

**Date:** 30 June 2016

**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 Health, Safety, Environment and Technical (HSE&T) audit reports issued during Quarter 4. On completion of each HSE&T 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 The following table shows the total number of HSE&T audit reports issued during the quarter and the full year, together with comparative full year figures for 2014/15.

	<b>Health, Safety, Environment and Technical Audit Reports</b>				
	<b>Well Controlled</b>	<b>Adequately Controlled</b>	<b>Requires Improvement</b>	<b>Poorly Controlled</b>	<b>Total</b>
This Quarter	0	12	9	0	21
2015/16	2	34	30	1	67
2014/15	7	62	27	2	98

3.3 A higher proportion of the reports have been concluded as Requires Improvement or Poorly Controlled compared to the same period last year. This reflects a conscious decision in the 2015/16 plan to carry out a smaller number of more in depth and wide ranging audits, many of which are in areas that

haven't been audited for some time. By their nature, these audits are more likely to identify issues.

- 3.4 Currently there are 255 open HSE&T actions, of which fifteen are overdue, although none by more than 60 days. The overdue actions do 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 is in place for reporting to the Surface Transport Board. These reports ensure an appropriate focus by senior management on the completion of audit actions.

### **Embedded assurance**

- 3.5 In addition to HSE&T audits carried out by Internal Audit, a number are carried out during the year by staff 'embedded' in parts of Surface Transport and Rail and Underground. This was incorporated in the Integrated Assurance Plan for 2015/16 approved by the Audit and Assurance Committee in March 2015, and work done during Quarter 4 is summarised below.
- 3.6 Surface Transport – 13 audits were completed in Quarter 4. The purpose of these was to ensure the existence and adequacy of the control procedures and management systems used by bus operators in accordance with Buses Directorate contractual requirements, and the existence and adequacy of the control procedures and management systems used by contracted operators in line with contractual requirements at Rail Replacement and London River Services operations. There were no significant issues identified.
- 3.7 Rail and Underground – Three audits were completed in Quarter 4, as follows:
- (a) One quality audit of Greenford E3 & Incline in order to provide objective evidence of effective management of Red-Line/ As Built Drawings. There were no significant issues identified; and
  - (b) Two Site and Competency management audits to assess arrangements for ensuring that there are adequate and effective management processes in place. There were no significant issues identified.

### **List of appendices to this report:**

Appendix 1: HSE&T Reports Issued in Quarter 4 2015/16

### **List of Background Papers:**

None

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Conclusions	Number
PC= Poorly Controlled	0
RI= Requires Improvement	9
AC= Adequately Controlled	12
WC= Well Controlled and Audit Closed	0
AC/ACL = Adequately Controlled and Audit Closed	0

Reference	Responsible Director	Report Title	Report / Memo Issued	Original Objective	Summary of Findings
<b>Rail and Underground</b>					
<b>TfL Strategic Risk: Disruption to quality of service</b>					
IA_15_724	Chief Operating Officer, LU	Changes to the Signal Maintenance Regime (SSL & BCV)	17/12/2015 RI	To ascertain the level of compliance against the requirements of BCV/SSL Extension of Signal Maintenance – Safety Case (SRX97336) issue 3.5 and activities and confirm that processes are in place to ensure continued adherence.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>All Signalling Assets were detailed within Ellipse at the correct maintenance cycles.</li> <li>The Mean Time Between Failure (MTBF) rate has increased across SSL over a 12 month period.</li> <li>The documents detailed in BCV/SSL Extension of Signal Maintenance – Safety Case (SRX97336) issue 3.5 had been updated, approved and issued</li> </ul> <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> <li>It is important that Prime Critical Relays on SSL are maintained to avoid the risk of a wrong side failure. The standard requires all to be identified and a maintenance regime implemented as an annual requirement.                             <ul style="list-style-type: none"> <li>Whilst most had been identified, it could not be confirmed those in trackside kiosks on SSL North had been.</li> <li>There was no technical specification / instructions for 3-position and F style Prime Critical Relays</li> <li>There is small backlog in maintenance across SSL (76 out of 1306)</li> </ul> </li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>No analysis had been undertaken on assets that had been moved to the 16 week maintenance regime so it was not possible to ascertain if there was any detrimental effect on the safety or reliability of these assets.</li> <li>Whilst a number of assets were transferred to the 16 week frequency, other assets that were in the same general physical location were still on the 12 week frequency. This resulted in multiple visits to the same location to undertake maintenance</li> </ul>

**Status Key**

PC	Poorly controlled	RI	Requires improvement	AC	Adequately controlled	WC	Well controlled
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Reference	Responsible Director	Report Title	Report / Memo Issued	Original Objective	Summary of Findings
					activities, which is not the most efficient use of resources.
IA_15_716	Director of Trams	Trams Handbook of Critical Assets following Projects' Upgrade Works	12/02/2016 RI	To provide assurance that adequate handover arrangements are in place for the reintegration of critical assets into operational service and maintenance regimes following Projects' upgrade works.	<p>Good Practice:</p> <ul style="list-style-type: none"> <li>The London Trams: Entry into Service (EIS) Certificate was shown to have been used as an additional level of assurance for the Wimbledon Line Enhancement Programme (WLEP).</li> </ul> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>Lessons Learned Registers were shown to be maintained throughout the life cycle of each of the projects sampled.</li> <li>Maintenance and Operational Readiness Plans were shown to be completed in line with TfL Pathway requirements.</li> <li>Controls in relation to the management of derogations and non-compliance were shown to be effectively implemented.</li> </ul> <p>Priority I Issues:</p> <ul style="list-style-type: none"> <li>There was no formalised procedure or template document for the submission of data to the Asset Database team for loading into the Asset Information Management System (AMIS).</li> </ul> <p>No verification was provided to demonstrate that AMIS had been updated to reflect submissions as part of the Platform 10 WLEP, Trams Management System (TMS) project and the Track Crossings programme (Phase 3).</p>
IA_15_736	Chief Operating Officer, LU	London Underground Communication Equipment Room Management	24/03/2016 RI	To gather assurance that the issues raised in audit report 13_757 titled The Management of Communication Equipment Room (CERs) had been addressed, that agreed actions have been implemented and that they are effective.	<p>Since the original audit of CERs and the issues raised in report 13_757, there has been an improvement in the presentation and upkeep of CERs based on the field sample undertaken. Six out of the ten CERs sampled exhibited some of the same faults identified during the previous audit, but the frequency appeared reduced: four of the ten CERs exhibited zero issues.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> <li>Evidence was seen of the legislative issues raised in the previous audit being identified and reported for attention by locally managed inspections.</li> <li>Evidence was seen demonstrating that access to CERs was being managed as per requirements of Rule Book 10.</li> <li>Evidence was seen of CERs having been registered within Ellipse, and an inspection regime being driven by maintenance scheduled tasks from within Ellipse.</li> </ul> <p>Priority I Finding</p> <ul style="list-style-type: none"> <li>Category I standard 1-140 issue AI dated October 2007 is overdue for review and inclusion of several sets of written notices.</li> </ul>

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					<p>Priority 2 Findings</p> <ul style="list-style-type: none"> <li>The definition of roles and responsibilities for CERs in Standard I-140 are out of date.</li> <li>Records providing assurance of compliance to requirements should be capable of being made available within five days of request. There is no clear requirement of what records are to be maintained, where they are to be held, and by whom.</li> </ul>
IA_15_721	Chief Operating Officer, LU	Calibration of Depot Tools and Equipment in SSL, BCV and JNP Depots	29/03/2016 RI	To ensure that there is a management and control system in place for the calibration of tools and equipment used for rolling stock maintenance.	<p>Evidence was available that management and control of inspection, measuring and test equipment and tools is largely being undertaken and recorded.</p> <p>Good Practice:</p> <ul style="list-style-type: none"> <li>In Northumberland Park Depot (NPD), Calibration report and other calibration issues are included as an agenda in the daily morning performance meetings. The Concern Escalation and Outstanding Resolution noticeboard highlights to the shift managers any calibration issues requiring attention.</li> </ul> <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> <li>There was no Standard, Procedure or Work Instruction for rolling stock maintenance that defines the control of Inspection, Measuring and Test Equipment (IMET) and Tools. Work has commenced on producing a Work Instruction.</li> <li>BCV/SSL did not work in collaboration with JNP in reviewing the draft Work Instruction in order to ensure a unified and consistent requirement across the LU Fleet depots.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>In Stratford Market and Ealing Common depots, Ellipse or Maximo are not used as the primary means of controlling and managing calibration as required by the Work Instruction W0089. Spreadsheets are used instead.</li> <li>Ealing Common Depots do not use Business Objects XI (BOXI) to generate calibration sheet. The Calibration Status Report needs to be improved and updated to reflect current status and reduce the backlog of recalled equipment.</li> <li>Northumberland Park and Ealing Common Depots rely on 'Users' to bring 'out of date' equipment to the office for processing. This has potential consequence of Users not returning all the out of date tools before or after the due date.</li> <li>Torque Wrench readings are not recorded on the Torque Wrench setting log book or record folder in Ealing Common depot.</li> <li>Quarantined/out of calibration items were stored on an open unlocked shelf, easily accessible with a potential of being re-used by maintenance staff.</li> </ul>
IA_15_725A	Chief Operating Officer, LU	Signal Competence in accordance with IRSE in JNP	11/02/2016 AC	To confirm compliance of the JNP Institution of Railway Signals Engineers (IRSE) Assessing Agencies (AA) activities with the requirements of the IRSE Licensing procedures and	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>With the exception detailed below, the procedures and processes of the Assessing Agency met the requirements of the IRSE Licensing Standard and Procedures.</li> <li>All records observed were accurate, detailed and correctly completed.</li> <li>Licensing assessments were thorough and contained detailed applicable evidence which supported the assessment decisions.</li> <li>The majority of recent changes to the IRSE's requirements had been identified and</li> </ul>

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				standards.	<p>incorporated into the JNP controlling procedure(s).</p> <ul style="list-style-type: none"> <li>Internal Verification plans were in place and being undertaken, including observed assessments, with suitable reports produced and communicated.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>There was no process defined within the controlling procedure for the recording and processing of complaints against the AA</li> <li>There was no evidence available to demonstrate that all of the IRSE licensing procedures were covered by the AA procedures via a compliance matrix</li> <li>No statistics were being produced nor timescales defined for informing the IRSE office for candidates found 'not yet competent' with the licence category and reason why</li> <li>Two members of JNP staff who did not have roles within the AA also had access to the secure room where records were held. Although they had previously signed confidentiality agreements, they had not signed the new 2015 versions covering impartiality</li> <li>The controlling procedure required clarification on two aspects</li> </ul>
IA_15_725B	Chief Operating Officer, LU	Signal Competence in accordance with IRSE in LU BCV/SSL	19/02/2016 AC	To confirm compliance of the LU Institution of Railway Signals Engineers (IRSE) Assessing Agencies (AA) activities with the requirements of the IRSE Licensing procedures and standards.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>With the exception detailed below, the procedures and processes of the Assessing Agency met the requirements of the IRSE Licensing Standard and Procedures.</li> <li>All records observed were accurate, detailed and correctly completed.</li> <li>Licensing assessments were thorough and contained detailed applicable evidence which supported the assessment decisions.</li> <li>The majority of recent changes to the IRSE's requirements had been identified and incorporated into the LU BCV/SSL controlling procedure(s).</li> <li>Internal Verification plans were in place and being undertaken, including observed assessments, with suitable reports produced and communicated.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>There was no evidence available to demonstrate that all of the IRSE licensing procedures were covered by the AA procedures via a compliance matrix.</li> <li>The assessment plan was a standalone document and not referenced within the controlling procedure.</li> <li>The AA maintained and published various statistics with regards to licence assessments including candidates found 'not yet competent' but these were in a number of locations / reports with no specific statistics centrally produced. Timescales for notification to the IRSE office of candidates found 'not yet competent' were also not defined.</li> <li>The controlling procedure required clarification on four aspects.</li> </ul>
IA_15_717	Director of Commercial, R&U	Management of Contractors in LU Operations	23/02/2016 AC	To provide assurance of the effectiveness of arrangements to manage contractors working on LU	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>The contractors' HSE arrangements including competence, risk management, emergency preparedness and site documentation had been reviewed by LU prior to commencement of works.</li> </ul>

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				Operations premises / assets, with specific regard to on site monitoring, competence and management of sub-contractors.	<ul style="list-style-type: none"> <li>The contractors were effectively managing their HSE arrangements including site documentation, access, competence and monitoring regimes.</li> <li>Arrangements were in place for the ongoing monitoring of contractors by LU.</li> <li>Contractors were able to demonstrate effective selection and monitoring of their sub-contractors.</li> <li>Station Supervisors were able to demonstrate the management of visitors in accordance with Rule Book 10 – Station Access.</li> <li>Contractors were able to demonstrate the management of access and preparation for works when on site.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>It could not be evidenced how it is ensured that the Safety Tours, PGIs and ePGIs are monitored to ensure sufficient coverage of sites, contractors and high risk works.</li> <li>SI 552 – Contract QUENSH Conditions requires contractors to demonstrate relevant competences and a safe and efficient method of working when signing-on with the Station Supervisor. With the exception of checking entry permits, this is not a requirement of Rule Book 10 – Station Access.</li> <li>The Station Supervisor, in one of the stations sampled, did not provide a safety briefing as the works were not taking place within the station.</li> </ul>
IA_15_730	Chief Operating Officer, LU	SSL Track Maintenance	01/03/2016 AC	To assess compliance with LU Track Category 1 standards to give confidence that specific technical requirements are controlled to mitigate service disruption and safety risks.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>Temporary Approved Non Compliance (TANC) training and licensing</li> <li>TANC Accountable Managers responsibilities were understood</li> <li>At the time of audit there were seven open TANCs. The process for approving these TANCs was followed and a process exists to seek approval from the Maintenance Assurance Engineer beyond 28 days</li> <li>Annual risk assessment for PMI and PM4 inspections are completed by all lines</li> <li>Processes exist to ensure that mitigations are implemented in the event of missed inspection</li> </ul> <p>Priority 1 Issue:</p> <ul style="list-style-type: none"> <li>Standard SI 158 requires that the annual risk assessment to determine intervals between mandated inspections shall be reviewed when there is a change in asset condition. SSL South undertake reviews of the annual risk assessment but do not log the action.</li> </ul> <p>Priority 3 issues:</p> <ul style="list-style-type: none"> <li>Examples were found of non-management system forms being used. These were similar to the designated forms and contained similar information.</li> </ul>
IA_15_734	Chief Operating Officer, LU	Assurance of LU Maintenance	21/12/2015 AC	To review on the Operations LU maintenance assurance arrangements and to assess alignment to the	<p>Areas of Effective Control:</p> <p>The audit found that arrangements related to assurance activities for track, signals and rolling stock asset groups met the requirements of ISO 55001 in supporting LU Asset Management Plans and maintenance delivery objectives for providing a safe and reliable</p>

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				relevant clauses of ISO 55001 (Asset Management Systems – requirements) related to planning, delivery and reporting of assurance activities for all three Service Delivery Units (BCV, SSL & JNP).	<p>railway.</p> <p>Priority 1 Issue:</p> <ul style="list-style-type: none"> <li>The Rolling Stock document 'Maintenance Assurance Plan (MAP) and associated Recovery Plan for 2015 /16' to reflect current assurance activities had not been reviewed, approved and published within the TfL Management System.</li> </ul> <p>Priority 2 Issue:</p> <ul style="list-style-type: none"> <li>Rolling Stock document R0463 'Fleet Performance, Assurance &amp; Risk Process' published within the TfL Management System contained numerous typographical errors, out of date roles and responsibilities and inactive hyperlinks to other documents / process flowcharts (this document is not owned by the Maintenance Assurance function although it forms part of the assurance framework).</li> </ul> <p>Priority 3 issues:</p> <p>The current Operations LU assurance arrangements were found to meet the relevant ISO 55001 clauses / requirements. The following issues had already been noted and actioned by the Maintenance Assurance Manager as part of 'continual improvement' activities:</p> <ul style="list-style-type: none"> <li>Inconsistencies within the MAPs for all asset groups, in particular risk-based methodologies for planning surveillance and monitoring and reporting to other Operations LU functions and directorates.</li> <li>Separate JNP assurance activities (e.g. different documents) within Track and Rolling Stock.</li> <li>Lack of an integrated JNP Signalling Assurance function within the LU Operations directorate (currently within the CPD directorate).</li> </ul>
IA_15_784	Director of Trams	Supplier Audit of Vossloh-Kiepe	21/12/2015 AC	To provide assurance that Vossloh - Kiepe have the capabilities and quality management system in place to supply, repair and overhaul tram components to London Trams contractual requirements.	<p>Vossloh-Kiepe was found to have the capabilities, management system and technical expertise to undertake any required maintenance work on tram components, to London Trams contractual requirements. The result of the audit is as detailed below.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>Overhaul and repairs of High Voltage traction and auxiliary equipment and Low Voltage control equipment were found to be carried out using the specified technical documentation, calibrated equipment and tools, and by qualified and competent staff.</li> <li>Change control of components and sub-components were found to be carried out in accordance with Vossloh – Kiepe change control procedure (KN0018), thus ensuring the process is consistently and universally applied across the company.</li> <li>The identification and traceability of serialised parts were found to be managed in accordance with the procedure: IZU IMV 11.4.3-1. Records are maintained for serialised and safety critical parts; indicating where they are fitted and when it was fitted. Also retained are records of modification or changes to serialised parts and who authorised it.</li> <li>Vossloh - Kiepe was found to be fully certificated until 2018, to ISO 9001, in Quality</li> </ul>

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					<p>Management Systems, ISO 14001 in Environmental Management Systems and 18001 in Occupational Health and Safety Management Systems. These certifications cover the scope of the company's manufacturing and overhauling/repairs activities.</p> <ul style="list-style-type: none"> <li>It was established that Vossloh-Kiepe, would provide London Trams, with 'Updated System Interrogation Software' whenever such update takes place. There is currently no plan within the organisation to update the 'System Interrogation Software'.</li> <li>It was established that Vossloh-Kiepe would provide training for the subsystems maintenance work for London Trams staff, to suit their requirements particularly in general maintenance work and fault finding.</li> </ul> <p>Priority 2 Issue:</p> <ul style="list-style-type: none"> <li>The Trimos height gauge; reference number: 0114RV4063, in the Goods Inwards department was not marked or identified with its calibration status.</li> </ul>
<b>TfL Strategic Risk: Major Catastrophic Incident</b>					
IA_15_703	Chief Operating Officer, LU	HSE Management in LU COO Signals	17/12/2015 RI	To ascertain the level of compliance against the requirements of BCV/SSL Extension of Signal Maintenance – Safety Case (SRX97336) issue 3.5 and activities and processes are in place to ensure continued adherence.	<p>Areas of Effective Control</p> <ul style="list-style-type: none"> <li>There is adequate ownership and process in place to ensure general workplace risk assessments are undertaken and recorded.</li> <li>The risk from working at height is managed in line with legislation and a number of additional controls have been implemented.</li> <li>Driving at work, waste management, pro-active and reactive monitoring and communication are undertaken in line with the Management System.</li> </ul> <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> <li>Although referenced within the Signals general risk assessments, specific manual handling assessments for assets could not be located on Insite.</li> <li>The present control measures in place to mitigate against contact with exposed conductors (greater than 50V ac) were potentially insufficient to meet the requirements of the Electricity at Work Regulations. The Electricity at Work working group is to review this.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>There were no records available to demonstrate that night worker questionnaires had been issued and signed for by individuals.</li> <li>The Managers seen during the audit were not aware of the recently published requirements within the TfL Management System for fatigue management including the training available.</li> <li>There was no evidence that Work Instruction Identification, Handling and Disposal of Hazardous Materials (SIG-ENV-007 Rev1) dated 21/01/11 had been subject to review.</li> </ul>
IA_15_742	Chief Operating Officer, LU	Hainault Rolling Stock Depot Health and Safety Management	22/12/2015 RI	To provide assurance that health and safety legislation	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>All workplace risk assessments and COSHH assessments were recorded in relevant</li> </ul>

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				is being complied with through the local implementation of the TfL HSE management system and risk controls.	<p>databases</p> <ul style="list-style-type: none"> <li>• Training in electrical safety has increased awareness and provided a formal process demonstrating competence</li> <li>• Statutory inspections of lifting equipment are being carried out to the required frequencies.</li> <li>• All 32 lifting plans have been completed and briefed to depot staff.</li> <li>• Competence, including safety critical licensing, is managed and monitored to ensure staff meet licensing requirements.</li> <li>• Effective processes exist for ensuring Planned General Inspections (PGIs) are completed to programme and that actions are allocated and tracked.</li> <li>• Robust processes are in place for the management of contractors.</li> <li>• Incident trends are monitored and individual incidents investigated in line with procedures</li> </ul> <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> <li>• Manual Handling risk assessments are due to be reviewed every three years. There is no system in place to ensure this is completed.</li> <li>• There is no programme for System Safety Checks and therefore these are not being completed by the Fleet Manager</li> <li>• Senior HSE Tours are not planned or formally recorded</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>• A number of workplace risk assessments could not be seen by the depot staff as their status was 'under review' and they had not been reviewed and published.</li> <li>• Workplace risk assessments for door maintenance, did not include working at height as a risk.</li> <li>• No Portable Appliance Testing has been completed since 2014 in the 'Train Doctor's' area.</li> <li>• Control of Substances Hazardous to Health Assessments on the SYPOL database have exceeded the review date of 3 years</li> <li>• Hazardous substances within the depot were not clearly labelled.</li> </ul>
IA_15_741	Chief Operating Officer, LU	HSE Management in Jubilee Line	06/01/2016 RI	To provide assurance regarding compliance with HSE legislation and that TfL/LU HSE Management System requirements were being followed and were working effectively.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities for the new Area Managers are clear and defined</li> <li>• Workplace Risk Assessments were undertaken and reviewed</li> <li>• Noise Assessments have been completed where required</li> <li>• Competence, including safety critical licensing was managed and monitored</li> <li>• Staff hours were monitored and changes recorded</li> <li>• Current Station Security Programmes were available and adequate checks were completed</li> <li>• Incident trends were monitored and individual incidents investigated</li> </ul> <p>Priority 1 Issues:</p>

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					<ul style="list-style-type: none"> <li>• Pro-active monitoring – System Checks and PGIs were not fully complete in Stations</li> <li>• Familiarisation training for staff and tenants was not complete</li> <li>• Display Screen Equipment training and assessments were not completed for all users</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>• Changes to Workplace Risk Assessments for medically restricted staff were not recorded on F1030 to ensure there is a recorded agreement between the manager and member of staff</li> <li>• The First Aid provision arrangements in stations have not been assessed</li> <li>• There were no records of Fire Call Points tests at Neasden SCM area</li> <li>• There were no records that night worker health questionnaires were issued</li> <li>• Staff and managers were not aware of SafeLine, which is an alternative way to raise concerns confidentially to an independent reporting service.</li> </ul>
IA_15_763	Director of Capital Programmes	Inspection of LU Premises Assets to Minimise the Risk of Falling Objects	27/01/2016 RI	To review inspection processes and activities to evaluate whether robust checks are in place to minimise the risk of falling objects from premises assets and to identify any improvement opportunities.	<p>This audit was requested by the LU Principal Engineer Premises, following concerns relating to the risk of falling objects and the performance of premises inspections. The Office of Rail Regulation (ORR) has expressed concern, and has met LU in this regard. JNP issued a Formal Investigation Report (FIR) following a catastrophic ceiling collapse at Edgware station on 7 January 2012.</p> <p>BCV, SSL and JNP provide periodic reports on falling objects and have undertaken a significant number of premises inspections and tests at known higher risk sites; however, the following issue has been identified:</p> <p>Priority 1 Issue: BCV, SSL and JNP roofs and suspended ceilings have not been subject to full, detailed intrusive inspections in accordance with G1760-A4 (LU's premises inspection methodology) to comply with legal, regulatory and LU requirements. The following aspects contribute towards this issue:</p> <ul style="list-style-type: none"> <li>• Evidence provided during the audit indicates that relatively few roof inspections have been completed to date. BCV stated that roof inspections were not performed prior to the revision of G1760. SSL has recently started a tender process following trials at two stations. JNP has inspected 13 of its 96 station roofs.</li> <li>• Evidence was not provided during the audit to demonstrate how many intrusive surveys of suspended ceilings (ie including fittings and voids) have been completed. Discussion and evidence provided during the audit indicate that this is a relatively small number. The ceiling surveys by BCV in 2014 and by SSL in 2012 were non-intrusive. JNP has performed intrusive surveys at 13 of its 96 stations, which were selected on the basis of suspected age (and likely ceiling design), material description, location and known water ingress.</li> <li>• Programmes covering a full 4 year cycle of roof and suspended ceilings (fittings and voids) inspections were not made available during the audit.</li> <li>• There is a known lack of resource to meet the requirements. This is particularly the case for BCV and SSL, and JNP has recently lost one of its four Surveyors.</li> <li>• The ESTEEM (Engineering Strategy for Economic and Efficient Management)</li> </ul>

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					workflow and approval process has not been used as intended for several months, primarily due to the lack of a suitably trained resource.
IA_I5_743	Chief Operating Officer, LU	Neasden Rolling Stock Depot Health and Safety Management	25/02/2016 RI	To provide assurance that health and safety legislation is being complied with through the local implementation of the TfL HSE management system and risk controls.	<p>Good Practice</p> <ul style="list-style-type: none"> <li>Storage of calibration tools within a computerised unit. If a calibration date has passed the tool cannot be used, removing human error</li> </ul> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>All workplace risk assessments and COSHH assessments were recorded in relevant databases</li> <li>Training in electrical safety has increased awareness and provided a formal process demonstrating competence</li> <li>Statutory inspections of lifting equipment are being carried out to the required frequencies.</li> <li>All lifting plans have been completed and briefed to depot staff.</li> <li>Competence, including safety critical licensing, is managed and monitored to ensure licensing requirements are met.</li> <li>Effective processes exist for ensuring Planned General Inspections (PGIs) are completed to programme and that actions are allocated and tracked.</li> <li>Robust processes are in place for the management of contractors.</li> <li>Incident trends are monitored and individual incidents investigated in line with procedures</li> </ul> <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> <li>Manual Handling and COSHH risk assessments are due to be reviewed every three years. There is no system in place to ensure this is completed.</li> <li>There is no programme for System Safety Checks and therefore are not being completed by the Fleet Manager</li> <li>Senior HSE Tours are not planned or formally recorded</li> </ul> <p>Priority 2 issues:</p> <ul style="list-style-type: none"> <li>No dedicated champion is in place to manage hazardous substance risk assessments for Sub Surface Lines</li> <li>Manual Handling Risk Assessment recommendations are not tracked to closure</li> </ul>
IA_I5_767	Director of Safety, R&U	LU HSE Monitoring Regime	04/05/2016 AC	To provide assurance that the HSE monitoring regimes within CPD are aligned with the TfL HSE management system and external standards (eg OHAS 18001 and RM3).	<p>Good Practice:</p> <p>The Four Lines Modernisation (4LM) Upgrade Programme is rolling out awareness training for those conducting Safety Tours and Planned General Inspections (PGIs). Approximately 40% of the target audience have attended so far. This awareness is providing managers with an understanding of the importance and the content required for PGIs and Safety Tours.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>4LM and Track Delivery Unit PGIs and Senior Safety Tours are carried out against a risk based programme, and from the samples seen, all programmes are up to date.</li> </ul>

Status Key

PC Poorly controlled

RI Requires improvement

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WC Well controlled

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					<ul style="list-style-type: none"> <li>The 4LM Cable Route Management System (CRMS) Senior Project Manager is developing a local tracking system to manage issues from safety Tours and PGIs.</li> <li>The evidence seen from the two programmes audited is considered to be consistent with the level 3 (standardised) definition in the ORR Railway Management Maturity Model and the requirements of OHSAS 18001.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>There is no analysis of PGI or Safety Tour data to identify health, safety and environmental trends as required in S1566 Monitoring of Health, Safety and Environmental Performance (Section 3.3) (Priority 2).</li> <li>There is conflicting advice on the TfL Management System and within the Standard as to whether standard S5567 applies to all LU or just 'LU Operations and Asset Performance'. The retention period for PGIs is therefore unclear (Priority 3).</li> <li>There currently is no time limit for the retention of Safety Tour records (Priority 3).</li> </ul>
IA_15_705	Chief Operating Officer, LU	LU Major Incident Preparedness	06/01/2016 AC	To provide assurance that LU staff are aware of the processes, and their responsibilities, when a Major Incident is declared.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>Auditees were able to demonstrate how determining the level of incident, its impact on Rail and Underground, and subsequent actions are managed.</li> <li>Arrangements are in place to receive notification of incidents from the Emergency Services, and to communicate this within TfL.</li> <li>Key contacts' details within LU, Surface Transport and External Agencies are readily available.</li> </ul> <p>Priority 2 issues:</p> <ul style="list-style-type: none"> <li>It could not be evidenced how the Supplementary Guidance Note, once finalised, will be updated, controlled, distributed and briefed.</li> <li>The competence requirements for the Major Incident Coordinator could not be evidenced.</li> <li>LUCC staff have not been trained as loggists for a Major Incident.</li> </ul> <p>Priority 3 issues:</p> <ul style="list-style-type: none"> <li>LU Rule Book 2 and the Supplementary Guidance Note do not concur on the Senior Operating Officer (SOO) to whom Gold Control can be surrendered.</li> <li>The process for maintaining a watching brief and regularly reviewing the assessment of incidents that have not yet significantly affected TfL is not detailed.</li> <li>Only one auditee was aware of the TfL Head of Resilience role.</li> <li>The Supplementary Guidance Note does not detail who the Major Incident Group meeting minutes should be communicated to.</li> <li>The Supplementary Guidance Note does not detail who would take the lead for a pan TfL incident.</li> </ul>
IA_15_761	Director of Safety, R&U	LU Control of Mobile Plant	06/01/2016 AC	To examine the effectiveness and the embedment of the HSE	<p>Good Practice:</p> <ul style="list-style-type: none"> <li>The BCV &amp; SSL Depot Maintenance Unit (DMU) use an electronic mobile device</li> </ul>

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				requirements of the Provision and Use of Work Equipment Regulations 1998 (PUWER) Approved Code of Practice and Guidance to ensure health and safety risks arising from mobile plant in depots across London Underground (LU) are controlled.	<p>application 'Field Reach' to issue, approve and manage plant maintenance works orders, providing greater flexibility and efficiency. This system removes the need for paperwork.</p> <ul style="list-style-type: none"> <li>BCV &amp; SSL DMU have implemented a system of recording and displaying pre-use checks on mobile plant by using a system developed by Scafftag UK. This is above the legal requirement and increases visibility of pre-use checks.</li> </ul> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>All sites audited were seen to document their pre-use checks. This is above the requirement of legislation.</li> <li>All areas audited had a system in place where all mobile plant keys are kept in the site manager's office in a locked cabinet. A list of all trained and licensed staff was displayed by the cabinet and all keys are signed in and out to competent staff only.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>There is no system currently in place to trace the permanent relocation of mobile plant from depot to depot (priority 2)</li> <li>JNP Fleet have no documented work instructions for the use or maintenance of mobile plant (Priority 3)</li> </ul>
IA_15_746	Chief Operating Officer, LU	HSE Management in LU Greenwich Generating Station	27/01/2016 AC	To provide assurance regarding compliance with HSE legislation and that TfL/LU HSE Management System requirements are being followed and are working effectively.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>All workplace risk assessments and COSHH assessments were recorded in databases</li> <li>Adequate training in electrical safety has increased awareness and provided a formal process demonstrating competence</li> <li>Statutory inspections of lifting equipment are being carried out to the required frequencies.</li> <li>Competence, including safety critical licensing, is managed and monitored to ensure staff meets licensing requirements.</li> <li>Effective processes exist for ensuring Planned General Inspections (PGIs) are completed to programme and that actions are allocated and tracked</li> <li>Incident trends are monitored and individual incidents investigated in line with procedures</li> <li>Mandatory European Union Emission Trading Scheme (EUETS) and Trade Effluent Discharge Consents limits are adhered to.</li> </ul> <p>Priority 2 issue:</p> <ul style="list-style-type: none"> <li>Some Procedures were in former Powerlink format template and need reviewing to either withdraw them or integrate them into the TfL HSE Management System. A programme is being produced to undertake this.</li> <li>Although no issues were identified with risk assessments it was found that a number of risk assessments, were overdue for review.</li> <li>On site COSHH folder (paper copies) were overdue for review and it was noticed SYPOL system for recording the data is not being implemented</li> </ul>

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					<ul style="list-style-type: none"> <li>Some of the periodic medicals were overdue, records for distribution of health questionnaires were not maintained and fatigue training was not utilised</li> </ul>
IA_15_788	Chief Operating Officer, LU	LU Supplier Audit: Alstom Transportation, Preston	11/03/2016 AC	To provide assurance of Alstom's management of their suppliers with regards components used by REW and casualty repair of JNP assets.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>Alstom record a large amount of data relating to quality and performance of the company as well as their suppliers which is utilised to produce a number of management reports.</li> <li>Following a review of supplier performance, which included non-conformance returns from REW, a number of improvement plans had been put into place to address identified issues.</li> <li>Following consultation, Alstom had agreed to implement additional inspections / checks of incoming non safety critical items prior to dispatch to REW.</li> </ul> <p>Priority 3 issues:</p> <ul style="list-style-type: none"> <li>When requesting a specification or drawing from the Engineering Department the system automatically returns the most recent version which may be at a newer version than previously ordered with modifications not expected by the customer (REW).</li> <li>Safety critical items received as a batch are not kept separate from other batches. If a batch was defective a greater number of assemblies where these items may have been used would need to be re-called or be checked than if the batches were kept separate</li> <li>The Alstom customer satisfaction process only identifies 'Tube Lines' instead of covering London Underground as the main customer. This would ensure that all comments from LU are addressed in the same way.</li> <li>Where items were returned, greater detail as to why it was rejected and the purpose, use or application of the item would enable Alstom to better understand the problems encountered.</li> </ul>
IA_15_792	Director of Capital Programmes	Management of Asbestos in London Underground	31/03/2016 AC	To provide assurance that the risks from asbestos are being managed by LU in compliance with asbestos regulations and LU standards.	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> <li>With the exception of the issues identified below, the processes for determining the location and condition of asbestos, re-inspecting and updating the asbestos registers were evidenced as being managed.</li> <li>The risks from asbestos are being assessed.</li> <li>Information on the location and condition of asbestos is readily available to those working where asbestos may be present.</li> <li>HMU's process for receiving documented evidence of asbestos removal is being managed.</li> <li>Maintenance works where asbestos may be present are being notified to, and authorised by the Asbestos Control Unit (ACU) and Hazardous Materials Unit (HMU).</li> <li>Competences of ACU and HMU staff are being managed.</li> <li>Asbestos surveying, analysis and removal are being carried out by accredited and licensed contractors.</li> </ul> <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> <li>ACU are not on target to complete the outstanding 2015/16 inspections.</li> </ul>

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Transport for London Safety, Accessibility and Sustainability Panel – HSE&T Reports Issued Quarter 4 2015/16

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					<ul style="list-style-type: none"> <li>• In three of the four instances sampled, 'Summaries of Known/Suspected Hazardous Materials' on HMU's asbestos register had not been updated following re-inspections.</li> <li>• ACU have not been notified of any project work that may affect asbestos since July 2015.</li> <li>• The London Underground Asbestos Strategy to bring together ACU and HMU into one team using a single asbestos asset management tool, and a single asbestos register, has not been implemented.</li> <li>• A process for ensuring Clearance Certificates and Waste Disposal Consignment Notes are received by ACU could not be evidenced.</li> <li>• The process for uploading HMU's Maximo based asbestos register to ACU's single source of truth asbestos register has not been developed.</li> </ul>

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