

Date: 7 July 2015

Item: Key Findings from Internal Audit Reports

This paper will be considered in public

1 Summary

- 1.1 The purpose of this paper is to inform the Panel about Internal Audit Reports related to Safety, Accessibility and Sustainability issued during Quarter 4.

2 Recommendation

- 2.1 **The Panel is asked to note this paper.**

3 Background

- 3.1 Appendix 1 provides a summary of the HSE and Technical audit reports issued during Quarter 4. On completion of each HSE and Technical Audit, an audit report is issued to the 'Client' within the business who commissioned the work and copied to other relevant staff involved in the audit. Where corrective actions or improvement actions are agreed to address issues identified by the audit, these are tracked by the audit team, including review of supporting evidence, in order to confirm that the issues have been properly addressed.
- 3.2 Currently there are 126 open actions, none of which is more than 30 days overdue, with one between 0 and 30 days overdue. The overdue action does not give any grounds for concern. If a Rail and Underground audit action does go overdue, it is reported to the Value Programme Board (VPB), and the manager responsible for the action is required to attend the VPB to explain what is being done to get the action back on track. A similar process has been introduced for reporting to the Surface Transport Board. These reports ensure an appropriate focus by senior management on the completion of audit actions.

Embedded assurance

- 3.3 In addition to HSE and Technical audits carried out by Internal Audit, a number are carried out during the year by staff 'embedded' throughout TfL for whom auditing is just a part of their role. At this time, we are aware of audits being carried out in the following areas:
- (a) Surface Transport;
 - (b) London Overground; and
 - (c) LU Capital Programmes Directorate
- 3.4 Embedded audit work in relation to Surface Transport and London Overground was incorporated in the Integrated Assurance Plan for 2014/15 approved by the

Audit and Assurance Committee in March 2014, and progress is reported below. Information from the LU Capital Programmes Directorate, and other areas that may be identified, will be incorporated into reports in due course.

- 3.5 Surface Transport – Ten audits were completed by embedded auditors within Surface Transport, consisting of management system audits at three bus operators, two boat operators, and five contractors. There were no significant issues identified.
- 3.6 London Overground – Two audits were completed during Quarter 4 covering the Bombardier Training and Competence Management Regime and FORS (Fleet Operator Recognition Scheme) compliance. Action is being taken to address the issues identified, none of which were significant.

List of appendices to this report:

Appendix 1: HSE and Technical Reports Issued in Quarter 4 2014/15

List of Background Papers:

None

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Finals
WC= Well Controlled
AC= Adequately Controlled
RI= Requires Improvement
PC= Poorly Controlled

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
Rail and Underground				
Disruption to quality of service				
IA_14_742	Hayley Rail Limited	12/12/2014 RI	To provide assurance that Hayley Rail has implemented and is continuing to maintain an acceptable regime for the supply of maintenance replacement consumable fixing and fastening products for bogie repair and overhaul works, compliant with LU's contract objectives.	<p>Hayley Rail has established formal management system procedures and controls to ensure that fixing and fastening products to the correct specification and quality are procured, and that stock and customer supply are effectively managed. This includes adequate processes for in house quality and assurance management, customer liaison and the management of complaints, product return and the effective resolution of poor quality performance.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> The systems for product purchase specification references, re-stocking order by the Hayley Group and customer supply order history were found to be effectively controlled by the IT based '5xe' business and stock management system The quality control of parts selection and 'kit tray' assembly was seen to be effectively controlled, including a visual assurance control check of all kit trays before being sealed and held in Hayley stock. <p>One Priority 1 issue and one Priority 2 issue were noted:</p> <ul style="list-style-type: none"> Changes to material or supporting information initiated within LU is not being communicated to Hayley Rail who are responsible for products supplied under the Vendor Managed Inventory (VMI) contract. LU needs to partner Hayley Rail in establishing an effective procedure to communicate change requirements and confirmation that change has been implemented. The employee training record summary sheets were last updated in March 2011.
IA_14_769	Management System for the Overhaul of Central Line VRS Compressors	14/01/2015 RI	To provide assurance regarding the competence of the people involved with the compressor overhaul, the processes used for carrying out the overhaul work, and the quality of the completed overhauled compressor.	<p>Areas of Effective Control were:</p> <ul style="list-style-type: none"> Three key areas of the audit: Receipt and Despatch, Inspection and Test, and Control of Non-Conformances were found to be effectively controlled. <p>High Priority Issues:</p> <ul style="list-style-type: none"> A Vernier Height gauge was found to be un-calibrated in the Goods Inwards Inspection department, and it was not marked as such or segregated from use. The specified condemning limit for the Crankshaft main bearing journal diameter is 44.80mm in the work instruction. This contradicts the condemning limit of 45.00mm, specified in the inspection report form.

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				<ul style="list-style-type: none"> • The Piston diameter was measured using a Vernier Caliper, that could not measure accurately the dimensions specified in ten thousands of an inch or in micrometers. • The width of the ring grooves on the Piston was checked using a Go and No-Go gauge, but the result was recorded as an estimated measured value instead of Pass or Fail. • There is a discrepancy between the specified minimum resistance value of 100MΩ in the work instruction and the specified and used minimum value of 100Ω in the Inspection report for the Megger tested armature and field windings. • The specified compressor motor speed of 2050 rpm could not be achieved during the final test. The maximum speed achieved was 1700rpm • The training records reviewed during this audit showed that most of the staff in the motor shop have not been trained using the new work instruction (W7450).
IA_13_859	Management of Rolling Stock Information	21/01/2015 RI	To establish whether Engineering Document Control, Change Control and Control of Records are carried out as specified in the relevant LU Standards, to ensure the correct documents and issue are always available at the point of use for maintenance work.	<p>The findings of the audit were:</p> <ul style="list-style-type: none"> • The management of engineering document control, change control and control of records is more effective in some of the depots than others. • There was no Configuration Management System and Illustrated Parts List for the 09TS, at Northumberland Park Depot. There was no Change to Rolling Stock (CRS) that authorised the modification to the Negative Shoe gear Drop Lead Bracket. • There was no documented Configuration Management System for the 96 TS, at Stratford Market Depot. The Hardware and Software for configured items on the train and in the spare parts store did not match the electronically listed version. • There was no documented Procedure on how modified 96TS, components should be managed and controlled to avoid the mix up of modified and unmodified components in the spare parts store and on the train. • Red Line drawings are still being used for maintenance work on the 96 TS, with no time limit to when the drawing will be updated to capture the changes. • There was no CRS that authorised the change in material for the Trailing End on the 72 TS at Railway Engineering Work (REW). • There was no evidence of regular update of the Process Instructions for the 09TS. There was also no evidence of a programme for regular reviews of the Process Instructions for the 96TS. However, the Process Instructions are currently being reviewed and updated by the system and standard team. • There was no evidence to indicate how often the Illustrated Parts List for 96 TS is reviewed and updated.
IA_14_775	Track Drainage Inspection and Maintenance	02/02/2015 RI	To examine the civil engineering track drainage processes, ensure that appropriate inspection and maintenance regimes are produced and implemented	<p>Evidence was available that inspection and maintenance is being undertaken and recorded. There are significant issues that need addressing regarding reporting and records and further opportunities for improvement.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> • The maintenance schedules are produced in consultation with stakeholders and are informed by previous inspection results and known condition of the assets

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			<p>across LU in accordance with the Management System requirements, Standards, Technical Specifications and Procedures.</p>	<ul style="list-style-type: none"> • The various elements of the maintenance schedule are being delivered • Corrective maintenance is undertaken in response to identified defects • The competencies of staff and contractors is defined and evidence of competence seen <p>Priority 1 Issues</p> <ul style="list-style-type: none"> • There were some gaps in the required information to be recorded as part of the Asset Condition Assessment (ACA). The annual Asset Condition Report (ACR) was not produced by BCV/SSL or JNP for 2013/14. The necessary information is being compiled to enable this to happen for 2014/15. • Whilst evidence was seen that inspection and maintenance activities are being undertaken, this information is not being included in the corporate Asset Registers. Information is generally kept in local excel spreadsheets • The required use of CCTV assessment for pipework and drainage channels had not been happening in BCV/SSL until recently. The backlog will take some time to be corrected. Other surveys and inspections of the assets are undertaken • There is no formalised maintenance strategy in place for gravity drainage system assets to ensure the maintenance schedule for this asset remains risk based <p>Priority 2 issues</p> <ul style="list-style-type: none"> • Those undertaking competency assessments are not formally qualified A1 vocational skills assessors. They do have the necessary skills, knowledge and experience but need to attend an NVQ 4 day course to validate this. • The process for re-scheduling or carrying over non-completed activities would benefit from formalising
IA_14_766	BCV Track Maintenance	03/03/2015 RI	<p>To assess compliance with LU Category 1 standards in relation to a sample of track inspections, maintenance and management activities.</p>	<p>Good Practice</p> <p>The management of corrugation of the rail head is performed well by Central Line tube section through use and review of the electronic trace.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> • Locations and types of switches and cast crossings were known and documented • The recalibration of switch inspection gauges is adequately managed • Adequate arrangements were in place to operate and manage the inspection programme • Rail joint inspections were being managed effectively <p>Priority 1 Issues</p> <ul style="list-style-type: none"> • On the Bakerloo & Victoria lines arrangements have not been implemented to ensure that those visually inspecting switches remain competent and hold a relevant competence certificate • Some faults are not being correctly categorised to Safety Standard level because two or more defects in one location are not being linked as required <p>Priority 2 and 3 issues</p> <ul style="list-style-type: none"> • Track Recording Vehicle results are received by the track management teams three to four weeks after they are obtained. This means there is a potential delay in addressing any issues. Data is received

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				<p>from the Automated Track Monitoring System together with track inspections.</p> <ul style="list-style-type: none"> • Unique ID numbers for temporary rail clamps in use across the lines are not provided and the recording of locations and duration of use can be improved to ensure that this can be evidenced. The Central Line has produced a draft procedure to improve this • There is inconsistency regarding information received, used and acted upon to maintain track geometry. Commonality of approach could be developed on receiving and using reports, track quality charts and electronic tracing
IA 14 720	Northern Line Maintenance Assurance	18/12/2014 AC	To determine the effectiveness of the assurance arrangements put in place by Alstom for Northern line maintenance.	<p>Northern line maintenance assurance arrangements were found to be effectively managed with the exception of the surveillance plan.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> • Implementation of the Project Quality Plan detailing the maintenance assurance arrangements. • Ensuring the assurance arrangements are evidence based. • Maintenance of the asset register for new and existing assets. • Adherence to the maintenance schedule. • Completion of reactive maintenance. • Risk assessment of overdue or failed maintenance. • Monitoring of employees' competences. • Management of subcontractors. <p>Priority 2 and 3 issues</p> <ul style="list-style-type: none"> • Surveillance of door maintenance had not been completed since period six. • Surveillance of the Platform Train Interface (PTI) CCTV do not include the maintenance requirements. • The Project Quality Plan detailing the maintenance assurance arrangements has not been submitted to AP JNP for approval.
IA_14_728	MJ Quinn Ltd Competence and resource Management	07/01/2015 AC	To provide assurance in relation to the provision of competent and sufficient resources to meet the maintenance requirements MJ Quinn provide to London Underground JNP with regards to Station Systems and Fire Assets.	<p>The following areas were found to be effectively controlled:</p> <ul style="list-style-type: none"> • Management of works • Competence, training and awareness • Planning to meet timescales and requirements • Purchasing (resources) • Control of service provision • Control of monitoring and measuring devices • Measuring, analysis and improvement of performance • The management of tooling and plant <p>Priority 2 and 3 issues</p>

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				<ul style="list-style-type: none"> Records with regards to the holders of Grade 1 Fire Engineer certification were inconsistent between MJ Quinn and Asset Performance JNP. The MJ Quinn procedure detailing the means and recording of an individual's proof of right to work in the UK lacked clarity and could be misinterpreted.
IA_14_729	Supplier Assurance for lift design installation and maintenance services Accord Lift Services Limited	07/01/2015 WC	To provide TfL assurance that Accord Lift Services Limited has implemented and is maintaining a satisfactory quality management regime to support the delivery of its commercial services. That Accord can meet the requirement of lift installation projects and lift maintenance contract works.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> Accord site maintenance operatives use a PDA (personal digital assistant) mini tablet computer to manage scheduled maintenance task allocation, access to technical details and task completed evidence and reporting; including access to site safety, method instruction and asset history. Accord has implemented and is continuing to develop a comprehensive electronic business management system. <p>Priority 3 issues</p> <ul style="list-style-type: none"> A contract price change document for Mornington Crescent had been signed 'PP' on behalf of the LU Contracts Engineer. The signature was not clear and the name did not include a printed version or date. The Covent Garden lift replacement project design file stated that concessions were expected against Construction Design Management (CDM) and 95% design check requirements. No evidence was on file that these concessions had been granted or current status clarified.
IA_14_719	Supplier Audit Quattro Plant Ltd	22/01/2015 WC	To provide TfL assurance that Quattro Rail has implemented and is continuing to maintain a satisfactory quality management regime to support the commercial leasing of road rail vehicles (RRVs) and the associated support services in accordance with TfL contract requirements.	<p>Good Practice</p> <ul style="list-style-type: none"> The high level maintenance instruction document included technical reference to the use of torque wrench and torque settings and is additional to maintenance obligations identified in standard RIS-1530-PLT. <p>Areas of effective control</p> <ul style="list-style-type: none"> Quattro Rail was found to be working in compliance with a fully documented quality management system compliant with the requirements of ISO 9001:2008. The management system included clear policy statements and compliance processes to ensure that employees working on railway infrastructure comply with mainline railway and TfL competences, licensing and alcohol and drug policies.
IA_14_796	District Line Service Control, HSE Management	07/01/2015 AC	To assess compliance and effectiveness of critical elements of the TfL HSE Management System, LU Managers Handbook, LU Rule Books and the effectiveness of local arrangements	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> Workplace Risk Assessments are being undertaken and reviewed as required Emergency plans are current and control measures for foreseeable emergencies are in place Competence including safety critical licensing is managed and monitored to ensure staff meet licensing requirements Safety System checks and Planned General Inspections (PGIs) are being completed to programme and action tracked to completion. <p>Priority 2 and 3 issues</p> <ul style="list-style-type: none"> Employees identified as DSE users under the Display Screen Equipment Regulations have not been

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				<p>assessed since 2008/9. There is champion manager for this but they are yet to attend the relevant training course to administer the assessments through the TfL online system, Workstation Plus. Although relatively low risk this is a legislative non-compliance.</p> <ul style="list-style-type: none"> • Signal operators' change of duties from the authorised shift plan is recorded via Mutual Changeover Forms ensuring an auditable trail and input into SAP. Service Controllers' change of duties is common and whilst these are controlled by the Service Manager and noted on the Duty Sheet they are not recorded on a Daily Variation Sheet as required by LU to ensure an auditable trail. • The latest Tier 1 minutes and current TfL HSE Policy were not displayed on health and safety notice boards as required • Fire Drills/ evacuations and debriefs are not being recorded on the designated form (F0047) for buildings not in LU stations
IA_14_804	Service Control Local Training and Familiarisation	12/01/2015 WC	To assess the effectiveness of systems ensuring Service Control staff are familiar with line specific knowledge and procedures.	<p>The recommendations from the formal investigation carried out in 2013 following an incident were evidenced to have been completed and complied with.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> • Familiarisation of infrequently used locations or assets is now being completed across all Service Control teams. • Local Continuous Development Programmes (CDPs) are either in place or due to commence in January 2015. The scenarios in place cover incidents that have occurred within the local areas and address the issues raised within the formal investigation. • Weekly radio communication monitoring is conducted across the lines to ensure correct protocol is followed.
IA_14_795	Harrow on the Hill Group HSE Management	12/01/2015 AC	To assess compliance with critical elements of the TfL HSE Management System, LU Managers Handbook, LU Rule Books and the effectiveness of local arrangements.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> • Workplace and Customer Risk Assessments are being undertaken and reviewed as required. • Emergency plans are current and control measures for foreseeable emergencies are in place, including checks and measures to maximise security • Competence including safety critical licensing is managed and monitored to ensure staff meet licensing requirements • The management team is undertaking pro-active monitoring effectively via systems checks, Planned General Inspections, and station checks. • Incident trends are monitored and individual incidents investigated in line with corporate procedures <p>Priority 1 Issues</p> <ul style="list-style-type: none"> • Tenants are neither familiarised nor signing in as visitors with the Station Supervisor as required. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> • Only 52% of DSE assessments have been completed on the group. • The H&S notice boards were poorly maintained at both stations with a number of out of date documents including the TfL policy and Tier 1 minutes. • There is out of date emergency equipment and first aid boxes are not maintained at Harrow on the Hill,

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
				<p>although all checks are completed as required.</p> <ul style="list-style-type: none"> Hazardous waste is collected from the stations. There is no process to keep waste transfer or consignment notices.
IA_14_810	Principal Contractor's Duties in Station Works Improvement Programme	19/01/2015 AC	To examine the systems and processes in use for ensuring the systematic control of safety risks where the Stations Works Improvement Programme (SWIP) fulfils the role of Principal Contractor under the Construction (Design and Management) (CDM) Regulations.	<p>Legislative compliance was demonstrated as well as evidence of continual improvement through development of SWIP specific systems and processes.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> The selection of contractors ensures they are competent Contractors are provided with adequate induction, information and training Arrangements for communication and co-ordination are effective A Construction Phase Plan is produced for each project and is subject to suitable review Information for the Health and Safety File is obtained On site it was found Site Rules are produced and enforced, welfare facilities provided and security maintained All Safe Systems of Work (SSoWs) are reviewed by a SWIP Construction Manager For the activities seen, an effective SSoW had been produced and implemented Monitoring activities are programmed and undertaken and have a risk basis to them. All actions from monitoring and incidents are tracked to completion <p>Priority 2 and 3 Issues</p> <ul style="list-style-type: none"> The project completes the Pathway CDM Competency Matrix as required. It has been identified through other audits the completion of this matrix does not provide evidence of defined competencies and a gap analysis as required by the Pathway Product Quality Criteria. A management action to review this Product has been agreed. In the meantime this can be recorded in project documents The process by which it is decided whether a SSoW should be reviewed by a HSE Manager needs better definition Monitoring activities are programmed based on risk. The Construction Phase Plan would benefit from an additional paragraph describing how this is done. To improve document control, the use of revision numbers and document control boxes on documents needs to be consistently applied
IA_14_744	Assurance Audit of Wabtec Rail Limited	11/02/2015 AC	To provide the 1992 Tube Stock Overhaul Project Programme and TfL assurance that Wabtec Rail Limited has implemented and is continuing to maintain an acceptable quality management regime for the engineering repair	<p>Wabtec was found to be working in compliance with an established quality system supported by a manual and a comprehensive suite of quality assurance procedures. The audit focused on the procedures and processes that support the delivery of train cab and passenger saloon heating, ventilation and air conditioning equipment repair. No system, technical or competence shortcoming was noted.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> Wabtec was found to be maintaining an effective management system that included management of non-compliances and audit actions. Past non-compliances identified by the BSI external auditor and Wabtec's internal audit process was seen to have been well managed.

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			and overhaul of rail vehicle parts and equipment, including the volume repair of equipment for LU rail vehicle refurbishment and upgrade projects.	<ul style="list-style-type: none"> The control and availability of technical and method instruction documentation at the location of equipment repair was found to be effective. The store and supply of consumable parts and repair items was found to be well managed and a clear bin location and part identification system used. <p>Priority 2 issue</p> <ul style="list-style-type: none"> It was found that technical instruction documentation TI-14-012 for equipment repair and test had been approved by a Wabtec senior manager. The Wabtec document approval process for TI-14-012 did not include signed agreement by a LU representative responsible for the asset involved.
IA_14_743	Track Welding Supplier – Vital Rail	13/02/2015 AC	To provide assurance of Vital Rail’s compliance to London Underground (LU) standards, Vital Rail procedures and Regulatory requirements regarding rail welding.	<p>Alumino-thermic track welding is being effectively managed by Vital Rail with the exception of the priority 2 issues identified below.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> The Integrated Management System (IMS) including document and change control. The Competence Management System. Pre-employment, during employment and unannounced drugs and alcohol testing. The reporting of incidents and tracking of actions. The control of employees’ eligibility to work in the UK. The calibration and maintenance of equipment. The control of equipment and materials stored in the warehouse and in the welding teams’ vans. <p>Priority 2 issues</p> <ul style="list-style-type: none"> The Drugs and Alcohol Policy had not undergone an annual review and referenced out of date standards. Risk assessments are not being reviewed post incident. The Vital Rail internal audit schedule did not cover all required areas. A Non-Conformance tracker could not be evidenced. A schedule for surveillance audits, and the tracking of findings, has not been developed. ‘No Smoking’ signs had not been displayed in the warehouse.
IA_14_745	Track Welding Supplier – Renown Rail Welding	13/02/2015 AC	To provide assurance of Renown Rail Welding’s compliance to London Underground (LU) standards, Renown Rail Welding’s procedures and regulatory requirements regarding rail welding.	<p>Track welding is being effectively managed by Renown Rail Welding with the exception of the priority 2 issues identified below.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> The Quality Management System (QMS) including document and change control. The Competence Management System. The control and monitoring of drugs and alcohol. The reporting of incidents and tracking of actions. The control of employee’s eligibility to work in the UK.

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				<ul style="list-style-type: none"> • The calibration and maintenance of equipment. • The control of equipment and materials stored in the welding teams' vans. <p>Priority 2 issues</p> <ul style="list-style-type: none"> • There was no process to ensure employees with expired competences could not be assigned to welding teams. • Risk assessments are not being reviewed post incident. • A schedule for surveillance audits, and the tracking of findings, has not been developed. • Non Destructive Test (NDT) aerosols were not kept in a locked and labelled container. • There was no record of a visit by the local fire brigade. <p>The supplier will need to establish a Drugs and Alcohol Medical Screening Programme prior to commencing work on LU assets.</p>
IA_14_746	Hayley Rail Limited (Halesowen)	25/02/2015 AC	To provide TfL and LU Commercial the assurance that Hayley Rail Limited at Halesowen has implemented and is continuing to maintain an acceptable regime for the supply of janitorial and consumable products, safety wear and engineering hand tools and equipment compliant with LU's contract requirements.	<p>Satisfactory evidence was sampled to confirm that Hayley Rail had established formal management system procedures and controls to ensure products within their scope of service are procured against the correct specification, customer requirement and that management of customer supply is effective.</p> <p>The Hayley Rail HR Office located at Halesowen provided satisfactory evidence to verify that management of the company training records system had been improved since the previous audit.</p> <p>The audit confirmed application of the Hayley Group management system; product stock management procedures and processes for their warehouse and distribution centre operation.</p> <p>Priority 3 issue</p> <p>Some LU orders for items of engineering equipment did not specify the manufacturer, in breach of LU's requirement for branded products and tooling.</p>
IA_14_751	Emergency Response (Signalling)	27/02/2015 AC	To evaluate levels of assurance in relation to the management of responses to signalling incidents.	<p>The potential for strengthening controls was identified, however overall processes were robust and met LU Standards</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Both SSL/BCV and JNP have effective systems in place for the recording, allocation and monitoring of Emergency Response activities • Records resulting from Emergency Response activities were thorough and resulting reports were detailed and available. • Regular scheduled checks were being undertaken by both SSL/BCV and JNP on the Lean Stores across the network. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> • JNP Standards and Work Instructions referenced within other JNP documents for incident and fault management were not available on Insite or elsewhere.

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				<ul style="list-style-type: none"> The emergency “on call” roster ensures 24 hour coverage, but has six long term vacancies with no plan for them to be filled with suitable competent and experienced individuals. The emergency “on call” roster issued on 21 January 2015 shows one Duty Senior Signal Engineer (DSSE) and two JNP Duty Signal Managers (DSMs) as “on call” for 14 consecutive days to cover shifts that should be allocated to three of the vacant positions. Fully completed Accountable Person Assessment records were only available for three of the four DSSEs on the emergency “on call” roster. The Work Instruction (W0531 – Signals – emergency on call roster) does not detail the format, location or individual / department responsible for the management and storage of the Accountable Person Assessment records and evidence from the experience and competence assessment.
Delivery of Capital Investment Portfolio				
IA_14_709	Change to Rolling Stock	23/03/2015 RI	To establish whether there is a process in place for controlling changes to rolling stock (CRSs) and to determine whether all changes to rolling stock are managed, recorded, approved and implemented in a consistent and systematic manner.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> CRSs are agreed and approved at the appropriate level of management CRSs are controlled, administered and implemented effectively by the Rolling Stock Engineering Manager’s team <p>Priority 1 Issues</p> <ul style="list-style-type: none"> A,B & C forms are not consistently completed for CRSs and the CRS process does not prevent CRSs being processed where this key information is missing It was not possible to determine figures for fleet modifications not started or completed within the expected timescales, because the start and completion dates are not stated on the CRS There is currently no process in place for monitoring the progress of CRSs, to ensure they are issued in a timely manner <p>Priority 2 issues</p> <ul style="list-style-type: none"> There was no provision in the CRS register to record the date approved CRSs were received by the CRS Facilitator There was no evidence of a documented work instruction that defines how the CRS Facilitator should manage the CRS process There was no record to indicate CRS numbers allocated and not used within a 6 month period are reviewed to confirm whether they are still active or not. There was no evidence of the completed and reviewed Design and Maintenance checklists for the CRSs.
IA_14_830	London Overground Capacity Improvement Programme Willesden Project Principal Contractor’s Health and Safety Arrangements	25/03/2015 AC	To examine the systems and processes the Principal Contractor (PC) has in place for ensuring risks associated with the work activity are being suitably managed.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> Roles and responsibilities for those involved in the Work Package Plan (WPP) and Task Briefing processes are clearly defined. There are effective management processes in place for evaluating and monitoring the competencies of the Contractor’s Responsible Engineers (CREs). The required WPPs have been identified, prepared, checked and approved.

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				<ul style="list-style-type: none"> • Addendums are being prepared and approved by the contractor where there are changes to methodology and risk control measures laid out in the WPP. • Task Briefing Sheets (TBSs) have been undertaken for site activities and records demonstrated they had been briefed to operatives. • The briefing given to operatives before start of work on site was clear, succinct and covered the relevant requirements. • Site visits demonstrated that overall, safety is being suitably managed on site. <p>Priority 2 issues</p> <ul style="list-style-type: none"> • Health and safety inspections are not being carried out as per the frequencies laid out in the Construction Phase Plan (CPP) or the project inspection register. • The arrangements for full activity risk assessments could not be evidenced. • Discrepancies were found in the arrangements in place for checking and approving TBSs. • TBSs are not being routinely updated following change to WPPs. • Changes to TBSs on site were not being consistently captured within the 'Revised Risk Assessment' appendix or approved by the CRE.
Major Incident - External				
IA_14_781	Health and Safety Management	12/12/2014 AC	To examine the systems and processes in use for ensuring the systematic control of safety risks where the Track Delivery Unit (TDU) fulfils the role of Principal Contractor under the Construction (Design and Management) (CDM) Regulations.	<p>Areas of improvement were identified, some of which are already being addressed. For the areas sampled it is concluded that TDU meets the requirements of the Principal Contractor duties under the CDM Regulations.</p> <p>Good Practice</p> <ul style="list-style-type: none"> • Use of an electronic system in JNP for managing safety tours and inspections including allocation, tracking and close out of actions. This allows for greater efficiencies across the business area. <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Roles and responsibilities for all TDU work streams undertaking the Principal Contractor role have been clearly defined and allocated. • Workplace risk assessments have been completed for all activities. • Methods statements are in place detailing controls required. • Control measures were seen to be implemented on site. <p>Issues</p> <ul style="list-style-type: none"> • The process for briefing operatives on safe systems of work requires improvement to ensure operatives receive appropriate health and safety information through the use of Task Briefing Sheets. Records need to be kept. • Safety tours and inspections are being undertaken. However, with the exception of JNP, they are not being undertaken to the planned programme. This weakens assurance that control systems are working as planned. • Competencies required by the project team have not been identified. This impedes the ability to conduct

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
				effective gap analysis. . <ul style="list-style-type: none"> Elements of the risk assessment process do not meet the full requirements of the TfL Management System.
IA_14_811	Principal Contractor's Duties in Station Upgrade Programme	16/02/2015 AC	To assess compliance with Principal Contractor duties within the Station Upgrade Programme, as defined by the Construction Design and Management (CDM) Regulations. The audit also examined STAKE processes relating to the Station Stabilisation Programme (SSP).	Good Practice <ul style="list-style-type: none"> The Collaborative Planning system has proven effective, appropriate and easy to understand and the STAKE arrangements are compliant with CDM Areas of Effective Control <ul style="list-style-type: none"> The selection of contractors ensures they are competent and they are provided with adequate induction, information and training Arrangements for communication and co-ordination are effective A Construction Phase Plan is produced for each project and is subject to suitable review Information is obtained for the Health and Safety File On site it was found Site Rules are produced and enforced, welfare facilities provided and security maintained All Safe Systems of Work (SSoW) are reviewed by a Site Construction Manager and for the activities seen, an effective SSoW had been produced, recorded and implemented Monitoring activities are programmed and undertaken and are risk based Priority 2 and 3 Issues <ul style="list-style-type: none"> The project completes the Pathway CDM Competency Matrix, but this does not provide evidence of a gap analysis as required by the Pathway Product Quality Criteria. The process by which it is decided whether a SSoW should be reviewed by a HSE Manager would benefit from further definition Appendix A of the Project Execution Plan, which records who is responsible for ensuring CDM duties are complied with, is not completed.
IA_14_828	Control of LU Rule Book Changes	06/03/2015 AC	To provide assurance that improvements to the management system in relation to communication of Operational Standards Notices (OSN'S) have been implemented and are effective. A previous audit (13 736) found that OSNs were not communicated effectively and the management system did not define how this should be done	Good Practice <ul style="list-style-type: none"> A process has been implemented by the Oxford Circus Group ensuring team talks, safety bulletins and OSNs are signed for thereby providing an audit trail. This was not evidenced in any other group. Areas of Effective Control <ul style="list-style-type: none"> All staff sampled were aware of recently issued OSNs and could confidently describe the change and how it effects their role. OSNs are clearly displayed or located at all the areas sampled. Staff also know where they are on the LU Intranet Train Operators do not sign for OSNs. However they are required to check the Late Notice Boards where OSNs are posted as part of the booking on for duty process. This is assured via the Competence Management System. Where new equipment is provided, Station Supervisors have completed training on the new equipment

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				<p>provided and an auditable trail was evidenced.</p> <p>Priority 2 issue</p> <ul style="list-style-type: none"> There is no auditable trail to show all staff receive and understand an OSN as required by the Management System, although it is likely that most staff will see an OSN through them being available at their locations and staff awareness of the need to check them. The risk is higher for station staff (where no training is required) for a number of reasons including geographically diverse locations and OSNs not all being relevant to them
IA_14_778	Signal Sighting in London Overground	16/03/2015 WC	To provide assurance in relation to the process of Signal Sighting on TfL London Overground Managed Infrastructure.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> The individuals undertaking roles with regards to the Signal Sighting Committee (SSC) were suitably competent and experienced in that type of work. Fully detailed, correctly completed and signed Signal Sighting Forms (SSFs) were readily available to provide assurance that the documented process in place had been adhered to Additional evidence was available to provide assurance that other requirements and processes associated with signal sighting activities had been adhered to A document register was utilised by the Signal Sighting Committee Chairman (SSCC) to track and record updates to SSFs and their issue to the London Overground (LO) Project Team. The LO Project Team maintained a document register to track and record updated SSF received from the SSC.
IA_14_780	Possession Planning and Management	31/03/2015 AC	To assess the effectiveness of systems & processes for possession planning for ensuring that safety risks to staff and the operational railway are controlled.	<p>Possession planning and management is largely being undertaken and recorded in accordance with the requirements of the Rule Book. All the recommendations provided in the Formal Investigation Reports (FIRs) were confirmed as complete.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> Standards, instruction, guidance and templates have been significantly improved and are clear Competence, Roles and Responsibilities are clear, understood and implemented Timescales, notice periods and lockdowns are clear and adhered to for weekend possessions The planning process for weekend possessions is defined and adhered to ensuring that any risks are mitigated and arrangements are clear There is a defined process for checking possession plans to avoid errors and omissions There is a defined change control process for possession plans that is largely adhered to Possession Plans are communicated to all relevant persons The process for taking and handing back a possession is clear and adhered to <p>Priority 1 Issue</p> <ul style="list-style-type: none"> Rule Book 14 is designed to regulate the planning of typical weekend possessions. Mid week possessions are increasing and the type of work is becoming more complex and intrusive. Not all the controls in Rule Book 14 are consistently applied for these possessions regarding lock downs and planning meetings which may increase the risk of errors or omissions

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				<p>Priority 2 and 3 Issues</p> <ul style="list-style-type: none"> The LU Rule Book requires a possession for where vehicles that are not trains are stabled in sidings or signalled depots. This is not current practice and so arrangements need reviewing to align policy with practice. The Possession Risk Assessment available at one of the sites visited had not been reviewed since 2007. Deviations to possession plans are required to be approved by the Engineer in Charge/Planner in consultation with others. This happens for mainline possessions but in depots the Engineer in Charge/Planner is not involved. These arrangements would benefit from review to align policy with practice.
Environment Impact of delivering a transport service				
IA_14_815	Waste Management in LU COO Asset and Operational Support	12/12/2014 AC	To provide assurance in relation to arrangements for the management of waste to ensure that legal compliance is achieved through the implementation of management system requirements.	<p>The process of Waste Management in LU COO Asset and Operational Support is adequately controlled with the exception of an overdue review of the Waste Management System for Railway Engineering Workshops (REW)</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> The TfL Waste Management system met the requirements of waste management regulations. Management system documents describe the waste management roles and responsibilities and employees were aware of these. Management controls are in place to prevent asbestos exposure to employee, contractors or the public. Asbestos waste is stored in a designated area prior to collection. Only licensed contractors are used for the removal of waste. Waste transfer notes and consignment notes are accurately completed and readily available for inspection. As per the Management System requirements, transfer notes are kept for two years and hazardous waste consignment notes are kept for three years. Coloured bins and lockable containers are utilised to assist in storing and segregating waste. Emergency preparedness and site drainage plans are in place. Chemicals and fuels are stored in an appropriate location. There are safeguards in place to ensure any oil spillages are dealt with adequately, and appropriate spill kits are located near all risk areas. <p>Issues</p> <ul style="list-style-type: none"> Waste Management documents at REW were in Metronet templates. These documents should be reviewed and updated. System Checks, which include assurance against environmental requirements, are not undertaken.

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Surface Transport				
Major Incident - External				
IA_14_819	Embedment of HSE Management Systems in Dial-a-ride (DaR)	16/01/2015 RI	To examine the effectiveness of the embedment of the health and safety requirements of the TfL Management System and Surface Transport/DaR procedures to ensure that the health and safety risks arising from activities are controlled effectively.	<p>A new TfL wide Health, Safety and Environment Management System (HSEMS) was launched in April 2014. The Surface Transport (ST) Safety Team have begun to introduce documentation to support the requirements of the TfL HSEMS. DaR has a suite of procedures in its own HSEMS, which have been in place since July 2010.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Comprehensive processes are in place for the management of risk from driving on TfL business. • Effective arrangements are in place for the management of planned general inspections. <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> • The full requirements of the TfL HSEMS are not being met to ensure risk assessments are suitable and sufficient. A large suite of risk assessments are in place but do not cover all activities. The format and methodology used do not fully meet requirements. • Manual handling assessments are not being completed in accordance with management system requirements to support compliance with legislation and ensure the control of risk. • Written schemes of examination and safe systems of work for pressure systems are not in place as required under legislation. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> • Not all statutory examinations for lifting equipment are carried out at the correct frequency. • The majority of over 7-day reportable incidents received during the audit had not been notified to the Health and Safety Executive within the required timeframe. • Incident investigations are not being carried out in line with DaR procedures
IA_14_820	Embedment of HSE Management Systems in London River Services	16/02/2015 AC	To examine the effectiveness of the embedment of the HSE requirements of the TfL Management System and Surface Transport procedures to ensure that the health and safety risks arising from activities are controlled effectively.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Workplace risk assessments and topic specific risk assessments have been carried out. Documentation and the review of assessments are well controlled. • Arrangements for the communication of risk assessments are effective. • Control measures from risk assessments are being implemented in practice. • HSE planned general inspections (PGIs) and Senior Manager HSE Tours are being carried out to schedule. • Risk assessments/method statements (RAMS) are being provided for contracted project works undertaken. • There was evidence of an effective working relationship with the Surface Transport Safety Team which benefits health and safety management in LRS. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> • Arrangements for the tracking of actions identified in risk assessments, PGIs and Senior Manager HSE

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				<p>tours had not been used for the latest actions identified from these processes.</p> <ul style="list-style-type: none"> Occupational hygiene monitoring is not being carried out for hazardous substances with a workplace exposure limit. Pre-appointment checks of contractors' HSE competence could not be evidenced. Risk assessments/method statements (RAMS) have not been provided for general maintenance works, and reviews of RAMS could not be evidenced. There is a lack of formal arrangements for the monitoring of contractors' performance.
Finance				
Delivery of Capital Investment Portfolio				
IA_14_702	Process for learning lessons from past projects	25/03/2015 RI	To follow up on agreed improvement actions that were documented in previous Audit Report 12/13-903 dated 22 February 2013 entitled Application of Lessons Learned from VLU and JLU Programmes, and to evaluate the effectiveness and ease of use of the newly developed Lessons Learned process.	<p>The TfL Knowledge Management team has made a strong start in building the foundation for a company wide solution for knowledge sharing and learning from mistakes, and the audit findings from the previous audit have therefore been closed.</p> <p>Although the new Lessons Learned process is generally well regarded by the auditees, the audit found that a number of key process requirements are not being implemented as intended. There is therefore a risk that the new Lessons Learned process will not be as effective as it could be in helping the business to minimise costs and avoid delays. Actions to address these issues have been agreed.</p> <p>Good Practice:</p> <ul style="list-style-type: none"> The London Underground (LU) New Tube for London (NTfL) team has condensed a 41 page worldwide Metro research report into 34 lessons that can be readily input and copied into Project Workspaces. Surface Transport (ST) Projects and Programmes Directorate (PPD) has a Compliance Dashboard that identifies progress in implementing the new Lessons Learned process for 63 of its projects. Several NTfL business areas have searched for relevant lessons learned by other projects, for copying into NTfL Project Workspaces and assigning actions. <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> The majority of the project teams reviewed are not implementing the new TfL Lessons Learned process as intended. The ever increasing amount of data in the Lessons Learned database is not being managed in the manner intended. <p>Priority 2 Issues:</p> <ul style="list-style-type: none"> A number of further improvement suggestions have been documented in the audit report.
Crossrail				
IA 14 518	CDM Compliance - Construction plans and asset maintenance information	11/11/2014 ACL	To assess Compliance with the Construction Design and Management (CDM) Regulations 2007 and	<p>The audit identified that:</p> <ul style="list-style-type: none"> There was good collaboration and exchange of information between the Crossrail and Principle Contractors Project Teams.

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			associated approved Code of Practice with regards the Construction phase plan.	<ul style="list-style-type: none"> • The Construction Phase Plans are regularly reviewed and updated as required and met the requirements of Construction (Design and Management) Regulations 2007 appendix 3. • Two projects did not maintain a running commentary of the changes to the Construction Phase Plan at each revision. • Changes from the previous version of the Construction Phase Plan were not readily identifiable. • One Construction Phase Plan consisted of over 450 pages, many of which were not applicable to the risks identified as requiring control.