

Date: 10 March 2016

Item: Key Findings from Internal Audit Reports

This paper will be considered in public

1 Summary

1.1 The purpose of this paper is to inform the Panel about Internal Audit Reports related to Safety, Accessibility and Sustainability issued during Quarter 3.

2 Recommendation

2.1 **The Committee 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 3. 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 following table shows the total number of HSE and Technical audit reports issued during the quarter and the year to date, together with comparative year to date figures for 2014/15.

	HSE and Technical Audit Reports				
	Well Controlled	Adequately Controlled	Requires Improvement	Poorly Controlled	Total
This Quarter	1	10	5	0	16
YTD	2	21	21	1	45
YTD 2014/15	3	44	19	2	68

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

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

- 3.4 Currently there are 172 open HSE&T actions, of which six are overdue, although none by more than 30 days. The overdue actions do not give any grounds for concern. If a Rail and Underground audit action does go overdue, it is reported to the Value Programme Board (VPB), and the manager responsible for the action is required to attend the VPB to explain what is being done to get the action back on track. A similar process is in place for reporting to the Surface Transport Board. These reports ensure an appropriate focus by senior management on the completion of audit actions.

Embedded assurance

- 3.5 In addition to HSE and Technical audits carried out by Internal Audit, a number are carried out during the year by staff 'embedded' in parts of Surface Transport and Rail and Underground. This was incorporated in the Integrated Assurance Plan for 2015/16 approved by the Audit and Assurance Committee in March, and work done during Q3 is summarised below.
- 3.6 Surface Transport – 15 audits were completed in Q3. The purpose of these was to ensure the existence and adequacy of the control procedures and management systems used by bus operators in accordance with Buses Directorate contractual requirements, and the existence and adequacy of the control procedures and management systems used by contracted operators in line with contractual requirements at Rail Replacement and London River Services operations. There were no significant issues identified.
- 3.7 Rail and Underground – Four audits were completed in Q3, as follows:
- (a) One quality audit of station infrastructure engineering. There were no significant issues identified.
 - (b) Three occupational health audits to assess the competency and capability of current providers of medical assessments for track certification and other safety critical certification purposes on behalf of LU. There were no significant issues identified.

List of appendices to this report:

Appendix 1 – HSE and Technical Reports Issued in Quarter 3 2015/16

List of Background Papers:

None

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Conclusions	Number
AC= Adequately Controlled	10
RI= Requires Improvement	5
PC= Poorly Controlled	0
WC= Well Controlled and Audit Closed	1
AC/ACL = Adequately Controlled and Audit Closed	0

Reference	Responsible Director	Report Title	Report / Memo Issued	Original Objective	Follow-up Audit	Summary of Findings
Rail and Underground						
TfL Strategic Risk: Delivery of capital investment portfolio and contract management R&U Strategic Risk: Failure to Deliver Capital Investment Programme / Critical Supplier Failure						
IA_15_782	Director of Capital Programmes	LU Scope Definition and Design Reviews	09/11/2015 RI	To assess the effectiveness of LU Scope Definition Reviews (SDRs) and Design Reviews, including compliance with PD0049-A1, and to identify any improvement opportunities.	N/A	<p>The SDRs and Design Reviews undertaken were appropriate for each project, and in accordance with the overall intent of the procedural instruction, except as noted below.</p> <p>Priority 1 Issue: The procedural instruction is not robust, meaning that projects are interpreting requirements and guidance in different ways. The following aspects contribute towards this issue:</p> <ul style="list-style-type: none"> • PD-0049-A2, PD-10886-A5 and associated guidance documents have errors and omissions and are inconsistent with other TfL Pathway Products and processes. • SDR and Design Review outputs do not require sign-off prior to passing Stage Gates, and PD-0049-A2 and PD-10886-A5 do not link SDRs and Design Reviews to Pathway Products that do require sign off. This means there is a risk that projects move on to the next Stage before they are ready to do so. • Projects are using different mechanisms to undertake SDRs at Stage 1 (Output Definition) and / or Stage 2 (Feasibility). • One project does not intend to have Concept Design Review meetings for this type of project at Stage 3, as the Detailed Design Review meetings at Stage 4 (Detailed Design) are considered to be sufficient and more cost effective. • Most of the projects audited have not held 20% or 60% design

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						<p>completion Detailed Design Review meetings at Stage 4, as the 95% design completion Reviews at Stage 4 were considered to be sufficient and more cost effective.</p> <ul style="list-style-type: none"> One project did not hold a Detailed Design Review meeting with Stakeholders at Stage 4 for one part of the project (but now intends to go back and do so). Some projects have not used TfL Pathway as intended to manage the project, and have not provided links to the Pathway Products produced.
IA_15_704	Director of Capital Programmes	Management of Signal Risk Registers in London Underground	07/10/2015 AC	To provide assurance that routine changes to the signalling systems utilised by London Underground are identified, reported, recorded, monitored and addressed in an appropriate manner.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> Risk Registers have been produced for BCV, SSL and JNP and include ranking and mitigating controls and actions such as remedial works or enhanced maintenance A new draft procedure has been produced which aims to align practices across the business in line with the requirements of S5044 Asset Risk Standard <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> The JNP controlling procedure inherited from Tube Lines had not been subjected to regular review and does not meet all the requirements of LU Standard S5044 Asset Risk Standard. In SSL/BCV where risks were closed or severity scores reduced (below eight) as a result of mitigations being in place, this was not communicated back to the custodians of the local risk registers Not all risks are recorded and a number of different ARM databases are utilised which were not compatible with each other. Where risks were identified across differing asset groups, these were not consistently scored by the two asset areas There was no definitive asset stewardship list that details who is responsible for each asset.
IA_15_714	LU Director of Capital Programmes	Metropolitan Line Extension Programme: Civil Engineering Design Management and Co-ordination	09/12/2015 AC	To examine civil engineering design management and co-ordination arrangements for the LU operational area of the Metropolitan Line Extension project, to assess their effectiveness and degree of compliance with contractual and management system requirements and to identify any improvement opportunities.	N/A	<p>All the scope areas were examined during the audit, and evidence was provided to demonstrate that the project has used suitable and effective design management and coordination processes prior to and during the project management transition from Hertfordshire County Council to LU.</p> <p>Areas of Effective Control</p> <ul style="list-style-type: none"> The use of a Project Product Plan that is aligned with LU, Network Rail and RIBA project lifecycles and identifies the PMF or Pathway Products produced before the end of Stage 3 (Concept Design) and the Products required during Stage 4 (Detailed Design) and who has to produce them. The use of Requirements Specifications, Verification and Validation Reports and Matrices, Conceptual Design Statements (CDSs), Concept Design Report (equivalent) and

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						<p>Interdisciplinary Design Reviews.</p> <ul style="list-style-type: none"> The issue of assessment reports and CDSs for all civil engineering assets in LU areas of responsibility to ensure that they meet current LU Standards, the acceptance by LU of these CDSs and the passing of Stage Gate 3. The issue of a single source of truth Design Issues Tracker and the issue of a Compliance Plan that provides detailed proposals as to how design compliance submissions are to be undertaken and managed. <p>Priority 1 Issue</p> <ul style="list-style-type: none"> The project is in Stage 4 (Detailed Design), but design management arrangements following the project management transition from HCC to LU have not been formally defined and agreed, as indicated below. <ul style="list-style-type: none"> Updates to top level management plans have not been completed and formally issued. Arrangements for design integration, systems integration, design change control and acceptance and approval of key management plans have not been formally defined and agreed. Cat 3 Design Check arrangements for the Viaduct need to be clarified.
IA_14_833	Director of Capital Programmes	Quality Inspection Completion Certificate (QICC) requirements in London Underground	25/09/2015 AC	To provide assurance of compliance and effectiveness of the Category 1 Standard S1900 – Quality Inspection Completion Certificate (QICC) process, prior to putting power equipment into service on the LU system.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> Project Managers and Project Engineers were aware of the general principles of the QICC as detailed in the Standards Assurance requirements are discussed and agreed early in the project Assurance is undertaken to ensure detailed designs are implemented Snag lists were maintained in accordance with the process Operations & Maintenance manuals were being produced in preparation for handover, prior to project completion <p>Priority 1 Issue:</p> <ul style="list-style-type: none"> There was a need for clarification and improved understanding regarding the competence records required to be provided for safety critical roles. Some managers interviewed were not clear on the records needed to be held and were not compliant with the QICC standard to receive records of 'Means of Identification' as defined by LU Standard S1548 (Safety Critical Work). In addition, the guidance to the QICC standard is not consistent with the standard itself as it requires a 'competency statement' to be provided. <p>Priority 2 and 3 issues:</p>

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						<ul style="list-style-type: none"> At Stations Engineering and Stations Delivery Projects in JNP, although auditees were aware of the Standards, there were shortfalls in understanding the full QICC process Some of the Power and Cooling Project, Datapack documents were not completed as per QICC (S1900) requirements At Sub- Surface Projects, It was found that the QICC (S1900) requisite templates for recording MWCC and Snags were not utilised for the 'Embankment DC Traction Power Supply Upgrades' project.
<p>TfL Strategic Risk: Disruption to quality of service R&U Strategic Risk: Inadequate Operational Performance</p>						
IA_15_723	Chief Operating Officer, LU	Signal Asset (Relay) Routine and Incident Change Over	07/10/2015 RI	To provide assurance to the business that both routine and incident change of signalling assets (relays) had been undertaken and that records were in place to demonstrate compliance with the Signal Maintenance Regime.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> The process allocating Authority to Work Certificates from authorised issuers to authorised receivers was operating effectively. <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> Standard S2524 (Testing Signalling Installations.) requires review to ensure that the requirements are unambiguous and relevant for each testing scenario. There was no evidence to confirm that the extent of testing to be undertaken was documented in a test plan that made reference to a relevant test specification. There was no evidence to demonstrate that Authority to Work Certificates included a reference to the test specifications employed when immediate identification or rectification of faults had been undertaken. Instances were found where AWCs were not completed before an asset was handed back into service which is contrary to the documented requirement. <p>Priority 2 Issues</p> <ul style="list-style-type: none"> The scope of work to be undertaken was not clearly defined on AWCs.
IA_15_732	Chief Operating Officer, LU	COO Supplier Change Control	23/10/2015 RI	To provide assurance that LU has a robust and effective change control system in place, to ensure LU is not vulnerable to material or component change by internal and external suppliers.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> Suppliers were found to be notified in the contracts (Purchase Order LUL Conditions of Contract and Framework Agreement) of the requirements that must be met before any changes in materials or components that can affect LU assets can be carried out. Suppliers with small size contracts at REW were shown to inform LU of the intended change in material, and seek approval before commencing with the change.

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						<ul style="list-style-type: none"> The Signalling Engineering Design team do inform staff and end users about changes in material and disposal of old materials, with revised work instructions and bulletins where appropriate. Suppliers with big and small size contracts were found to inform LU prior to change of ownership and significant organisational change that may impact on the contractual relationship. <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> There was no evidence or record of set criteria to trigger the re-evaluation of suppliers that consistently supply below standard product or are not performing to the required standard (TfL Contract Management Handbook –H061) Revisions were made to two components (E21005/1 and E21006/1) in the Automatic Train Operation Controller by Siemens Rail, without informing LU in advance of the change. This does not meet the requirement in the Assurance Standard (S1538: 3.1.4). <p>Priority 2 issues:</p> <ul style="list-style-type: none"> There was no evidence of regulatory requirements, technical or safety standards forwarded to suppliers of ‘small size contracts’ to inform them of TfL requirements, with regards to changes to supplied equipment and components. This could lead to TfL requirements not being met, and resulting in safety and reliability issues. There was no evidence of performance measurement carried out on Siemens Rail Automation Ltd, based on the quality of product delivered, on time delivery of product, overdue purchase orders and criticality of not having the product when required. There was no evidence of what features/characteristics (specification) should be checked in the ‘First Article’ inspection of supplied goods, and what to do with the inspected article. There were no specified sample sizes for determining ‘sample count’ of delivered goods. Therefore consistent and uniform ‘sample count’ cannot be applied to all the supplied goods – either quantitatively or qualitatively.
IA_15_785	Director of Commercial	LS Precision (UK) Ltd (Supplier Assurance)	20/11/2015 RI	To provide assurance to London Underground (LU) that LS Precision has an effective quality management system in place to ensure the adequate control of business processes in relation to the manufacturing and provision of safety critical	N/A	<p>All the scope areas were examined during the audit.</p> <p>Good Practice:</p> <ul style="list-style-type: none"> The organisation operates a capable batch identification and traceability process. <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> At the time of the audit there was no evidence that the organisation holds the required level of Employers’ Liability and Product insurance cover.

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				and machined components to LU.		<p>Priority 2 Issues:</p> <ul style="list-style-type: none"> No formal production planning or capacity planning arrangements were in place to confirm that customer requirements in terms of production capability can be met. Purchasing information provided to suppliers is not aligned to customer requirements. No 'Required by Date' for delivery is specified on orders. Processes in place for the calibration of equipment do not comply with the requirements of ISO 9001:2008. Procedures in place for the selection and management of the supply chain were not shown to be effectively implemented. The management of corrective and preventive action does not meet the requirements of ISO 9001:2008. Corrective action taken to address 4 non-conformities raised during the external audit was not shown to have been recorded. Records from the Management Review process do not effectively demonstrate the continuing suitability and adequacy of the quality management system. No documented procedures are in place for the 'Control of Documents & Records' and 'Internal Audit'.
IA_15_719	Director of London Overground	London Overground (ELR-CR) Adverse Weather Preparedness	23/10/2015 AC	To provide assurance that the risk of London Overground East London Rail Core Route (ELR-CR) infrastructure and operations not being fit for use as a result of adverse weather (winter, leaf fall and flooding) is mitigated	N/A	<p>All the scope areas were examined during the audit. The areas sampled included infrastructure, operations, New Cross Gate Depot / Silwood Stabling Facility, fleet and the Fault Reporting Centre.</p> <p>Areas of Effective Control (With the exception of those areas shown under priority 2 and 3 issues):</p> <ul style="list-style-type: none"> Adverse weather arrangements are in place and being managed. Pre-winter briefings have taken place or are scheduled. Adverse weather specific competences are being managed. Adverse weather preparations have taken place or are ongoing. The availability and replenishment of adverse weather materials and equipment is being managed. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> An adverse weather risk review could not be evidenced to ensure that all risks arising from adverse weather have been identified and mitigations put in place. The Infrastructure Maintenance Contractor's (IMC's) competence matrix did not include the use of all adverse weather equipment. The Winter Working Arrangements meeting, held during the autumn with key stakeholders, has not been scheduled for 2015 and did not take place in 2014. The vegetation survey, to be completed by the IMC in July each year, could not be evidenced. The IMC did not provide assurance of their adverse weather

Reference	Responsible Director	Report Title	Report / Memo Issued	Original Objective	Follow-up Audit	Summary of Findings
						<p>preparedness.</p> <ul style="list-style-type: none"> Supplies of adverse weather specific equipment held in New Cross Gate Depot stores was not being monitored.
IA_15_729	Chief Operating Officer, LU	BCV Track Maintenance	20/11/2015 AC	To assess compliance with LU Track Category 1 standards to give confidence that specific technical requirements are controlled to mitigate service disruption and safety risks.	N/A	<p>Good Practice:</p> <ul style="list-style-type: none"> To ensure Written Notice LU-WN-01292 is followed Central line have copied table 1 from the Written Notice onto the front page of F0129, although this should go through the appropriate change process. <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> Temporary Approved Non-Compliance (TANC) training and licensing TANC Accountable Managers' responsibilities were understood The number of TANCs at the time of audit were Central nil, Victoria 76, Bakerloo 48. The process for approving these TANCs was followed and a process exists to seek approval from the Maintenance Assurance Engineer beyond 28 days Switch maintenance management has been successfully transferred to MIS Annual risk assessment for PM1 and PM4 inspections are completed by all lines <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> There is no independent quality check on the work of NRL (contractor). The completed work is checked by the contractor who performed the work. There are no follow up checks by MIS staff with knowledge and understanding of the hand grinding process. <p>Priority 2 and 3 issues:</p> <ul style="list-style-type: none"> TANCs on Bakerloo and Victoria lines state mitigation of patrolled "three times per week", instead of maximum duration between inspections of 72 hours Work Instruction W0128 requires revising in respect of closure of TANCs Switch Inspection and Hand Grinding Record forms were incomplete and out of date versions used The departure of a manager in MIS had left a number of documents inaccessible
<p>TfL Strategic Risk: Major Catastrophic Incident</p> <p>R&U Strategic Risk: Inadequate Operational Performance/ Catastrophic Event</p>						
IA_15_765	Director of Safety	Control of Hand Arm Vibration Risks in TfL	23/10/2015 RI	To assess TFL management	N/A	Pockets of compliance and good practice were found. However, a number of issues need addressing to ensure consistent compliance

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				arrangements in relation to TfL employees' risk of exposure to Hand Arm Vibration (HAV).		<p>with the HAV Regulations.</p> <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Overall awareness of HAV symptoms and when employees should be referred for health surveillance to Occupational Health was good. • The maintenance regime/schedule is effectively monitored and maintained by Plant services to prevent unnecessary increases in vibration exposures. • Examples were seen of the Hierarchy of Controls being implemented and risk being removed or mitigated at source through procurement decisions <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> • HAV risk assessments were not completed in two of the seven areas sampled as required by the Management System and to ensure compliance with Regulation 5 of the HAV Regulations • Copies of HAV risk assessments are commonly not sent to Occupational Health to enable Occupational Health to support control of risks • The arrangements for Health Surveillance under Regulation 7 of the HAV Regulations are not included in the Management System. Assurance could not be provided that health questionnaires are sent to relevant employees <p>Priority 2:</p> <ul style="list-style-type: none"> • A complete register of where HAV is a risk would enable Occupational Health to support the business better in controlling HAV risks • Other requirements for assessors to have a briefing from a topic expert are not implemented • In one of the areas sampled, training for employees using heavy tools with a HAV risk could not be evidenced
IA_15_740	Chief Operating Officer, LU	HSE Management in District Line	23/10/2015 AC	To provide assurance regarding compliance with HSE legislation and that TfL/LU HSE Management System requirements were being followed and were working effectively.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Workplace Risk Assessments were undertaken and reviewed • Competence, including safety critical licensing was managed and monitored • Evacuation Safety briefings were provided to the auditor on arrival at stations • First Aid provision arrangements have been assessed at all locations • Periodic medicals were planned and attended at the required intervals • Staff hours were monitored and changes recorded • Suitable processes were in place for managing staff and tenants

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						<p>familiarisation</p> <ul style="list-style-type: none"> • Current Station Security Programmes were available and adequate checks were completed • Pro-active monitoring programmes were undertaken, findings reported and remedial actions implemented • Fire call point testing was completed across the area sampled and meet requirements • A Line Speed Checks Risk Assessment was evidenced and speed checks are completed as required. • Incident trends were monitored and individual incidents investigated <p>Priority 1 Issues:</p> <ul style="list-style-type: none"> • Display Screen Equipment (DSE) training and assessments were not completed for all users <p>Priority 2 or 3 Issues:</p> <ul style="list-style-type: none"> • Roles and responsibilities for the new Area Managers are clear and defined but the handover check list was not evidenced • There were no records that night worker health questionnaires were issued • There was a lack of awareness to use the new Working Exceedance Authority forms when working hours are exceeded.
IA_15_744	Chief Operating Officer, LU	HSE Management in LU Direct Labour Organisation (DLO)	06/11/2015 AC	To provide assurance regarding compliance with HSE legislation and that TfL HSE Management System requirements were being followed and were working effectively.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Risk Assessments (RAs) were undertaken for all activities by a competent assessor and have been kept updated. • Site visits found that key risks such as working at height, confined spaces, electricity and driving were controlled adequately and in line with Work Instructions • Elements of fitness such as monitoring working hours and medicals were managed adequately <p>Priority 2 Issues:</p> <ul style="list-style-type: none"> • Opportunities to strengthen RAs include ensuring controls listed reflect those in Work Instructions and not just lower level controls such as PPE and training, correcting errors in risk calculations and improving communication by updating Induction Packs • Where employees have a health condition the appropriate Management System form is not used to record the review of the risk assessments and any action agreed • Pro-active Monitoring: Safety Tours were completed by managers rather than Senior Managers; the programme of System Checks did not include all the required elements • Communications: HSE Notice Boards were not suitably

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						<p>managed; some of the alternative HSE reporting arrangements available have not been communicated</p> <ul style="list-style-type: none"> • Fitness for Duty: managers were not aware of the arrangements within TfL Management System on managing fatigue and there were no records that night worker health questionnaires were issued
IA_15_762	Director of Capital Programmes	Drugs and Alcohol Policy in London Underground	06/11/2015 AC	To assess London Underground's arrangements for compliance with duty of 'due diligence' under the Transport at Works Act 1992.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Overall awareness of Drugs and Alcohol policy requirements was good • The induction and training process includes LU policy requirements and is effectively monitored and maintained • Adequate commercial arrangements with suppliers for communication of policy requirements and assurance • The contract in place with a supplier for undertaking D&A testing includes response times and this is monitored. • Annual unannounced testing requirement (minimum 5%) of Safety critical staff is maintained as per standard • Arrangements for 'For Cause' testing are understood by managers sampled and implemented consistently <p>Priority 2 Issue:</p> <ul style="list-style-type: none"> • The National Rail policy on testing after a dangerous incident is to do so where the individual may have contributed to the incident <u>and</u> there is suspicion of use via observed conduct, behaviour or physical signs. The LU Policy is to test individuals involved in a defined dangerous incident regardless of suspicion of use. An investigation into an incident in 2012 highlighted the potential risk caused to the operational railway from standing down and D&A testing operational staff but did not highlight the greater flexibility applied on National Rail <p>Priority 3 issues:</p> <ul style="list-style-type: none"> • Guidance G1241 – Minimum percentage (6%) for unannounced testing does not align with the 5% referenced in the LU Standard. The guidance is long (79 pages) has typographical errors and has not been reviewed since 2009. There is potential to make it more user friendly.
IA_15_758	Chief Operating Officer, LU	Control of Manual Handling	09/11/2015 AC	To examine the effectiveness of the embedment of the HSE requirements of the TfL Management System to ensure health and safety risks arising from manual handling activities are	N/A	<p>Good Practice:</p> <ul style="list-style-type: none"> • Manual Handling posters and reminders were seen in various notice boards and worksite locations around the business • A number of innovative manual handling aids are currently being trialled across TfL. <p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • Overall awareness of Manual Handling Risk Assessments and

Reference	Responsible Director	Report Title	Report / Memo Issued	Original Objective	Follow-up Audit	Summary of Findings
				controlled		<p>when they should be implemented was evident.</p> <ul style="list-style-type: none"> The surveillance of manual handling activity is effectively monitored and maintained by the Management Teams. Examples were seen of the hierarchy of controls being implemented and risk being removed or mitigated at source through workplace and manual handling risk assessments and the use of various manual handling aids in all areas. <p>Priority 2 issues:</p> <ul style="list-style-type: none"> Many areas sampled were unaware of the 'Working at TfL' intranet page where the manual handling processes and assessment forms are stored. The Trams Fleet Maintenance Team currently do not have manual handling risk assessments in place, although all Trams Fleet Maintenance staff are currently attending manual handling training to mitigate the risk. <p>Priority 3 issues</p> <ul style="list-style-type: none"> Some areas of London Underground are not using the WoCRA system for workplace risk assessments, however, the workplace and manual handling risk assessments sampled were compliant with the regulations. WoCRA is only mandatory for London Underground, the TfL manual handling form (F0126) requires a WoCRA number to link the workplace risk assessment to the manual handling risk assessment. The London Underground areas sampled were unaware of the need to send manual handling risk assessment to the HSE Team as stated in the Working at TfL procedure and guidance document.
IA_15_772	Chief Operating Officer, LU	LU Availability of Competence Records	27/11/2015 WC	To provide assurance that competence records can be provided within one hour as required by The Railways and Other Guided Transport Systems (Safety) Regulations 2006.	N/A	<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> With the exception of one area, fleet and track depots sampled could provide competency records for randomly selected employees within one hour Databases of employee competence are updated daily by the administrators and are password protected. These are held on shared drives so they can be accessed by the manager on duty <p>Priority 3 issue:</p> <ul style="list-style-type: none"> Bakerloo and Victoria line track managers were unable to view employee records for employees who do not report directly to them. This was addressed during the audit
IA_15_764	Director of Capital Programmes	Use of Site Persons in Charge in Providing Protection in LU	07/12/2015 AC	To provide assurance that following the change to Site Persons in Charge	N/A	Evidence was available that planning and management is largely being undertaken and recorded in accordance with LU Category 1 Standards and Rule Books.

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				(SPC) providing protection services, risks remain adequately controlled.		<p>Areas of Effective Control:</p> <ul style="list-style-type: none"> • The transitional risks assessment and action plan is defined, updated and adhered to ensuring that risks are mitigated and arrangements clear. There are defined ownership and accountabilities for the risks and mitigations and stakeholders were identified, consulted and communicated with throughout the change process • There is a defined change control process for protection activities that is largely adhered to • Competence, roles and responsibilities are clear, understood and largely implemented • Replacement of the track safety/protection courses with modularised, activity based training has been implemented (eg new learning information booklet and Assessor's Guidance Handbook) <p>Priority 2 issues:</p> <ul style="list-style-type: none"> • LU 'framework' suppliers are still assigned at short notice to undertake the duties of SPC (mainly surveys, inspections etc) without the knowledge and technical skills required for the work assured through the completion of TSW 035 declaration of competence by the SPC Employing Manager. • The provision and use of the approved TSW035 for SPCs was not found to be effectively communicated and sometimes not complied with. • Safety Critical Site Inspections by Protection Assurance Managers (PAMs) are undertaken ad-hoc, but have no scheduled programme or defined frequency target. Other protection activities are not included as part of the inspection process. • The mandatory quarterly protection booking requirement for protection staff to ensure they remain practiced is not enforced

Status Key

PC Poorly controlled

RI Requires improvement

AC Adequately controlled

WC Well controlled