
- All training will be logged and audited

10. Governance and Audit

- Compliance data reported monthly to the Compliance Board
- Internal audits annually with remedial action plans
- External audits commissioned where major incidents occur
- This policy will be reviewed annually or post-incident

11. Equality and Vulnerability

- The Council will meet its Public Sector Equality Duty
- Where lifts serve tenants with mobility impairments, breakdowns will be escalated
- Reasonable adjustments and personalised communication will be provided
- Priority will be given to repairs in sheltered schemes or vulnerable households

12. Continuous Improvement and Review

- Lessons from incidents, near misses and feedback will drive service improvement
- Trends in breakdowns and access issues reviewed quarterly
- This policy will be updated:
 - Annually
 - After regulatory changes
 - Following serious incidents or RSH or Ombudsman recommendations