

Date: 15 July 2014

Item 12: Key Findings from Internal Audit Reports

This report will be considered in public

1 Purpose

- 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 and Environment (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 The most significant of the reports issued during Quarter 4 include the following. We have included a statement of the likely 'audit conclusion' had these been applied to HSE and Technical audits in the same way as for other internal audit reports. In all cases management actions have been agreed to address the findings, and are being taken forward:
 - (a) Design Management and Coordination - Bank Project (Requires Improvement) – The governance and working arrangements are regarded as good practice. However, several areas of control weakness were noted, particularly in relation to documentation;
 - (b) Track Familiarisation (Requires Improvement) – There has been significant improvement in the numbers of station supervisors being track familiarised since the last audit in 2012. However, there is scope for further improvement in this area;

- (c) LU Implementation of Rule or Procedural Changes (Requires Improvement) – Arrangements for communicating Operational Standards Notices and ensuring relevant staff understand them are not set out in the Management System. Consequently communication is reliant on the actions of individual managers rather than systematic;
- (d) Power Asset Handover Process (Requires Improvement) – The audit found that improvement is required in the clarity of written processes so as to achieve full and accurate information on assets. In addition, there are gaps in asset information as a result of some process steps not always being followed;
- (e) Bridges and Structures Inspections (Requires Improvement) – The audit identified a number of areas of non-conformance including issues relating to documentation, management of inspectors' qualifications, and out of date standards and work instructions; and
- (f) JNP Winter Weather Preparedness (Well Controlled) – Processes to deal with adverse weather were found to be well coordinated, with effective communication to staff and contractors. Lessons had been learned from issues encountered the previous winter.

List of Appendices to this Report:

Appendix 1 – HSE and Technical Audits Issued for Quarter 4 2013/14

List of Background Papers:

None

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| Reference | Report Title | Report Issued | Original Objective | Summary of Findings |
|---|--|---------------|---|--|
| Delivery of capital investment portfolio and contract management | | | | |
| 13_748 | LU Management of Engineering Competence | 09/12/2013 | To assess effectiveness of processes for ensuring the competence of those involved in engineering assurance | <p>Staff competency is being assessed in all of the areas audited, and records (including competency matrices), are being well maintained in accordance with procedural instruction, except as noted below with agreed actions in place:</p> <ul style="list-style-type: none"> • The Engineering Accreditation Matrix is being maintained in those areas audited that need to accredit persons to act on behalf of the Head of Profession; • Actions have been agreed to improve the accuracy of accreditation and competency records; • Documentation is to be revised to specify and clarify requirements regarding accreditation and competence schemes; • A single source of truth is to be developed to help ensure that the competency of everyone in the Engineering community is assessed; and • The new engineering competency assessment process is to include former Tube Lines staff as well as LU staff. This aspect is to be added to the Engineering Capability Plan. |
| 13_725 | Design Management & Co-ordination Bank project | 12/12/2013 | To examine the design management and co-ordination processes to ensure that the output meets requirements | <p>The governance and working arrangements (i.e. co-location, collaboration and the Core Design Team process) are regarded as good practice. The Innovative Contractor Engagement (ICE) process is also well regarded.</p> <p>Several weaknesses were identified, included the following. Management actions have been agreed to address these.</p> <ul style="list-style-type: none"> • At least 14 of the LU and Dragados / URS management plans expected at this stage of the project had not been formally issued; • There is a lack of clarity relating to the application of TfL Pathway for the project; • Building Information Modelling (BIM) arrangements have not been agreed; • There was no evidence that Independent Competent Person arrangements are in place; • Minimum competency levels for URS staff were unclear; • Design control processes and procedures are available at a corporate level and on the URS Intranet (SoURSe), but they cannot readily be applied to the project; • Interfaces between the project and existing infrastructure need to be defined; • The Staff Competency matrix required by the Dragados Staff Competency Plan was not in place; and • The requirements matrix referred to in the URS Verification and Validation (V&V) Plan was not available. |
| 13_849 | TeamWork UK - Supplier Audit | 24/12/2013 | To assess the supplier's ability to deliver work for TfL. | <p>This audit found that TeamWork has the management competence, quality and health and safety systems documentation for the control of cleaning services delivery. Further development of their system will give LU Commercial assurance that the company has the capability to deliver deep cleaning services compliant with its requirements.</p> <p>The company may benefit from the registration of their quality system by a UKAS accredited organisation.</p> |
| 13_850 | Container Trak Limited (trading as Community Clean) – Supplier Audit | 24/12/2013 | To assess the supplier's ability to deliver work for TfL. | <p>This audit found that Community Clean meets the requirements for recognition as a Tier 2 Business Critical supplier for deep cleaning of station premises.</p> |
| 13_851 | Jardak Services - Supplier Audit | 24/12/2013 | To assess the supplier's ability to deliver work for TfL. | <p>This audit found that Jardak Services Ltd has the management competence, quality and health and safety systems documentation, for the control of cleaning services delivery. Further development of their system will give LU Commercial assurance that the company has the capability to deliver deep cleaning services compliant with its requirements.</p> |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

| Reference | Report Title | Report Issued | Original Objective | Summary of Findings |
|-----------|-----------------------------------|---------------|--|--|
| 13_854 | Track and Build Limited | 24/01/2014 | Pre-contract audit to assure ability to deliver service | <p>The findings of the audit, which included three non-conformances, were:</p> <ul style="list-style-type: none"> The company has a documented quality management system. Quality and Health and Safety support was being provided by a consultant and the holding company, 1stinrail Limited. Established 1stinrail procedures and processes were also used to support some Track and Build business functions. The quality management manual was a generic model that did not accurately reflect the scope of service, or the present management structure. Procedures critical to client enquiry and the preparation and management of client works had not been included in the procedural documentation. Procurement is managed by 1stInrail. There was no evidence the quality management system had been subject to review and continuous improvement. Stated document issue dates were contradictory. No internal quality audit had been carried out post system implementation. Drug and alcohol records for staff who had worked in critical rail site locations had not been satisfactorily maintained and a robust management process had not been established. The risk register stated review date was January 2013, but this review had not been carried out. The company did not hold ISO 9001:2008 registration for their quality system by a UKAS accredited assessor. The company is rail industry Link-up registered having been successfully audited during 2012 under the Achilles rail industry registration scheme. |
| 13_766 | Stores and Materials Management | 22/01/2014 | Assess the compliance and effectiveness of Stores Management processes for Trams maintenance operated by Bombardier Transportation Services (BTS). | <p>The findings of the audit were:</p> <ul style="list-style-type: none"> BTS has issued high level group policy, procedure and process documentation that provides a framework for materials and supply risk management. SAP is the system for materials management in addition to an inventory management tool for performance analysis; The Project Materials Manager responsible for store management was conversant with the BTS management and process systems used at Tramlink. A high level of job knowledge and system competence was demonstrated; Stores stock levels are managed via SAP. One example was identified where there was a disparity between binned stock and SAP stock held records. Stock parts call off is managed using the MAXIMO system. SAP and MAXIMO are reconciled within 24 hours. Stadler maintenance parts records are not presently held in SAP; and Three store areas are operated, the light store, a heavy parts store and an additional store. The main BTS light material store is operating at its space capacity. BTS and Tramlink should consider the implications and collaborate to ensure store capacity is optimised. |
| 13_825 | Alandale Track and Civils Limited | 04/03/2014 | To assess compliance of the quality management system against requirements of ISO 9001 | <p>Alandale has a documented integrated management system including quality and health and safety management. Evidence confirmed the system is subject to ongoing review and improvement.</p> <p>The management system is supported by a comprehensive set of procedures addressing the quality system requirements of ISO 9001:2008. These include procedures for management of resource recruitment, skills competence, medical and drug and alcohol, working hours shift management and employee discipline. The company objectives were clearly identified in their policy documents.</p> <p>Procedures for the management of client enquiry, resource appointment, resource supply and shift booking management were satisfactorily demonstrated. Evidence sampled confirmed that work shift records had been maintained and that records are subject to daily review and update by the Operations Manager.</p> <p>Employee medical and random drug and alcohol testing records were held on file. Records were held in different files and it was noted the auditee was unsure which file held random test result certificates. The record for one random test carried out during 2012 could not be found. The process for medical and D&A test records management may require review and a system to log document receipt adopted.</p> |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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| 13_864 | SMB Electrical Contractors Limited | 18/03/2014 | To assess the management system procedure and processes against TfL's contract requirements. | <p>The audit found that SMB has established procedures and processes to provide clients assurance over delivery of its services, and that SMB can respond to change and continually improve its business operations.</p> <p>SMB does not have a formal quality management system manual, but does have an Environmental Management Manual that has been assessed and registered by QMS. QMS is not a UKAS (Lloyds) registered 3rd party management system assessor.</p> <p>SMB holds NICEIC (National Inspection Council for Electrical Installation) registration, the independent approved scheme for electrical Contractors.</p> <p>A set of management system procedures has been issued that supports key business functions and includes; recruitment, training and competence, drug and alcohol management, assurance, change control, accident investigation and document review and control.</p> <p>Procedures for the management of materials supply, client enquiry, resource management, task and work site method management, works delivery including completion agreement and client sign were found to be effective.</p> |
| 13_824 | KONE Lifts and Escalators Maintenance | 12/04/2014 | To provide assurance in relation to compliance with LU procedures, KONE procedures and regulatory requirements | <p>KONE's management system includes both local and KONE corporate procedures. The management system is generally well managed, but some issues were identified regarding the administration of maintenance and competence, as follows:</p> <ul style="list-style-type: none"> Recording of issues found during maintenance by the field engineers, and the completion of remedial maintenance, is not being effectively managed; and Competence certification expiry dates for three employees shown on the competency matrix could not be verified as copies were not included in the employees' training folders. |
| Disruption to quality of service | | | | |
| 13_754 | Signal Competence Licensing via the Institution of Railway Signal Engineers (IRSE) Assessing Agency within LU | 16/12/2013 | To assess processes, capabilities and competencies for the delivery of IRSE Licenses | <p>In general, the activities are well controlled.</p> <p>Actions have been agreed to address weaknesses as follows:</p> <ul style="list-style-type: none"> No specific annual reviews were undertaken or reports produced to document the activities of the LU Assessing Agency; The outcomes from moderation activities were not formally recorded; Tests undertaken to confirm competence and experience of contractor's staff were not undertaken in controlled conditions; Equipment / location restrictions for individuals to issue / receive an Authority to Work Certificate are too broad and not specific enough to cover the many systems across LU, and there was no systematic means to check that restrictions were being adhered too; Restrictions noted on the Authority to Work Certificate spreadsheet detail those areas / types of equipment where an individual is not authorised to work instead of those where they are; and It was noted that there was no succession plan for additional internal verifiers to be appointed and gain suitable experience to cover the roles and responsibilities undertaken by the current staff. |
| 13_811 | JNP Winter Weather Preparedness | 13/12/2013 | To assess LU JNP arrangements for dealing with adverse weather conditions, in order to minimise the impact of any | <p>This area was found to be well controlled:</p> <ul style="list-style-type: none"> Plans are in place across the JNP asset areas to define the processes to deal with adverse weather during the winter period 2013/14. These have been effectively co-ordinated across the asset areas, including Distribution Services Management (DSM); Winter preparedness of JNP fleet, track, signals and stations, including the availability of sufficient materials and |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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| | | | disruption to the railway. | <p>competent labour, has been effectively managed;</p> <ul style="list-style-type: none"> • The plans have been communicated to staff and external contractors; • The adverse weather notification period for contractors has been extended to 24 hours. This is to address labour availability issues experienced during the previous winter; and • An autumn plan has been included in the adverse weather plans for the first time this year. |
| 13_722 | Powerlink Compressor Maintenance | 24/12/2013 | To assess the Powerlink maintenance programme for compressed air pipes supplying critical assets such as signalling equipment and train stops | <p>This area was found to be well controlled.</p> <ul style="list-style-type: none"> • The audit confirmed that Powerlink was largely achieving the quality of air requirements as directed by the Power Service Contract; • Management of the contract to maintain and repair compressed air installations in substations by Eastern Compressors Limited appeared to run efficiently and effectively; • Powerlink had established a good working relationship which gave them the confidence to reduce their direct involvement; and • Good performance levels were evidenced by indicators such as a reduction in levels of assets out of service. The maintenance cycles and frequencies appeared adequate. |
| 13_710 | Powerlink Competency Matrix | 20/12/2013 | To establish whether competency continues to be managed effectively following the termination of the Power Management Contract. | <p>This area was generally found to be well controlled:</p> <ul style="list-style-type: none"> • The Competency training process meets the requirements stipulated by City and Guilds (external institution); • The assessors and lead assessor are suitably qualified with training accreditations from Four Counties Training Limited (external accreditation); • The training process ratification and trainer's accreditations practice is being effectively logged on the Safety Critical database; • Marking of test papers and practical assessments by assessors is appropriately checked; • There are counter checks and assessments to ascertain that all attendees receive adequate training; • Apprentices and trainees complete their log books with their competency assessment assignments; • Trend analysis of training processes is carried out on a regular basis to identify any potential issues or shortfall; • Record keeping and issuing process of High Voltage (HV) and Low Voltage (LV) certificates is efficiently managed; • The contents of the safety critical database have not yet been transferred to Systems Applications and Products (SAP) database; and • Completed test papers and relevant documents are stored on site but not copied electronically. |
| 13_733 | Asset Performance JNP Electrical Inspection and Testing (EIT) | 31/01/2014 | To assess compliance with testing programme and the effectiveness of processes for managing any resulting issues. | <p>The findings of the audit, which included two non-conformances and one business management improvement action, were:</p> <ul style="list-style-type: none"> • Assets are being inspected and tested at each location in accordance with requirements; • MJ Quinn does not track the progress of each element of the EIT scope to ensure final completion dates are met for each location; • The latest revisions of EIT drawings were not in place at seven of the 23 asset locations sampled; • A revised EIT programme for stations is being published by MJ Quinn for review by APJNP on 18 December 2013; • The EIT programme for other non-public buildings is not in place. This is due to commence in financial year 2014 / 2015; • EIT is being completed by competent people; • Test failures are being managed. The categorisation of test failures is compliant with BS7671 - Requirements for Electrical Installations; and • Documentation (eg drawings and schematics) is being sent by e-mail, not via Document Control. |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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| 13_752 | Signals and Power Projects Delivery | 14/02/2014 | To establish whether actions and lessons learnt resulting from a formal investigation into an incident at Plaistow have been embedded into management systems | <p>There has been significant improvement to how the organisation operates since the time of the incident. The team appear to be in better control of their delivery and performance outcomes. Key findings are as follows:</p> <ul style="list-style-type: none"> • The recruitment of a dedicated Quality Management resource into the team is having a positive effect on the structure and organisation of business process, documentation and records; • Job descriptions are available for each job role within the division, and the clarity and understanding that these bring to individuals within the division is supported effectively by a well maintained competency and training framework; • The effective implementation of visualisation boards and the disciplines that are associated with their use have significantly improved communications between the division and their stakeholders; • SPPD's control over stock and sundry items has been significantly improved by creating a holding area for stock drawn down in advance of project delivery tasks being undertaken. The area is well controlled, and the administrative practices are well maintained. The approach adopted by SPPD is viewed as an example of best practice. |
| 13_857 | Supplier audit - Spence Ltd | 20/02/2014 | To provide assurance that supplier has the ability to provide safety critical service | <p>Spence has a fully comprehensive and documented management system in place. This is generally well managed with one non-conformance, three observations and one good practice identified during the audit:</p> <ul style="list-style-type: none"> • Competence records for the two electricians sampled did not include their City and Guilds 17th Edition Electrician certifications; • The audit plan had not been updated by the Health, Safety, Quality and Environmental (HSQE) team to include audits completed in 2013; • Processes for the management of key disciplines have been effectively maintained; • A new HSQE Director was appointed in late 2013 as part of a restructuring of the HSQE team. The new HSQE Director plans to undertake a review of the management system; • Management documents reviewed post audit, for example the health and safety policy and statement, had not been reviewed and re-issued annually as stated in Spence procedures; • An Environmental and Good Neighbour Policy has been created by Spence to ensure employees are aware of the required behaviours to avoid customer complaints. The processing of customer complaints has not been formalised; • The selection and management of subcontractors is being effectively managed; and • Spence holds Lloyd's registration for its HSQE management system. The company also holds Link-up registration. |
| 13_758a | F45/F54 Inspections (follow up) SSL & BCV | 07/02/2014 | To confirm that deficiencies identified in LU from a previous audit have been addressed. | <p>The main findings from the audit are as follows:</p> <ul style="list-style-type: none"> • Since the original audit there had been a number of changes to the management structure within the Station Equipment (Lifts and Escalators) area; • Of the identified non conformances all had initially been addressed, although the process of concessions for 5B defects (a 5B defect on an escalator is one that is not significant enough to require immediate rectification or removal of the asset from service. Instead these have time limits within which the defect should be rectified) had failed to be adequately implemented over an extended period of time prior to this audit. Since the audit and following consultation between the relevant parties, this has now been resolved and the process is now being adhered to. This has resulted in a significant drop in the number of overdue 5B defects without concessions in place; • All of the observations had been addressed prior to the audit with the exception of one which is in the process of having a DRACCT submission prepared and • One observation has been raised following this audit. Where 5B defects are addressed during the course of the inspection, no Works Order (WO) is raised. The number of WOs raised for 5B defects is the baseline for reporting purposes and therefore is potentially inaccurate. |
| 13_760 | Bridges and Structures Inspections | 11/02/2014 | To review the process around inspections of bridges and structures. | <p>All the areas audited followed the relevant standards, work instructions and guidance as required, except as identified below (four major Non-conformances and four Business Improvement Actions).</p> <ul style="list-style-type: none"> • Opportunities for improvement were identified with the LU Category 1 standard (S1060) and work instructions which |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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|-----------|---|---------------|---|--|
| | | | | <p>would benefit from review to take into account recent organisational changes and current working practices;</p> <ul style="list-style-type: none"> Some inspectors do not have a minimum of Engineering Technician (Eng. Tech) and Technician Membership of Institution of Civil Engineers (TMICE) or equivalent. There was no approved concession by the Profession Head (Bridges and Structures) for the use of inspectors without the minimum Eng. Tech. Qualification; BCV and SSL do not use the correct pro-forma that complies with the standard (S1060). Instead a modified type of pro-forma is used; There was no record or reports of asset parts that were not fully inspected. The date of the last known full inspection for each asset or part of the asset was not recorded; An agreement dated November 2009, to produce a central register over a four year period of asset areas that had not been inspected in accordance with the standard has not been implemented; BCV and SSL inspection reports have additional information such as: work orders, assessment reports, e-mails and handover documentation attached. This additional information is non-compliant with the LU Cat. 1 standard (S1060); and There was no formal process in place to ensure that the Bridges and Structures inspection programme is routinely forwarded/ communicated to the Profession Head (Bridges and Structures). |
| 13_853 | JNP Signalling Maintenance | 19/03/2014 | To review compliance with the requirements of the agreed Signal Maintenance Regime. | <p>Overall the required maintenance activities are managed and undertaken in line with the specified requirements.</p> <p>The automated compliance reports produced from Maximo clearly identified out of tolerance assets as well as those reaching their tolerance limits.</p> <p>It was identified that annual maintenance activities for lamp replacements and five yearly replacement of LEDs were not programmed within Maximo and therefore not currently being undertaken.</p> <p>Where maintenance activities exceed the specified tolerance limits, these are managed and tracked via the Risk Assurance Form (RAF) process. The period assurance report with regards to RAFs only details those that are open at the end of the period. Any raised and / or closed during the period are not formally reported.</p> |
| 13_847 | Asset Handover Process | 25/03/2014 | To review procedures for recording and controlling of assets and to ascertain if the change control process meets the requirements as specified in (former) Powerlink Management Procedures | <p>Overall, improvement is required in the clarity of written processes so as to achieve full and accurate information on assets. In addition, some steps within current processes are not followed. This is leading to gaps in asset information being experienced.</p> <p>The procedure for providing information on decommissioned assets is not clear and the prescribed forms are not being used.</p> <p>Written procedures for controlling asset register changes do not reflect current practices and do not provide a clear process for providing information to the Asset Management team.</p> <p>There is inconsistency in compliance with the process for producing and adopting 'as built' drawings.</p> <p>Since the majority of the SSR upgrades projects commenced pre transition of (former) Powerlink, not all power projects currently use the TfL Pathway product Mandatory Asset Information Deliverables (MAID). The use of this product would assist with agreeing what asset information is needed.</p> |
| 13_728 | Centralised Maintenance Planning in Rolling Stock | 28/03/2014 | To establish whether centralising the Asset Performance Directorate (APD) planning team has helped management to retain control of the | <p>Centralising the planning team has given the management an overall view of and control over planning activities in the APD asset areas.</p> <p>The Annual Maintenance Plan (AMP) does not include Train Preparation (Level 1) maintenance, but does cover all other levels of maintenance specified in the Train Maintenance Regimes. The AMP contains a series of maintenance activities with the level of maintenance, as required by the Train Maintenance Regime. The intervals, content and activities of the AMP are defined and include measurement techniques for the intervals between maintenance, and a limit for each activity after which</p> |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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|-----------|--|---------------|---|--|
| | | | overall maintenance planning activities in the depots. | <p>the train is withdrawn from service, as required by the Train Maintenance Regime.</p> <p>Two business improvement actions were noted as follows:</p> <ul style="list-style-type: none"> • Some maintenance tasks on the Central Line were out of tolerance; and • There was no document reference or issue number on the "High Level Maintenance Planning & Scheduling Process" diagram. |
| 13_730 | Signals Assurance Strategies and Implementation | 25/03/2014 | To establish whether levels of signalling assurance by the Maintenance Assurance Engineering teams within COO Asset Performance (AP) teams are appropriate. | <p>Overall, the audit found that current arrangements for independent assurance levels are suitably defined and ensure sufficient independence from the AP delivery teams. These assurance activities were largely found to be suitably implemented and monitored via different systems. However, there were shortfalls in some areas, as follows:</p> <ul style="list-style-type: none"> • Non-attendance at Signalling Maintenance Assurance Performance Meetings (SMAPM) is relatively high each period (up to 50%); • Signal Maintenance Quality Checks (SMQCs) (monitored via the SMAPM meeting minutes) by the AP delivery teams are not fully implemented to plan (shortage between 25% - 50%); • Around 45% of actions within the Lead Maintenance Assurance Engineer (LMAE) Surveillance Log had status 'completed late'; and • Independent reviews of SMQC (including review of maintenance records) were not being systematically undertaken as part of the LMAE Surveillance Plan. |
| 13_772 | Network Rail's Management of LU Signalling Assets on the Wimbledon Branch of the District Line | 28/03/2014 | To provide assurance regarding Network Rail's (NR's) management of LU's signalling assets on the Wimbledon branch of the District Line. | <p>Performance reporting by NR to LU shows that the core element of the services provided by NR, the physical maintenance of the assets, is acceptable to LU.</p> <p>NR is contractually responsible for the maintenance of LU signalling assets on the Wimbledon branch of the District Line. At the time of the audit a copy of the contract was not available at the NR site.</p> <p>The contract requires that LU air mains and trainstops are maintained in accordance with LU Standards. Neither of these standards was available at site at the time of the audit.</p> <p>Point mechanisms and bonding inspections are not currently carried out to the frequency specified in the contract, which is six weekly, however NR currently do these at 12 weekly intervals.</p> <p>The contractual quarterly contract progress meeting chaired by the Contract Manager has not been held for a long time and its demise may have contributed to some of the issues identified in this audit.</p> <p>Document and record control requirements of the contract have been inconsistently observed / implemented. Terminology differences between LU and NR have led to misinterpretation of the requirements which remain unresolved and have become the norm.</p> <p>The contract was implemented on 7 July 2010, with a notification from NR of a rate increase dated 27 April 2011. No further review of the contract was evident at the time of the audit. The audit findings raised in this report suggest that a review of the contract with relevant parties may be beneficial.</p> |
| 13_756 | Inspection and Maintenance of Passive Fire Protection Systems in JNP | 28/03/2014 | To determine the robustness and effectiveness of the inspection and maintenance of | <p>Processes are in place at JNP and BCV / SSL that ensure passive fire protection systems at stations are inspected in accordance with LU Category 1 standard 1-084. Evidence is in place to demonstrate that concerns and problems identified during station surveys are remedied in a timely fashion and to an agreed standard.</p> <p>BCV / SSL processes differ from those employed by JNP, though both are effective. There is no process in place to share</p> |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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| | and BCV / SSL | | passive fire protection systems ensuring the requirements of LU Category 1 Standards are met. | information or good practices from BCV / SSL to JNP or vice versa. There is no programme in place at JNP to ensure non-public buildings, such as those in depots, are annually assessed. There is no process in place for the LU Premises department to inform the LU Fire Manager of completed station remedial work. |
| 13_758b | F45/F54 Inspections JNP | 13/03/2014 | To review compliance with the requirements of the relevant standards and work instructions with regards to the statutory examination of passenger lifts and regular inspections of escalators | It was demonstrated that processes are in place and are effective in ensuring that inspectors are competent A number of inconsistencies were identified with regards defects classification and time limits for rectification between the relevant Cat 1 Standard and the associated JNP Work Instructions (WI). The WIs are also out of date with regards to the practices and processes used by the L&E Inspection team to undertake and manage F45/F54 inspections. Overall, required inspections are programmed, completed and monitored, albeit with some discrepancies as follows: <ul style="list-style-type: none"> • One 5B defect was 67 days overdue with no concession sought or information, comments or mitigation recorded within Maximo; • Not all tests as required by the Cat 1 Standard could be undertaken as part of the F54 inspection as the Inspectors did not have access to hearing loop testers; • The Inspectors have recently moved offices resulting in not all L&E maintenance records being readily available for review prior to an inspection / examination; and • Where 5B defects are addressed during the course of the inspection, no works orders are produced. Reports detailing the number of 5B defects are taken from the number of works orders raised and therefore these statistics are not strictly accurate or representative of the condition of the assets. |
| Major Incident - External | | | | |
| 13_846 | Health, Safety and Managers Handbook Compliance – Rickmansworth Traincrew Depot | 10/12/2013 | To assess the compliance with key requirements of the managers handbooks, mainly on health, safety & environment | The train crew was given a rating of 'B' for Safety, Security and Environment compliance. The main area for improvement is Section 2 – Monitoring, which was found to require improvement. The train crew was given a rating of 'B' for Manager's Handbook compliance. All areas were found to be adequately or well controlled. Overall the train crew was rated 'B' Adequately Controlled. This means controls were generally operating satisfactorily. Minor strengthening of processes or procedures should be addressed. |
| 13_736 | LU Implementation of rule or procedural changes | 18/12/2013 | To assess controls when making changes to rules/procedures. | The arrangements were found to require improvement: The LU Safety Certificate and Authorisation contains a commitment that the LU Management System will have arrangements for the communication of Operational Standards Notices and ensuring relevant staff understand them. The audit found that arrangements are not defined in the management system and as a result communication is ad hoc, reliant on the actions of individual managers rather than systematic. As a result improvement actions have been agreed to ensure documented arrangements are produced and implemented. |
| 13_843 | TransPlant Safety Management System | 07/02/2014 | To assess Trans Plant's safety management system compliance and effectiveness. | The key findings of the audit, which included one business improvement action and three observations, were: <ul style="list-style-type: none"> • Management, health and safety processes and work instructions at TransPlant are being reviewed and re-written to bring them in line with TfL formats. This programme is well underway and being managed effectively. Once complete, these new processes will need to be effectively communicated to all interested parties, including union officials; • TransPlant capacity for improvement has been demonstrated over the last 12 months with the introduction of tighter management systems and controls, such as the new organisation structure and task based risk assessments; |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

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|-----------|--|---------------|---|--|
| | | | | <ul style="list-style-type: none"> The written safety management system includes the elements laid down in Schedule 1 of the Railways and Other Guided Transport Systems (Safety) Regulations 2006; Rail Management Maturity Model (RM3) ratings of between level three and level four have been given to the areas reviewed, indicating that effectively managed systems are in place; The organisational structure at TransPlant has been developing over the last six months. Provision has been made within the structure for an extra safety position. Once in place this will relieve some of the pressure on the existing health and safety support given by the JNP Operations H&S team; The TransPlant Safety Certificate makes numerous references to Tube Lines and its associated policies and procedures. A programme needs to be put in place to ensure that these references are reviewed and amended. The Office of Rail Regulation needs to be kept informed of these changes. This was actioned immediately following the audit and has been closed; and Robust systems are in place for the collection, recording and investigation of incidents and accidents at TransPlant. These processes enable the identification of root causes whilst helping to minimise the likelihood of recurrence. |
| 13_855 | Gloucester Road HSE and Manager's Handbook Compliance | 31/03/2014 | To assess compliance with key requirements of the Managers' Handbooks. | <p>Health, Safety and Environmental management and Management Handbook compliance were found to be adequately controlled. However, a number of issues were noted as follows:</p> <ul style="list-style-type: none"> An administrative assistant had progressed through a pregnancy and returned to work without a formal risk assessment. This is required by legislation and corporate standards; Arrangements for monitoring first aid arrangements need strengthening as first aid boxes were found to be depleted; Monitoring of the completion of Display Screen Assessment needs improving to ensure all DSE users complete their assessments by June 2014; Monitoring of track familiarisation needs improving to ensure the programme is efficiently completed; Fire risk assessments for some station tenancies were not available; While evidence showed they were trained, some staff were not carrying their Safety Critical Licence; and The Fire Compliance Plan at Sloane Square had not been updated to reflect completed construction work. <p>Good Practice was identified in relation to the PGI process being adapted so Station Safety Processes and Systems are monitored during PGIs as well as physical conditions. The re-focus avoids duplication of monitoring activities undertaken by others and increases the level of effectiveness.</p> |
| 13_856 | Edgware Road Traincrew HSE and Manager's Handbook Compliance | 14/03/2014 | To assess the compliance with key requirements of the Managers Handbooks. | <p>Health, Safety and Environmental management was found to be well controlled and other areas were found to be adequately controlled. The following issues were noted:</p> <ul style="list-style-type: none"> While fire drills are undertaken, records of those involved and conclusion with any actions are not recorded as required; Arrangements for monitoring first aid arrangements need strengthening as first aid boxes were found to be depleted; and Monitoring of the completion of Display Screen Assessments needs improving as only 60% have been completed with a target date of June 2014 for all to be completed. |
| 13_848 | Safety Management in Power Asset Performance | 04/03/2014 | To determine the extent to which safety risks in AP Power Distribution are being systematically managed through the safety management system. | <p>AP Power Distribution Safety Management System was inherited from the integration of UKPN into TfL in 2013. It was found to be a mature system and has been certified to ISO 18001, 14000 and 9001. Several health and safety processes/procedures are undergoing a review to identify any gaps and alignment with London Underground's Management System. Changes to the SMS will be submitted to the Directors Risk, Assurance and Change Control Team.</p> <p>Robust processes are in place for the assessment of risks at the various stages of work including task/job and generic risk assessment. There is an opportunity for Power to participate in the current review of LU's overall Safety Risk Strategy before embarking in a review of its own procedure.</p> |

Transport for London Safety, Accessibility and Sustainability Panel - HSE and Technical Audit Reports issued for Quarter 4 2013/14

Appendix

| Reference | Report Title | Report Issued | Original Objective | Summary of Findings |
|-----------|-----------------------|---------------|---|--|
| | | | | <p>All established drivers were assessed using AP Power Distribution procedure in 2013. The TfL on line assessment has been adopted recently and it is planned that drivers will migrate to the TfL on line assessment.</p> <p>The planning and implementation of safe systems of work is well established. Observations made during our visits to sub-stations, confirmed that safe systems of work were being implemented and followed, including working at height and manual handling.</p> <p>There are currently two systems for the recording and investigation of incidents and accidents. Safety related incidents are reported via the e-IRF. Asset based or asset performance incidents are reported via an internal INF process. Both processes enable the identification of root causes whilst helping to minimise the likelihood of recurrence. However, managing two parallel reporting systems may distort trend and analysis statistics and lessen the opportunity for lessons learnt across LU.</p> |
| 13_777 | Track Familiarisation | 120/03/2014 | To assess whether changes to the way in which track familiarisation is monitored has led to intended improvements | <p>There has been a significant improvement in the numbers of Station Supervisors being track familiarised (required by Rule Book 11) since the last audit in 2012 and the groups sampled showed an improvement in local planning of familiarisation programmes. However, LU is not compliant with the Rule Book as not all Station Supervisors are familiarised as required. It is difficult to achieve 100% compliance due to access issues and availability of staff, especially in tube tunnel areas where familiarisation can only occur in engineering hours.</p> <p>While track familiarisation has been added to SAP to enable visibility and tracking, the granularity does not allow different frequencies where supervisors are to be familiarised on separate stations or lines as required. Local databases are still required, which are vulnerable to lack of maintenance and are not visible to senior management.</p> <p>The six monthly familiarisation, via cab rides and track diagrams, is not recorded. This can be added to station familiarisation certificates as this is the same frequency.</p> <p>Certificates and checklists contained in local station information files were not being used at all locations.</p> |