

**Date: 18 December 2014**

**Item 10: Key Findings from Internal Audit Reports**

---

**This paper 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 2.

**2 Recommendation**

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

**3 Background**

- 3.1 Appendix 1 provides a summary of the HSE and Technical audit reports issued during Quarter 2. 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 One HSE and Technical report issued during the quarter had a 'poorly controlled' conclusion. The audit of management of Communication Equipment Rooms in LU identified a number of weaknesses in the control arrangements including issues over ownership, procedures, inspection and fault reporting. Management action is being taken forward to address the issues found.
- 3.3 Three of the Interim Internal Audit Reports issued during Quarter 2 are also of relevance to the panel. Summaries are included in Appendix 2.

**Embedded assurance**

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

- 3.5 Embedded audit work in relation to Surface Transport and London Overground was incorporated in the Integrated Assurance Plan for 2014/15 approved by the Audit and Assurance Committee in March, and progress is reported below. Information from the LU Capital Programmes Directorate, and other areas that may be identified, will be incorporated into reports in due course.
- 3.6 Surface Transport – Eleven contractor audits were completed by embedded auditors within Surface Transport, consisting of management system audits at four bus operators and two boat operators, and physical condition audits at five non-TfL piers. There were no significant issues identified, but one of the bus operators was found not to have closed out some actions from a previous audit. Following a meeting with the Bus Operator involving the TfL Director of Buses action is being taken to address the outstanding issues and the Surface Transport Safety Team will be monitoring to ensure they are completed.
- 3.7 London Overground – Three audit reports were delivered during Q2 including reviews of Standards Management and Fleet Operator Recognition Scheme Compliance, and a supplier audit of Carillion. One CAR (Corrective Action Report) was raised in the latter audit in relation to maintenance of a register of temporary speed restrictions.

**List of Appendices to this Report:**

Appendix 1: Health, Safety and Environment and Technical Reports Issued - Quarter 2 2014/15

Appendix 2: Interim Reports Issued – Quarter 2 2014/15

**List of Background Papers:**

None

Contact Officer: Clive Walker, Director of Internal Audit  
Number: 020 3054 1879  
Email: [clivewalker@tfl.gov.uk](mailto:clivewalker@tfl.gov.uk)

<b>Finals</b>
WC= Well Controlled
AC= Adequately Controlled
RI= Requires Improvement
PC= Poorly Controlled

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
<b>Rail and Underground</b>				
<b>Disruption to quality of service</b>				
IA_13_757	The Management of Communication Equipment Rooms	<b>27/08/2014 PC</b>	To assess the effectiveness of processes in ensuring the integrity of Communication Equipment Room (CER) environments to the requirement of associated standards	<p>A sample of CERs was visited during the audit, many of which presented the same or similar risks to equipment and or services.</p> <ul style="list-style-type: none"> <li>• There was no clearly defined owner of CERs. This has contributed to the other issues found.</li> <li>• The control environment of CERs has deteriorated over time. Many of the procedures and work instructions prescribing control requirements for CERs are out of date.</li> <li>• The number of faults that can be found within CERs indicates that both the inspection and fault reporting processes in these environments is ineffective.</li> <li>• Health and safety issues exist within a number of CERs, including tripping hazards, disconnected earth cables, and breaches of fire resistant walls.</li> </ul> <p>Signalling Equipment Rooms operate a system of control and ownership that would appear to be good practice that may be adopted for the control of CERs</p>
IA_14_737	Geomount Limited	<b>27/06/2014 RI</b>	To provide assurance to TfL and London Underground that Geomount Limited has implemented and is working in compliance with acceptable business procedures	<p>The significant issues identified were:</p> <ul style="list-style-type: none"> <li>• The status of Geomount's Lloyds' ISO 9001:2008 quality management system registration by SAI Global could not be evidenced.</li> <li>• The company's quality and contract records management processes are paper based. Details regarding REW orders and parts rejection notices were unable to be evidenced.</li> <li>• REW reject forms for goods supplied had been retained by Geomount, the status of follow up action by Geomount could not be established.</li> <li>• A significant stock of LU machined components are held by Geomount. The parts identification and the status post manufacture is unknown for the majority of items held.</li> </ul>
IA_14_725	TWBN – Victoria Station Upgrade (VSU) Technical Compliance	<b>07/07/2014 RI</b>	To determine the effectiveness of Taylor Woodrow BAM Nuttall (TWBN) Management Systems and processes, as	<p>Significant issues identified were:</p> <ul style="list-style-type: none"> <li>• The current versions of the Project Assurance Plan (PAP) and the Design Management Plan (DMP) have not been accepted by LU, and the Systems Engineering Management Plan (SEMP) and the Safety Improvement Plan (SIP) have only recently been submitted.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
			<p>outlined in key TWBN management plans that are intended to ensure that new assets delivered by TWBN meet LU technical, quality and assurance requirements and specifications.</p>	<ul style="list-style-type: none"> <li>• The TWBN PAP and DMP require space proofing (spatial fit) and clash checks to be performed, but do not clearly state how this is to be documented, and design compliance submissions do not reference or contain evidence to confirm that space proofing and clash detection activities have taken place.</li> <li>• Design compliance submissions contain endorsement statements; however, a number of endorsement statements have not been signed, instead referring to signatures on the lists of drawings included in the submission.</li> <li>• The TWBN DMP states that NG Bailey is responsible for co-ordinating mechanical, electrical and communication systems designs. The DMP reviewed during the audit does not provide details as to how this is done, and concerns identified during the audit meant that compliance could not be verified</li> <li>• There are inconsistencies between the TWBN PAP and the design compliance submission for escalators relating to the stage at which spatial co-ordination should or did take place.</li> <li>• TWBN has not received a DMP from Schindler, and evidence was not available to demonstrate that TWBN had received and accepted DMPs from MMD, Atkins, NG Bailey, T Clarke and EMICO.</li> <li>• Atkins and EMICO have not submitted Quality Plans to TWBN, and the Quality Plans submitted by NG Bailey and T Clarke have not been approved by TWBN.</li> <li>• MMD signs endorsement statements in design compliance submissions instead of issuing compliance certificates that are referred to in the PAP.</li> </ul>
IA_14_726	Bond Street-CoLOR	25/07/2014 RI	<p>To examine the implementation of the requirements contained in Costain Laing O'Rourke (CoLOR) key management plans that are intended to ensure that LU requirements are being met and that new assets are being delivered to specification.</p>	<p>The significant findings from the audit were:</p> <ul style="list-style-type: none"> <li>• CoLOR management plans contain generalised requirements relating to quality control, approving assurance deliverables and compliance assessments during the construction phase, but do not specifically state how these requirements will be put into effect or how they will be documented.</li> <li>• During the audit sessions, it was not clear how often the Mandatory Asset Information Deliverables (MAID) spreadsheet was being updated and submitted to LU for agreement, and it was not clear whether LU Asset Performance (Maintenance) had been consulted (BW).</li> <li>• Evidence was not provided during the audit to demonstrate that the Project Assurance Plan had been reviewed and updated as required.</li> <li>• An up to date competence matrix with supporting competence evidence was not available during the audit for construction phase Assurance Assessors.</li> <li>• Evidence was not available to demonstrate that an Issues Register was being maintained during the construction phase and recorded through the stage gates.</li> </ul>
IA_14_727	Track and Protection Services (TPS)	07/08/2014 RI	<p>To provide assurance in the effectiveness of the Competency Management System of sub contracted signal staff provided by Track and Protection Services (TPS). The audit also included the management of fitness,</p>	<p>TPS have a comprehensive documented Safety Management System (SMS). The SMS is generally well managed including effective controls over:</p> <ul style="list-style-type: none"> <li>• Training and ongoing monitoring of employees' competence and fitness.</li> <li>• Working hours, shift patterns and control of fatigue.</li> </ul> <p>However a number of issues were noted, as follows:</p> <ul style="list-style-type: none"> <li>• The maintenance of safety critical employees' logbooks is not being effectively managed.</li> <li>• Annual drugs and alcohol testing is being managed, but unannounced drugs and alcohol testing is not being completed.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
			drugs, alcohol, fatigue, eligibility to work in the UK, incident follow up and audit arrangements.	<ul style="list-style-type: none"> <li>Incidents and near misses are not being tracked and investigated.</li> </ul>
IA_14_736	AVS Engineering and Maintenance Limited	26/06/2014 AC	To provide assurance to TfL and London Underground that AVS Engineering and Maintenance Limited has implemented and is working in compliance with acceptable business procedures	<p>The key findings for this audit were:</p> <ul style="list-style-type: none"> <li>The company does not operate a formal accredited management system, but does have procedures for the core activities of the company.</li> <li>The company has published appropriate Health &amp; Safety, Environmental and Quality policies for the organisation.</li> <li>All staff employed or sub contracted to deliver products or services to LU and Transport for London have attended appropriate training and have in date LUCAS cards</li> </ul> <p>No issues were raised during this audit.</p>
IA_14_724	Handover of Assets – Tottenham Court Road Station Upgrade (TCRSU)	27/06/2014 AC	To review Taylor Woodrow Bam Nuttall's (TWBN) internal asset handover processes and assess completeness / progress and suitability of handover documentation for assets to be handed over to LU in January 2015 (Phase 1).	<p>The key findings of this audit were:</p> <ul style="list-style-type: none"> <li>TWBN have well defined systems &amp; processes (Handover Strategy) to deliver asset documentation as required.</li> <li>TWBN's Handover Strategy document was found to be comprehensive. This document however requires a 'final version' update and approval.</li> <li>Handover minus (H-) meeting minutes between LU, TWBN and other stakeholders have not been uploaded onto A-Site.</li> <li>A Good Practice was noted in grouping disciplines and contractor Section Managers as the basis for assets and sub-assets' documents to handover within Phase 1.</li> </ul>
IA_13_744	Competence and Fitness of Tram Operations Limited (TOL) Tram Operators	02/07/2014 WC	To assess the arrangements for ensuring the competence and fitness of tram operators, and auditing arrangements, in accordance with Railway and Other Guided Transport Systems (Safety) Regulations (ROGS) 2006, and Tram Operations Limited's (TOL's) local procedures.	<p>No issues were identified with Tram Operations Limited systems and their implementation.</p> <p>Procedures meet the requirements of legislation and were found to be implemented effectively with regard to:</p> <ul style="list-style-type: none"> <li>Training and licencing</li> <li>Competence assessment</li> <li>Fitness and fatigue management</li> <li>Drugs and Alcohol testing</li> </ul> <p>In addition TOL has adequate arrangements for auditing its own systems and ensuring actions are implemented and tracked</p>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
IA_14_738	Cleshar Contract Services Limited – Assurance of Drug and Alcohol Test Arrangements	12/08/2014 AC	To provide assurance that Cleshar Contract Services Limited is delivering the effective management of its drug and alcohol policy and their employee drug and alcohol testing regime.	<p>The findings of the audit were:</p> <ul style="list-style-type: none"> <li>• Cleshar has an established drug and alcohol (D&amp;A) regime that includes policy, procedures and records management. D&amp;A performance reporting was satisfactory and there was adequate evidence of regular liaison with the client, LU Commercial.</li> <li>• Cleshar are proactively and continually improving their D&amp;A management regime such that a high level of assurance is delivered to TfL that their employees will continue to be compliant with TfL policy.</li> <li>• An intensive programme of random D&amp;A testing commenced during July 2014 that is presently ongoing and designed to capture 10% of all 1654 operatives. The programme is designed to run for a month.</li> <li>• Management of the annual random 5% D&amp;A test regime was supported by adequate procedures and site attendance practice to ensure that employees randomly selected for test do complete their test. Failure to complete a test or a positive test result, results in immediate suspension, with the potential for termination of employment.</li> </ul>
IA_14_739	Morson International Assurance of Drug and Alcohol Test Arrangement	15/08/2014 AC	To provide assurance that Morson International, via its subsidiary business Vital Human Resources Ltd is delivering the effective management of its drug and alcohol testing regime.	<p>The findings of the audit were:</p> <ul style="list-style-type: none"> <li>• Morson International employees who test positive or refuse a D&amp;A test have their employment terminated. If the employee is licensed in a Safety Critical role the LU Compliance and Licensing Team is advised of test failure and the employee’s certification is suspended.</li> <li>• Vital Human Resources has adopted the Morson International Drug and Alcohol Policy.</li> <li>• The company had implemented an initiative of random unannounced D&amp;A test during July 2014. On the date of audit 46 staff had been tested and none had resulted in a failure. The business plan is to capture 30% of the company’s 700 rail staff in this initiative.</li> <li>• Management of the annual unannounced 5% D&amp;A test regime was supported by an established practice compliant with the Morson International D&amp;A policy. Adequate management control had been established to ensure that employees complete a scheduled annual or random selection D&amp;A test.</li> <li>• The company had established adequate supervisory practices to deliver effective D&amp;A testing compliant with the Morson policy. This was not supported by a documented management system procedure that detailed the management regime, identifying responsible persons and the procedure and process used.</li> </ul>
IA_14_763	Ultrasonic Inspections	08/09/2014 AC	To confirm appropriate management systems are in place to ensure compliance against Category 1 Standard S1158 with regard to track ultrasonic inspections	<p>Effective controls were found in a number of areas as follows:</p> <ul style="list-style-type: none"> <li>• There is a risk based approach to determining the maximum intervals between inspections</li> <li>• Delivery schedules are monitored and reported on, including to senior management</li> <li>• Adequate records, including defects identified are maintained</li> <li>• Equipment is adequately calibrated for use</li> <li>• Arrangements are in place to ensure inspectors are competent</li> </ul> <p>One particular area of good practice was noted. The frequencies of inspections in the JNP Ultrasonics Inspections programme includes resilience to unforeseen events so that the maximum intervals between inspections can still be met even if an inspection cannot be undertaken as planned.</p>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
				<p>However, we also noted two issues:</p> <ul style="list-style-type: none"> <li>For BCV/SSL lines there were instances where the maximum intervals allowed between inspections had been exceeded, albeit only by a few days.</li> <li>For BCV/SSL lines the roles and responsibilities for completing Temporary Approved Non-compliance (TANC) forms in the event of maximum interval frequencies not being met were not in accordance with Work Instructions.</li> </ul>
IA_14_740	Supplier Audit - Kelly Integrated Transport Services	12/09/2014 AC	To provide assurance in the effectiveness of the Safety Management System for Kelly Integrated Transport Services (Kelly ITS) for work carried out on APJNP signals. The audit also included the management of fitness, drugs, alcohol, fatigue, eligibility to work in the UK, incident follow up and audit arrangements.	<p>All the scope areas were examined during the audit. Kelly ITS has a documented Safety Management System with effective management in the following areas.</p> <ul style="list-style-type: none"> <li>Training and ongoing monitoring of employee's competence and fitness.</li> <li>Working hours, shift patterns and risk of fatigue.</li> <li>Annual, and unannounced, drugs and alcohol testing.</li> <li>Incidents and near misses are being tracked and investigated.</li> <li>Audits are undertaken by Kelly ITS to review the effectiveness of the Safety Management System.</li> <li>The eligibility of employees to work in the United Kingdom.</li> </ul> <p>One issue was noted in relation to the maintenance of safety critical employees' logbooks to ensure they accurately reflect completed assessments.</p>
<b>Delivery of Capital Investment Portfolio</b>				
IA_14_714	Track Installation and Handover	07/08/2014 RI	To provide assurance that there were suitable processes in place and records available to meet the requirements of the relevant LU standards for the assessment and sign off of replaced track for use in passenger service.	<p>Areas of effective control were as follows:</p> <ul style="list-style-type: none"> <li>Work Instructions produced by Track Partnership were seen to reflect the requirements of LU Category 1 Standards</li> <li>The competence of those undertaking track hand back activities was well controlled with assessments being undertaken more frequently than required and regular familiarisation with new and updated processes.</li> <li>Equipment used was well managed with appropriate asset numbers, inspection and calibration labels.</li> <li>All aspects regarding the installation of Composite Conductor Rail were undertaken in accordance with requirements</li> </ul> <p>Significant Issues identified were</p> <ul style="list-style-type: none"> <li>Track Partnership work instructions recognise the need to subject rails to 1000lbf tensor stress as welds are poured. This was not undertaken for the work observed, potentially affecting the integrity of the rail</li> <li>Temporary Rail joint forms were not completed to show that extensions to the use of temporary rail joints have been applied for by the Site Engineers and approved by the LU Track Asset Engineer. Inspection records were also found not to record that loose clamps had been found and tightened.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
IA_14_707	Baker Street to Bond Street Tunnel Works	27/06/2014 AC	To ensure design and construction change processes are being followed correctly on site, including accurate record keeping of all processes including materials certification through the installation process and sign off.	<p>The findings of the audit were:</p> <ul style="list-style-type: none"> <li>• There are effective management processes in place for the relining works project on the Jubilee line between Baker Street and Bond Street.</li> <li>• There is a demonstrable understanding of all standards, procedures and project plans, ensuring effective management of the Baker Street to Bond Street tunnel relining works.</li> <li>• Evidence was available to demonstrate compliance with specifications for each component used on the project. Records are being kept to demonstrate the progress of work undertaken, management reviews and the decision making regarding ongoing work.</li> <li>• There has been one Reporting of Injuries, Diseases and Dangerous Occurrence Regulation (RIDDOR) reportable incident.</li> <li>• There has been effective communication between all interested parties, including the Office of Rail Regulation, throughout the project.</li> </ul>
IA_14_713	Track Cube Testing Process (Track Delivery Unit and Holliday Concrete Testing Ltd)	15/07/2014 AC	To assess the process for concrete cube testing and confirm compliance with the testing regime, adequacy of record production and effectiveness of actions taken based on results supplied following approved procedures.	<p>Overall, the process for the manufacture and compressive testing of concrete cubes is adequate. Cubes are tested at an independent laboratory with accreditation from the United Kingdom Accreditation Service (UKAS). This accreditation is reassessed annually and in greater depth every three years. Testing is conducted in a controlled manner and ensure any impacts from the following do not impact significantly on the strength of the track concrete.</p> <ul style="list-style-type: none"> <li>• There are a number of work instructions and forms covering the process but no single document captures the whole process. Those that are in place contain anomalies and inconsistencies.</li> <li>• It is a requirement of British Standard 12390-2 that test specimens are left in the moulds for at least 16 hours and no longer than 3 days. Due to collection /delivery arrangements this may be exceeded in some cases.</li> <li>• Manufacturer work instructions indicate that during cement mixing the mixing bucket should be clean and a second bucket of water should be used for cleaning the paddle mixer. During two site visits neither work gang were seen to use a second bucket to clean the paddle. In addition the mixing buckets had some concrete residue.</li> <li>• Cement from different batches was seen to be mixed together without being recorded as mixed on the Inspection and Test Plan.</li> <li>• A pre-calibrated water measure was not being used correctly which could result in the pre-calibration not being effective.</li> <li>• Documentation accompanying the cubes in transit is inconsistent between JNP and BCV sites. Documentation is not always completed and the accuracy of content is variable.</li> <li>• Technical specification T0417 contains a requirement for when cubes should be taken which may be erroneous and would not generate a representative sample.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
<b>Major Incident – External</b>				
IA_14_779	Tramlink Infrastructure Safety Management	18/07/2014 RI	To examine the systems and processes in use for ensuring the systematic control of safety risks to London Tramlink employees.	<p>The findings of the audit were:</p> <ul style="list-style-type: none"> <li>• The full requirements of the TfL HS&amp;E and TL Management System are not being met to ensure risk assessments are suitable and sufficient.</li> <li>• Risk assessments are in place but the majority were found to be generic in nature and lack relevant detail particularly with regards to identifying necessary controls to reduce risk to as low as reasonably practicable.</li> <li>• A number of topic specific risk assessments sampled had not been carried out as required by the TfL HS&amp;E and TL Management System.</li> <li>• Observations made during site visits confirmed that safe systems of work were being implemented and followed by TL employees.</li> <li>• Planning of works and co-ordination with third parties was found to be well managed.</li> <li>• There is no comprehensive competency management system in place for staff carrying out safety critical activities. A Strategy defining the actions required has been prepared and there are some local regimes in place to manage the competence of staff.</li> </ul>
IA_14_822	Track SSL and Maintenance Infrastructure Services (MIS) Health, Safety, Environmental Management and Safety Critical Licensing	25/07/2014 RI	To assess effectiveness of arrangements to ensure that HSE risks, including safety critical licensing, are controlled via existing documented requirements.	<p>A number of effective areas of control were noted:</p> <ul style="list-style-type: none"> <li>• Safety Critical Licensing is managed and controlled as per the Management System</li> <li>• Manual Handling is assessed in accordance with the management system to support legislative requirements. New lighter products have been sourced to reduce risk</li> <li>• Hazardous Substance (COSHH) assessments are undertaken in accordance with the management system to support legislative requirements</li> <li>• New lighting has been sourced to use on sites that are battery operated. By not using a generator there is no noise source and no fuel use to improve the environmental impact</li> </ul> <p>However, two significant issues were identified:</p> <ul style="list-style-type: none"> <li>• Planned General Inspections are undertaken. Safety Tours are undertaken but not by senior managers as required and System Checks are not planned or undertaken. This weakens senior management visibility on HSE and management assurance that control systems are working as planned.</li> <li>• Hazardous and non-hazardous waste was not segregated at some sites.</li> </ul>
IA_14_792	Bank Station Group HSE Management	04/08/2014 RI	To assess compliance and effectiveness of critical elements of the TfL HSE Management System, London Underground (LU) Managers Handbook, LU Rule Books and the effectiveness of local arrangements.	<p>A number of areas of effective control were noted:</p> <ul style="list-style-type: none"> <li>• Workplace Risk Assessments are being undertaken and reviewed as required</li> <li>• Emergency plans are current and control measures for foreseeable emergencies are in place</li> <li>• Competence including safety critical licensing is managed and monitored to ensure staff meet licensing requirements</li> <li>• Incident trends are monitored and individual incidents investigated in line with corporate procedures.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
				<p>However, a number of significant issues were identified:</p> <ul style="list-style-type: none"> <li>• Pro-active monitoring is not being completed as required via GSM Safety Systems Checks.</li> <li>• Station checks not being completed/documented as required including platform edge CCTV, Lift &amp; Escalator and station fire panel checks</li> <li>• Station tenants do not sign in with the Station Supervisor as required and visitors were not being given safety briefings.</li> </ul>
IA_14_786	Track BCV Health, Safety, Environmental Management and Safety Critical Licensing	05/08/2014 RI	To assess effectiveness of arrangements to ensure that HSE risks, including safety critical licensing, are controlled via existing documented requirements.	<p>Areas of effective control included:</p> <ul style="list-style-type: none"> <li>• The use of a dedicated cabinet for storage of site files on the Bakerloo/Victoria Lines is good practice</li> <li>• Safety Critical Licensing is managed and controlled as per the Management System</li> <li>• Waste and Pollution risk is controlled, effective and in accordance with the Management System</li> </ul> <p>Significant findings of the audit were:</p> <ul style="list-style-type: none"> <li>• Manual Handling and Hazardous Substance assessments are not being completed in accordance with management system requirements to support compliance with legislation and ensure control of risk. The need for these has been previously identified in Workplace Risk Assessments but the action not completed.</li> <li>• Planned General Inspections are undertaken. Safety Tours are undertaken but not by senior managers as required and System Checks are not planned or undertaken. This weakens senior management visibility on HSE and management assurance that control systems are working as planned.</li> </ul>
IA_13_762	Workload Planning	27/06/2014 AC	To assess the extent to which resources and timescales are effectively managed to ensure that CPD project works do not have an adverse impact on the safety of the operational railway.	<p>The key findings of this review were:</p> <ul style="list-style-type: none"> <li>• Planning / scheduling within the sampled CPD areas is undertaken with well established methodologies, aligned to TfL Pathway which are monitored at planned review and stage gates.</li> <li>• Perceptions from employees regarding their workload and planning in general are that: <ul style="list-style-type: none"> <li>• Workload planning is improving.</li> <li>• Further attention is needed to minimise the frequency of changes to the scope of works and to maintain more realistic timescales accordingly.</li> <li>• Delivery dates need to be adapted where missed deadlines from previous project stages impact upon subsequent works.</li> </ul> </li> </ul> <p>Employees were consistent in that the quality of works undertaken by suppliers and assured by LU is under no circumstances compromised, even if this requires a steep increase in workload.</p> <p>It was concluded that the sampled areas of CPD are working at a Railway Management Maturity Model (RM3) Level 3 (standardised). There is some evidence of working at RM3 Level 4.</p>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
IA_14_790	London Bridge Station Group HSE Management	02/07/2014 AC	To assess compliance and effectiveness of critical elements of the TfL HSE Management System, London Underground (LU) Managers Handbook, LU Rule Books and the effectiveness of local arrangements.	<p>Issues identified were:</p> <ul style="list-style-type: none"> <li>60% of users of Display Screen Equipment (DSE) have not undertaken an assessment to identify any health impacts</li> <li>Station tenants are not signing in with the Station Supervisor as required by the LU Rule Book. This is designed to ensure they can be accounted for in the event of an evacuation</li> <li>Pro-active checks of emergency equipment, including public help points, is happening but not to the frequency required by the LU Rule Book</li> <li>There are a significant number of individual competence assessments that have not been undertaken in the planned timescales. However, this is recoverable if those individual assessments are undertaken within their assessment cycle.</li> </ul>
IA_14_791	Baker Street Station Group HSE Management	03/07/2014 AC	To assess compliance and effectiveness of critical elements of the TfL HSE Management System, London Underground (LU) Managers Handbook, LU Rule Books and the effectiveness of local arrangements.	<p>Issues identified were:</p> <ul style="list-style-type: none"> <li>40% of users of Display Screen Equipment (DSE) have not undertaken an assessment to identify any health impacts</li> <li>The lone working risks for the group have not been assessed</li> <li>Station tenants are not signing in with the Station Supervisor as required by the LU Rule Book. This is to ensure they can be accounted for in the event of an evacuation.</li> <li>There are a significant number of individual competence assessments that have not been undertaken in the planned timescales. However, this is recoverable if those individual assessments are undertaken within their assessment cycle</li> </ul>
IA_14_789	Provision and Implementation of High Voltage and Low Voltage Safety Rules	03/07/2014 AC	To determine whether appropriate management systems were in place to ensure compliance against the relevant Electricity at Work Regulations 1989.	<p>Overall, the implementation of High Voltage (HV) and Low Voltage (LV) Safety Rules process is being adequately managed.</p> <p>One issue was identified:</p> <ul style="list-style-type: none"> <li>There is no Work Instruction in relation to HV/LV training Itinerary for new trainers.</li> </ul>
IA_14_805	London Overground Change Control	30/07/2014 AC	To provide assurance that London Overground (LO) has arrangements in place to manage change and complies with the requirements of The Railway and other Guided Transport Systems (Safety) Regulations (ROGS) 2006, TfL HSE Managements System and the London Overground Procedure for Change Management (LO-MS-102-01-0001	<p>A number of areas of effective control were noted:</p> <ul style="list-style-type: none"> <li>The requirements of ROGS and the TfL HSE Management System are translated into the London Overground management system</li> <li>A register of changes and categorisations is owned and maintained</li> <li>Roles and responsibilities when making a change are clear and understood</li> <li>Interested parties are consulted on potential changes</li> <li>Proposed changes are monitored and tracked through to completion</li> </ul> <p>One issue was identified:</p> <ul style="list-style-type: none"> <li>There was an awareness to consider safety risks from changes and the Change Control Manager and Change Owners could describe the safety risks and controls considered for the changes sampled. However, a risk assessment is not recorded as required by the London Overground procedure and means that it may not be possible to demonstrate that all risks have been systematically considered and controlled</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
IA_14_783	Buried Services Management, Victoria and Vauxhall Station Upgrades	<b>08/08/2014 AC</b>	To examine the processes in place for Victoria and Vauxhall Station Upgrade projects for identifying buried services and ensuring the risk of service strikes are minimised.	<p>The findings of the audit for Vauxhall Station Upgrade Project are:</p> <ul style="list-style-type: none"> <li>• Overall there are effective processes in place for managing the risks from buried services at the Vauxhall Station Upgrade Project.</li> <li>• The combined LU/Bechtel Safety Tours are not being consistently undertaken every period as scheduled.</li> <li>• Arrangements for ensuring LU receive assurance that actions from inspections/tours are being closed out need to be implemented.</li> </ul> <p>The findings of the audit for Victoria Station Upgrade Project are:</p> <ul style="list-style-type: none"> <li>• There are robust processes in place for managing the risks from buried services at the Victoria Station Upgrade Project.</li> <li>• TWBN have a comprehensive procedure in place for the management of risks associated with buried services which includes clearly defined roles and responsibilities.</li> <li>• TWBN have extensive and wide-ranging arrangements in place for the communication of the risks from buried services.</li> </ul>
IA_14_793	Northfields Traincrew HSE Management	<b>15/08/2014 AC</b>	To assess compliance and effectiveness of critical elements of the TfL HSE Management System, London Underground (LU) Managers Handbook, LU Rule Books and the effectiveness of local arrangements.	<p>Areas of effective control were as follows</p> <ul style="list-style-type: none"> <li>• Workplace Risk Assessments are being undertaken and reviewed as required</li> <li>• Emergency plans are current and control measures for foreseeable emergencies are in place</li> <li>• Competence including safety critical licensing is managed and monitored to ensure staff meet licensing requirements</li> <li>• Safety System checks and Plan General Inspections are being completed to programme and actions tracked to completion</li> <li>• Incident trends are monitored and individual incidents investigated in line with corporate procedures</li> </ul> <p>Issues identified were:</p> <ul style="list-style-type: none"> <li>• Assessments and agreements on working arrangements for medically restricted staff are being recorded in e-mails and not being recorded and stored in staff files as per TfL standards. This means that this important information would not be available for future reference.</li> <li>• Late Notice Boards contained notices one month old when they should be moved after 72 hours. Managers were not aware of the requirements. They were briefed during the audit by the TOM and the notices moved</li> <li>• Debriefs following evacuation drills were not being recorded on the appropriate form to record who was involved and any lessons learnt. Managers were briefed by the TOM during the audit on the requirements</li> <li>• Speed checking has not been ongoing on the Piccadilly Line, however this was identified by a TOM system check in May 2014 and a resourced programme was due for commencement in August.</li> </ul>

Reference	Report Title	Report Issued	Original Objective	Summary of Findings
IA_14_787	Track JNP Health, Safety, Environmental Management	28/08/2014 AC	To assess the effectiveness of arrangements to ensure that HSE risks are controlled via existing documented requirements	<p>Overall, JNP Track was found to be following existing JNP procedures as part of the TfL Management System. In particular:</p> <ul style="list-style-type: none"> <li>• Workplace risk assessments are completed for all activities seen to TfL standards</li> <li>• Controls are communicated to the workforce via methods statements and on site briefings</li> <li>• Control measures were seen to be implemented on site</li> <li>• Management is monitoring controls via safety tours and inspections</li> <li>• Waste and pollution risk is managed to TfL standards</li> </ul> <p>One area of good practice was noted. A dedicated well managed cabinet for waste files was in place at Edgware Depot Stores This ensures that the date, type and quantities of waste brought to Edgware Depot from all lines are recorded and accounted for.</p> <p>Only one issue was identified:</p> <ul style="list-style-type: none"> <li>• Musculo-skeletal injury is a common risk to track workers and manual handling training is provided. Manual handling is identified as a risk within workplace risk assessments and specific manual handling assessments completed to the former Tube Lines management system. These assessments do not comply with the Manual Handling Operations Regulation 1992 and also do not meet all requirements of a 'suitable and sufficient' risk assessment.</li> </ul> <p>Compliant assessments are being undertaken for track workers in BCV/SSL to the TfL format which could also be applied to the JNP workforce.</p>
<b>Crossrail</b>				
IA_14_521	Network Rail's (Great Western) Line Closures for Crossrail Works	27/08/2014 AC	To focus on Network Rail's (Great Western) Line Closures planning process and interfaces with Crossrail.	<p>The audit identified that:</p> <ul style="list-style-type: none"> <li>• Overruns (hours) by Network Rail (NR) have decreased since December 2012. It was demonstrated that NR have undertaken Formal Investigations after overruns, identifying the 'primary and contributory' causes (NR terminology) and apply the lessons learnt to subsequent possessions.</li> <li>• The auditees had identified a trend in 'primary causes' for overruns related to power failures and power supplies during testing and commissioning of signalling works. Closer monitoring in this area has been applied by Crossrail to subsequent possessions during planning.</li> <li>• Crossrail had clearly defined mechanisms / processes for interfacing and working collaboratively with NR during possession-planning and during the works.</li> </ul>

<b>Interim</b>
AC= Adequately Controlled
RI= Requires Improvement
PC= Poorly Controlled
WC= Well Controlled and Audit Closed
AC/ACL = Adequately Controlled and Audit Closed

Reference	Responsible Director	Report Title	Interim Report Issued	Original Objective	Follow-up Audit	Summary of Findings
<b>Finance</b>						
<b>Security</b>						
IA_14_431F	Director of Commercial	Security Review of Palestra	12/09/2014 WC & ACL	To assess the effectiveness of the physical security arrangements operating at Palestra, to ensure that all relevant security risks have been identified and mitigated.	N/A	<p>There are well developed processes associated with the physical security arrangements for Palestra’s operation. The processes are regularly tested and reviewed by the building management team to ensure any changes to the premises are commensurate with the threat environment.</p> <p>All aspects of technical security equipment (including CCTV, access control and Intruder Detection System (IDS)) were found to be operating effectively, and are well understood by those using them. Our review found that there are good supporting procedures which are documented and include a regular regime for training and awareness for staff using the security equipment.</p> <p>The process associated with the management of visitor registration and access control is commensurate with the building’s function. The building management team review the processes and procedures on a regular basis and, in addition, when a security event relating to the access control system occurs. We were able to confirm through a review of incident reports and subsequent management action that incidents were appropriately addressed by the building management team and contract provider on a timely basis.</p> <p>There were no issues identified by this audit.</p>

Reference	Responsible Director	Report Title	Interim Report Issued	Original Objective	Follow-up Audit	Summary of Findings
IA_14_423F	Director of Commercial	Security at Head Office Buildings	12/09/2014 WC & ACL	To assess the effectiveness of the physical security arrangements and supporting processes operating at Head Office Buildings and to ensure that all relevant security risks have been identified and mitigated.	N/A	<p>The audit found effective controls to be in place across all areas reviewed. In particular:</p> <ul style="list-style-type: none"> <li>Registers of risks and mitigating controls are in place.</li> <li>There are documented policies and procedures, including clear roles and responsibilities for security activities.</li> <li>A suitable programme of planned maintenance for security equipment is in operation.</li> <li>There are appropriate building access controls using either building passes or pass –code system.</li> <li>There is an incident management process in place, with evidence of appropriate follow up of all incidents.</li> </ul> <p>There were no issues identified by the audit.</p>
<b>One HR</b>						
<b>People Strategy</b>						
IA_14_138	HR Director	Equality & Inclusion Programmes	04/08/2014 AC	To provide assurance over the effectiveness of controls operating over the E&I programme and spend.	30/04/2015	<p>Equality &amp; Inclusion objectives are integrated within TfL organisational plans, and business plans. These are subsequently captured, monitored and reviewed as part of the Single Equality Scheme.</p> <p>The HR E&amp;I Team provides support to the business on any projects/ initiatives that have an E&amp;I element. These projects are generally led and owned by the respective business area, which is responsible for developing the strategy/action plan, and delivery of the project/initiative.</p> <p>The Staff Network Groups (SNGs) help to ensure that inclusive structures are in place to engage and involve staff, whilst providing a forum for staff to share their views on what is important to them. Actively engaged SNGs help to drive business improvements in employment and service transformation and in developing new roles and ways of working.</p> <p>Fostering good relations and active engagement with external E&amp;I organisations can help TfL achieve its equality priorities through helping to ensure that changing customer needs are</p>

Reference	Responsible Director	Report Title	Interim Report Issued	Original Objective	Follow-up Audit	Summary of Findings
						<p>identified and met whilst sharing good practice. We noted the following examples of good practice with external partners, which are helping to shape services:</p> <ul style="list-style-type: none"> <li>• The 'Big Day Event'; a series of three engagement events during the year for people with learning difficulties</li> <li>• Development of 'Sub Regional Mobility Forums', which are strategic level forums advising Transport Planning on projects.</li> </ul> <p>In the current financial environment it is important to secure value for money from sponsorship/ membership. Consequently a core group of organisations has been clearly identified to provide unique services to employees and managers supporting the TfL E&amp;I agenda.</p> <p>Our audit did not identify any Priority 1 issues. However we identified one Priority 2 issue. The monitoring arrangement for SNG spend is ineffective with no recording or review of actual spend in real time. Two Priority 3 issues were also noted.</p>