# CITY OF GLASGOW COLLEGE

# Board of Management
# Audit Committee

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| **Date of Meeting** | **Wednesday 30 November 2019** |
| **Paper No.** | **AC2-K** |
| **Agenda Item** | **5.7.3** |
| **Subject of Paper** | **Internal Audit Report – Follow Up Reviews** |
| **FOISA Status** | **Disclosable** |
| **Primary Contact** | **Henderson Loggie** |
| **Date of production** | **November 2019** |
| **Action** | **For Discussion and Decision** |

### Recommendations

The Committee is asked to consider and discuss the report.

1. **Purpose of report**

   The purpose of this review is to provide management and the Audit Committee with assurance on key controls relating to the curriculum and financial plans in place for City of Glasgow College and their alignment with the regional plan for Glasgow and the college student number targets.

2. **Context and Discussion**

   This internal audit Follow Up Report assesses whether recommendations made in previous reports have been appropriately implemented and ensures that, where little or no progress has been made towards implementation, that plans are in place to progress them.

   The College has made good progress in implementing the recommendations followed-up as part of this review with 32 (58%) of the 55 recommendations which are past their completion date being classified as 'fully implemented'. 10 recommendations were assessed as 'partially implemented' and 10 as showing 'little or no progress made' and these will be subject to follow-up at a later date. A further two recommendations were considered by management but not implemented.

3. **Impact and implications**

   Refer to internal audit report.

# City of Glasgow College

**Follow-Up Reviews**

**2018/19**

**Internal Audit Report No: 2019/09**

**Draft issued:**      **31 October 2019**

**Final issued:**      **6 November 2019**

Now, for tomorrow

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# Contents

# 1. Management Summary

## Introduction and Background

As part of the Internal Audit programme at City of Glasgow College ('the College') for 2018/19 we carried out a follow-up review of the recommendations made in Internal Audit reports finalised during 2018/19 (to date) and reports from earlier years where previous follow-up identified recommendations outstanding. These were:

2018/02 – Teaching Staff Utilisation / Timetabling
2018/04 – Business Development / International Activities
2018/05 – Data Protection / Freedom of Information
2018/06 – Infrastructure Contract Management / Help Desk
2018/07 – Learning Support
2018/08 – Follow-Up Reviews 2017/18
2019/02 – Data Protection
2019/03 – Libraries and Learning Technologies
2019/04 – Health and Safety
2019/06 – Student Recruitment Targets
2019/07 – Student Fees

Reports 2018/01, 2018/03, 2018/09 and 2019/05 did not contain any recommendations and therefore no follow-up was required as part of this review.

Since all of the recommendations contained in internal audit reports 2019/08 Quality Assurance and Improvement and 2019/09 Staff / Organisational Development had not reached their agreed implementation dates these have not been followed-up as part of this report.

## Audit Scope and Objectives

The objective of our follow-up review is to assess whether recommendations made in internal audit reports from 2018/19 (and previous years) had been appropriately implemented and to ensure that, where little or no progress has been made towards implementation, that plans are in place to progress them.

## Audit Approach

For the recommendations made in the reports referred to above we ascertained by enquiry whether they had been completed (or established what stage they had reached in terms of completion) and whether the due date required to be revised.

Action plans from the original reports, updated to include a column for progress made to date, are appended to this report.

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## Overall Conclusion

The College has made good progress in implementing the recommendations followed-up as part of this review with 32 (58%) of the 55 recommendations which are past their completion date being classified as 'fully implemented'.  10 recommendations were assessed as 'partially implemented' and 10 as showing 'little or no progress made' and these will be subject to follow-up at a later date. A further two recommendations were considered by management but not implemented.

| *From Original Reports* | | | *From Follow-Up Work Performed* | | | | |
|---|---|---|---|---|---|---|---|
| Area | Rec'n Grades | Number Agreed | Fully Implemented | Partially Implemented | Little or No Progress Made | Considered but not implemented | Not yet past completion date |
| Data Protection 2018/19 | 1 | - | - | - | - | - | - |
| | 2 | 7 | 1 | 1 | 1 | - | 4 |
| | 3 | 1 | 1 | - | - | - | - |
| **Total** | | **8** | **2** | **1** | **1** | **-** | **4** |
| Libraries and Learning Technologies | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 6 | 3 | - | 1 | - | 2 |
| **Total** | | **6** | **3** | **-** | **1** | **-** | **2** |
| Health and Safety | 1 | - | - | - | - | - | - |
| | 2 | 8 | 2 | 3 | - | - | 3 |
| | 3 | 3 | - | 1 | - | - | 2 |
| **Total** | | **11** | **2** | **4** | **-** | **-** | **5** |
| Student Recruitment Targets | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 1 | 1 | - | - | - | - |
| **Total** | | **1** | **1** | **-** | **-** | **-** | **-** |
| Student Fees | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 3 | 2 | 1 | - | - | - |
| **Total** | | **3** | **2** | **1** | **-** | **-** | **-** |
| Teaching Staff Utilisation / Timetabling | 1 | - | - | - | - | - | - |
| | 2 | 2 | 2 | - | - | - | - |
| | 3 | 3 | 2 | 1 | - | - | - |
| **Total** | | **5** | **4** | **1** | **-** | **-** | **-** |
| **Total carried forward** | | **34** | **14** | **7** | **2** | **-** | **11** |

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## Overall Conclusion (continued)

| | _From Original Reports_ | | | _From Follow-Up Work Performed_ | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area | Rec'n Grades | Number Agreed | Fully Implemented | Partially Implemented | Little or No Progress Made | Considered but not implemented | Not yet past completion date |
| **Total brought forward** | | **34** | **14** | **7** | **2** | **-** | **11** |
| Business Development / International Activities | 1 | - | - | - | - | - | - |
| | 2 | 1 | 1 | - | - | - | - |
| | 3 | 13 | 6 | 1 | 3 | 3 | - |
| **Total** | | **14** | **7** | **1** | **3** | **3** | **-** |
| Data Protection / Freedom of Information 2017/18 | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 6 | 5 | - | 1 | - | - |
| **Total** | | **6** | **5** | **-** | **1** | **-** | **-** |
| Infrastructure Contract Management / Help Desk | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 3 | 2 | - | 1 | - | - |
| **Total** | | **3** | **2** | **-** | **1** | **-** | **-** |
| Learning Support | 1 | - | - | - | - | - | - |
| | 2 | - | - | - | - | - | - |
| | 3 | 5 | 2 | 1 | 2 | - | - |
| **Total** | | **5** | **2** | **1** | **2** | **-** | **-** |
| Follow-Up Reviews 2017/18 | 1 | - | - | - | - | - | - |
| | Medium | 2 | 1 | 1 | - | - | - |
| | 3 | 2 | 1 | - | 1 | - | - |
| **Total** | | **4** | **2** | **1** | **1** | **-** | **-** |
| **Grand Total** | | **66** | **32** | **10** | **10** | **3** | **11** |

The grades, as detailed below, denote the level of importance that should have been given to each recommendation within the internal audit reports:

Gradings for recommendations from MHA Henderson Loggie internal audit reports:

| Priority 1 | Issue subjecting the College to material risk and which requires to be brought to the attention of management and the Audit Committee. |
| --- | --- |
| Priority 2 | Issue subjecting the College to significant risk and which should be addressed by management. |
| Priority 3 | Matters subjecting the College to minor risk or which, if addressed, will enhance efficiency and effectiveness. |

## Overall Conclusion (continued)

Gradings for residual recommendations from BDO internal audit reports, which are captured within the Follow-Up Reviews 2017/18 report are:

| High | A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently. |
|------|------|
| **Medium** | A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action. |
| **Low** | Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency. |

## Acknowledgments

We would like to thank all staff for the co-operation and assistance we received during the course of our reviews.

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# Appendix I - Updated Action Plan: Internal Audit Report 2019/02 – Data Protection

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Introduce a formal, risk-based training programme for data protection and information security. This should include general refresher training for all staff, with more detailed, tailored training designed for staff in departments that deal with a significant volume of personal data. | 2 | This recommendation is accepted. | DPO | Ongoing, but with a first pass of refresher training completed by December 2019 | *Not Yet Past Completion Date* |
| **R2** Embed data protection within existing procedures or create additional procedures for those areas identified where a new procedure is needed. | 2 | This recommendation is accepted. | DPO working with the Organisational Effectiveness Manager | December 2019 | *Not Yet Past Completion Date* |
| **R3** IT department project workflows should be updated to incorporate the need to routinely undertake a DPIA. | 3 | This recommendation is accepted. | IT Director | March 2020 | *Not Yet Past Completion Date* |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R4** Document on the data map the lawful basis for the use of personal data. Where consent is the lawful basis then the consent form should be reviewed to ensure that it is adequate. Where legitimate interests is used as a lawful basis then the justification for using this basis should be adequately documented. | 2 | This recommendation is accepted. | DPO | August 2019 | This is still being worked on by the new Data Protection Officer (DPO). *Partially Implemented* **Revised Completion Date:** 31 January 2020. |
| **R5** Amend the Requests for Personal Data Procedure to clearly set out who subject access requests should be sent to. | 3 | This recommendation is accepted. | Head of Student Records / Director, HR, with Operational Effectiveness Manager | July 2019 | The Requests for Personal Data Procedure has been amended to clearly set out who subject access requests should be sent to. *Fully Implemented* |
| **R6** Amend the processes within IT to ensure that when a staff member leaves the College that as well as being deactivated on Active Directory they are also deactivated on Enquirer. | 2 | This recommendation is accepted. | IT Director / Head of HR | June 2019 | The Head of IT confirmed that by removing Active Directory Access that Enquirer access is disabled. *Fully Implemented* |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R7** Put in place a robust data protection compliance framework that includes clear responsibilities; recording of compliance checks required; and routine reporting of the results of compliance checks (and any associated issues) to senior management and to the Audit Committee. | 2 | This recommendation is accepted. | DPO | August 2019 | The DPO has a plan to implement full data governance department by department. However, this is still to be implemented. *Little or No Progress Made* **Revised Completion Date:** 31 March 2020 |
| **R8** Consider solutions to delete personal data or anonymise this information once it goes past the agreed retention date. | 2 | This recommendation is accepted. | DPO with Operational Effectiveness Manager | December 2019 | *Not Yet Past Completion Date* |

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# Appendix II - Updated Action Plan: Internal Audit Report 2019/03 – Libraries and Learning Technologies

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress as at October 2019 |
|---|---|---|---|---|---|
| **R1** In conjunction with the review of ICT, review the City Learning 4.0 model and make changes to this as considered necessary to ensure that it contains a robust strategy to support the identification and evaluation of new learning technologies, and for the support of existing learning technologies for staff and within courses. | 3 | The City Learning 4.0 model will be reviewed following the appointment of the new VP Student Experience.<br><br>The LT Plan and Library Plans will be more clearly aligned with aims of Citylearning4.0 in its updated form, and we will develop a broader digital transformation plan, including targets for faculty and student use of technology in learning.<br><br>The teams will contribute initially to design of overall plan and then will ensure that relevant elements are reflected in their own plans and service delivery. | VP Student Experience; George Howie, Penny Robertson | December 2019 | *Not Yet Past Completion Date* |

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## Follow-Up Review 2018/19

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress as at October 2019 |
|---|---|---|---|---|---|
| **R2** Put in place a robust Learning Technologies Team operational plan that will action the learning technologies aspects of a refreshed City Learning 4.0 model (as identified in **R1**). | 3 | The LT Operational Plan will be more clearly aligned with aims of the refreshed Citylearning4.0 and the team anticipates aligning delivery to broader digital transformation plan, including targets for faculty and student use of technology in learning.<br><br>The existing LT plan will be streamlined to have fewer action points and more SMART targets. | George Howie | August 2019 | There has been additional work done on the City Learning 4.0 model, however this is still to be finalised.<br><br>However, the Learning Technologies Team operational plan has been updated to reflect the current City Learning 4.0 model and is in a SMART format.<br><br>***Fully Implemented*** |
| **R3** Develop a list of preferred learning technologies software for use by staff in teaching. Accompanying this list should be general guidance on what each piece of software does and any particular subject areas it might be best suited for. This should also take into account consideration of compatibility between different learning technologies software. | 3 | The libguide platform will provide clearer guidance to staff on which software and platforms to use in a range of contexts. | George Howie and LT Team | August 2019 | The Lib Apps area, which can be accessed through My City (the VLE) has information on a list of supported learning technologies software setting out what these do and whether these are supported by the Learning Technologies Team. There are also links to the terms and conditions of software use.<br><br>***Fully Implemented*** |

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| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress as at October 2019 |
|---|---|---|---|---|---|
| **R4** Put in place a proactive and targeted strategy to improve users' knowledge of Moodle, confidence in using Moodle and quantity and quality of resources on Moodle. | 3 | We are now in the position to use data with faculties to drive up their usage of Moodle in an informed way.<br><br>In addition to the support already in place for staff to develop their Moodle skills we will enhance the information available through libapps and deliver additional lunchtime drop in sessions for staff and offer webinar support on a range of topics. | George Howie | July 2019 | Due to the Faculty restructuring some of the Moodle courses are not categorised in the correct faculties, which means that accurate statistics on Faculty use cannot be readily extracted. Academic staff have not yet recategorised these courses and therefore there is now the need for intervention by the Deputy Principal and / or the Principal to encourage the Deans to prioritise this work. Once courses are correctly classified then the Learning Technologies Team plans to discuss the Moodle usage statistics with each Faculty and following on from this a strategy can be formulated to take this forward.<br><br>***Little or No Progress Made***<br><br>**Revised Completion Date:** 30 June 2020 |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress as at October 2019 |
|---|---|---|---|---|---|
| **R5** Amend the Acceptable Use Policy to state that staff must ensure that they only use software for which they are sure they are complying with the terms and conditions of use. | 3 | We will work with IT and Academic Staff to put in place a revised AUP ensuring that staff comply with terms and conditions.<br><br>We will maintain a guide for staff on sourcing and identifying AUP to ensure they are confidently selecting tools and complying with AUP, including a summary of issues they should look out for. This support will appear on Libguides pages. | George Howie | November 2019 | *Not Yet Past Completion Date* |
| **R6** Create a list of all learning technologies software that is used and set out clearly in a schedule what the terms and conditions are for use. This should be communicated to academic staff. | 3 | The libguide platform will provide clearer guidance to staff on which software and platforms to use in a range of contexts (See **R3**), this will include details of terms and conditions. | George Howie | November 2019 | This has been done and is set out in the documents as outlined under **R3** above.<br><br>*Fully Implemented* |

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# Appendix III - Updated Action Plan: Internal Audit Report 2019/04 – Health and Safety

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Review the H&S Policy statement, H&S Policy – organisation and arrangements and Fire Safety Policy to ensure that these are up-to-date and adequate. Once reviewed ensure that actual practice reflects what is in these documents. | 2 | **Accepted.** Policy documents currently under development. | H&S Compliance Manager / Depute Principal / Operational Efficiency and Marketing and Research Manager. | August 2019 | Policies have been partially reviewed. *Partially Implemented* **Revised Completion Date:** 30 June 2020 |

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| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** Where procedures are out-of-date review these and update them. Where additional procedures are required these should be developed and rolled out to staff concerned. | 2 | **Accepted.** A business case is currently under development to identify the resources needed to develop and implement an effective H&S Management System through the review of existing and the development of new H&S policies / procedures. | H&S Compliance Manager / Depute Principal / Operational Efficiency and Marketing and Research Manager. | December 2019 | *Not Yet Past Completion Date* |
| **R3** Develop succinct departmental H&S procedures and ensure that staff are made aware of these. | 2 | **Accepted.** On the implementation of the H&S Management System, work areas will develop local procedures to implement corporate H&S arrangements. | Deans / Directors | March 2020 | *Not Yet Past Completion Date* |
| **R4** Develop a home page on the College intranet that clearly summarises key H&S roles and responsibilities, and provides links to key policies, procedures and forms. | 3 | **Accepted.** The existing online H&S resources will be reviewed and updated to ensure that staff have access to relevant H&S information to help ensure that they are fully aware of the required standards. | H&S Compliance Manager / Operational Efficiency and Marketing Research Manager / Depute Principal / IT | July 2019 | A range of content has been drafted however as Connected is scheduled to be replaced this content has not yet been published on the intranet. *Partially Implemented* **Revised Completion Date:** 30 June 2020 |

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## Follow-Up Review 2018/19

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R5** The College should ensure that staff are more proactive in identifying, assessing, escalating and acting on both individual H&S issues and emerging trends and to ensure appropriate staff input for all departments through the H&S Committee. | 2 | **Accepted.** Develop standard H&S Inspection template and implement quarterly recorded inspections to ensure that all relevant local risk control systems are fully implemented and effective. Relevant Deans / Directors or nominated depute now attend H&S Committee. | H&S Compliance Manager Depute Principal / Deans / Directors | August 2019 | Recent meetings of the College's H&S Committee (13 June 2019 and 13 September 2019) have shown that representatives for all required Faculties and support areas were present. By ensuring that all areas are represented this should lead to key staff being more proactive in identifying, assessing, escalating and acting on both individual H&S issues and emerging trends. *Fully Implemented* |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R6** Implement a system of departments and faculties having both general risk assessments (or referring to College wide general risk assessments where appropriate) and specific risk assessments. | 3 | **Accepted.** The existing in-house Connected Risk Assessment will be replaced by a commercial risk management system that will allow both general and specific risk assessments to be conducted. The management system includes checks and balances to ensure that actions are implemented prior to approval of the risk assessment and allows central tracking and monitoring by the H&S Team.<br><br>College management currently identifying resources required for completion of COSHH risk assessments. | H&S Compliance Manager / Depute Principal / Deans / Directors | December 2019 | *Not Yet Past Completion Date* |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R7** Implement a system of review of risk assessments by line managers or more senior staff to ensure that risk assessments are appropriately completed and accurately reflect controls in place. | 3 | **Accepted.** As an interim measure, Curriculum Head and Associate Deans from medium hazard work areas will undertake the Institution of Occupational Safety and Health Managing Safely Certificate to develop their competencies for completing suitable and sufficient risk assessments. In addition, Curriculum Heads and Associate Deans in higher hazard areas will complete The National Examination Board in Occupational Safety and Health National General Certificate in Occupational Health and Safety. | Head of Organisational Development / Deans / Directors / Depute Principal / H&S Compliance Manager | December 2019 | *Not Yet Past Completion Date* |
| **R8** Review the H&S training framework, including corporate H&S induction, department specific H&S induction, refresher H&S training and any specific H&S training required for staff roles and ensure it is robust and that controls are in place to ensure all required staff are receiving this training. | 2 | **Accepted.** A health and safety learning needs assessment tool will be developed and implemented to ensure that corporate and local health and safety training needs are identified, and training plans are developed and implemented. | Deans / Directors / Head of Organisational Development / Depute Principal / H&S Compliance Manager | December 2019 | *Not Yet Past Completion Date* |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R9** Ensure the roles and responsibilities of all staff with a responsibility for undertaking H&S audits and compliance checks are clear, and that all required H&S checks required are formally documented and evidence is kept of checks being undertaken. | 2 | **Accepted.** Clarification will be provided to staff who are H&S duty-holders to ensure that they are fully aware of their duties, responsibilities and accountabilities for managing health and safety. | Head of Organisational Development / Depute Principal / H&S Compliance Manager / Deans / Directors | August 2019 | As set out under **R1** above, the new H&S policies, which include roles and responsibilities, have yet to be finalised and published on the intranet. There is also the need for training to be provided on how to discharge these responsibilities in practice, supported by appropriate procedure notes. The formal documentation of H&S checks is covered under **R10** below. *Partially Implemented* **Revised Completion Date:** 30 June 2020 |

**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R10** Ensure that H&S audits / compliance checks that are required to be carried out by faculties, support areas and the H&S Team are formally documented, including the responsible person, frequency of checks and where evidence will be kept. Evidence of these checks being performed should be retained, and a more senior staff member should check that these audits / checks have been completed. If there are any actions arising from these audits / checks then these should be formally documented and assigned to a staff member for implementation and once implemented an independent staff member should check that the rectification actions taken are appropriate and adequate. If necessary, issues should be escalated to the H&S Compliance Manager. | 2 | **Accepted.** Operational areas will develop local processes for measuring and reporting on health and safety performance. The H&S Team will develop and implement an audit programme to monitor and report on local H&S performance. | Deans / Directors / H&S Compliance Manager / Depute Principal | August 2019 | Operational areas have been requested to produce Health & Safety plans by December 2019 and a proforma inspection form has been developed. A programme of internal H&S audits (by the internal H&S team) has been developed and is due to be approved at the next Health & Safety Committee meeting. *Partially Implemented* **Revised Completion Date:** 30 June 2020 |

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| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R11** Review the current first aid provision and implement a more comprehensive system which will ensure that the College provides staff and students with access to a first aider should they require one. | 2 | **Accepted.** New First-Aid arrangements are currently being finalised. Formal rotas will be in place and First-Aid staff will be issued with 2-way radios to improve communication and response times. | Depute Principal / VP Corporate Services / H&S Compliance Manager | June 2019 | Awareness of how to contact a first aider is now shown on the home page of the intranet. We reviewed the accident/incident spreadsheet from 1 August 2019 to 26 September 2019 and confirmed that accident and incident report forms had been completed where required. We noted that there were only 8 First Aiders at City campus and 4 First Aiders at Riverside campus. However, registered nurses (one at City and one at Riverside) had been brought in to supplement the existing coverage until more first aiders are trained up. This mitigation measure is considered adequate. **_Fully Implemented_** |

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# Appendix IV - Updated Action Plan: Internal Audit Report 2019/06 - Student Recruitment Targets

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Put in place robust controls to ensure that all enquiries made through the 'contact a lecturer' website button are answered promptly. | 3 | We will populate an additional "shared mailbox" email address behind the buttons. This additional shared mailbox will be monitored, and responses will be sent to the enquiries. | IT Director | 30 September 2019 | An alternative contact email is now in place and this means that an email is automatically forwarded to another central email address. ***Fully Implemented*** |

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# Appendix V - Updated Action Plan: Internal Audit Report 2019/07 - Student Fees

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Every year, at an appropriate time or times, checks should be undertaken to ensure that:<br>a) the fees on the SRP have been correctly calculated; and<br>b) that the fees on Unit-E agree with the SRP. | 3 | Finance will work with student records to ensure SRP fees agree to UnitE at the start of term before invoicing starts. This check will be performed on every new download from Unite which finance assistants base their invoicing on. | Head of Finance | 30 September 2019 | a) An exercise has been undertaken to add new columns to the SRP and perform a recalculation, with an additional column added to allow for comments explaining differences.<br><br>b) We sighted a spreadsheet which checked that the fees on Unit-E agreed with the SRP. This shows fees that match, those not matching, and lines with no fees. Exceptions are being followed up by Finance.<br><br>***Fully Implemented*** |

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**Follow-Up Review 2018/19**

| Recommendation | Grade | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** At an appropriate time each year a list of courses should be compiled which distinguishes between courses where a) no fee is charged or b) where fees are raised via a sales invoice request by departments or faculties. This list should be shared and confirmed with the appropriate faculties and departments to ensure ongoing accuracy. When students enrol on these courses an upload should be made into UnitE to identify that these are billed by contract so that Finance Assistants are not required to conduct a separate review to establish whether those students require an invoice or not. | 3 | Where students are invoiced via contracts or by faculties this information will be added to UnitE at the start of the academic session and updated for each fresh invoicing download for finance assistants. | Finance Manager | 30 September 2019 | We reviewed the 'Fee reference data' spreadsheet, developed by the Finance department, which sets out the various types of contracts for all courses on the SRP. We confirmed that this has been uploaded into Unit-E.<br><br>***Fully Implemented*** |
| **R3** Each month during the year run a list of all students without any invoice, receipt or fee waiver marked against them and analyse these in a pivot table showing the number by month raised. Where the figures are significantly higher than expectation then ensure that Finance staff follow up these students. | 3 | On a monthly basis Unite will be reviewed to ensure all student invoicing and payment details are correctly uploaded onto UnitE. | Finance Manager | 31 October 2019 (and then monthly thereafter) | This has been initiated but we were advised that at October 2019 there was still a significant element to process, and that once the new year invoicing peak had subsided that this work would be completed.<br><br>***Partially Implemented***<br><br>***Revised Completion Date:*** 31 January 2020 |

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# Appendix VI - Updated Action Plan: Internal Audit Report 2018/02 - Teaching Staff Utilisation / Timetabling

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1**      Create a standard report showing, by lecturing staff member, their actual contracted contact hours (split into main and additional contracts) against their actual timetabled contact and remission hours. | 2 | This recommendation is accepted in full.  We will look at adding the necessary information to Unite and build the suggested report.  This recommendation needs to be done in conjunction with the HR team in order to satisfy **R4.** | VP: Infrastructure | August 2018 | Enquirer has been updated, within the timetabling functionality, to provide the contractual hours and the percentage utilisation at the individual staff member, curriculum team, Associate Dean and Faculty levels and RAG ratings are also included.  *Fully Implemented* |

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## Follow-Up Review 2018/19

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** Faculty Directors and the Vice Principal Student Experience should periodically review staff utilisation reports (as referred to in **R1** above) and follow-up on any under-utilisation noted from this. | 2 | This recommendation is accepted in full. Staff utilisation reports to be reviewed quarterly and adjustments to staffing budgets made accordingly. | VP Student Experience/ Head of Finance | August 2018 | Faculty meetings have been held where utilisation has been discussed. *Fully Implemented* |
| **R3** Investigate the feasibility of putting in place a more automated process to check that the actual timetabled staff hours for courses agreed to the information set out on the Student Recruitment Plan and to highlight any discrepancies. | 3 | This recommendation is accepted in full. Standard reports to be developed in timetabling system that can be reviewed and reconciled with planned staffing budgets and HR system in a more systematic manner. | VP: Infrastructure | August 2018 | This has been investigated and is currently included on a list of potential developmental activity for the future. *Partially Implemented* **Revised Completion Date** 31 August 2020 |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R4** HR should provide the Timetabling Team with up-to-date information on the terms and conditions of individual lecturers. | 3 | This recommendation is accepted in full. We will look at adding the necessary information to Unite and build the suggested report. This recommendation needs to be done in conjunction with the HR team. | VP: Infrastructure | August 2018 | This has been largely superseded with the introduction of the new National Working Practices agreement, except for those staff that were previously employed by Central College. The Timetabling Team advised they have been made aware of who these staff are so that they can timetable in line with contractual teaching contact hours.<br><br>*Fully Implemented* |
| **R5** Implement a process (at appropriate times between blocks one and two and blocks two and three) for Faculty Directors to undertake a formal review of class numbers, including provision of relevant justification for any classes with low numbers. This analysis should be provided to the Vice Principal Student Experience for their oversight. | 3 | This recommendation is accepted in full. A process will be agreed whereby class numbers are reviewed at the beginning of each teaching block to make appropriate resource revisions based on recruitment numbers/attendance numbers. | VP Student Experience/Director Student Experience | August 2018 | A group containing the Deputy Principal, Deans, Vice Principal Corporate Services, Student Experience Director, and Director of Performance & Improvement met at the start of block one to review recruitment and curriculum including reviewing low class numbers.<br><br>*Fully Implemented* |

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# Appendix VII - Updated Action Plan: Internal Audit Report 2018/04 - Business Development / International Activities

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Develop a strategy and operational plan for income generation from the use of College sites for filming. | 3 | We will develop a strategy and operational plan for income generation using the College estate for filming. | Eleanor Doull, Head of Marketing | 30 September 2018 | Resource constraints have meant that marketing for schools has been prioritised, so a filming strategy and operational plan have yet to be developed. However, the development of a strategy and operational plan are not expected to lead to significantly higher income streams, so the College have taken the decision not to develop a strategy and plan. *Considered but Not Implemented* |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** Ensure that the job descriptions of the planned Associate Deans and existing Faculty Directors and Curriculum Heads make appropriate reference to business development roles. | 2 | It is imperative that the College continues to develop Industry Academies. This new structure will enhance the activity to date. Job descriptions will reflect this. | Roy Gardner, Executive Director, Corporate Development and Innovation and Joanna Campbell, Vice Principal, Student Experience | 31 August 2018 | The job descriptions of the Vice Principal Learning Experience, Dean and Associate Dean all contain specific reference to generating business development / commercial activity.<br><br>*Fully Implemented* |
| **R3** Consider the development of a programme of 'blue skies' commercial opportunity identification sessions for each individual Faculty, with Commercial Development Team staff present, to solely explore new commercial ideas and opportunities. | 3 | A new forum with Faculty Assistant Deans will be set up to explore the proposals set out here. | Roy Gardner, Executive Director, Corporate Development and Innovation | 31 August 2018 | Each Faculty has a Business Development Officer assigned. Business roadshow sessions are scheduled to be provided to each Faculty, setting out the service Business Development staff can provide to assist in meeting their Faculty commercial targets. There are also plans to introduce periodic forums to identify new business opportunities.<br><br>*Little or No Progress Made*<br><br>**Revised Completion Date:**<br>31 January 2020 |

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**Follow-Up Review 2018/19**

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R4** Consider the interface between The Commercial Development Team and the Marketing Team and the processes used for communicating and delivery of marketing activity and how these might be improved. As part of this exercise consideration should be given to providing the Commercial Development Team with access to some marketing tools so that they pro-actively undertake marketing activity themselves. | 3 | Both teams will review how they can enhance the interface / processes for communicating and delivering marketing activity. The recommendations are fair and representative of the discussions that took place with the auditor. | Carla Gethin, Head of Business Development and Industry Academies; Jacqui Massie, Business Manager and Eleanor Doull, Head of Marketing | 31 August 2018 | There is work ongoing to enhance the Business Development part of the website. Also, a Business Development Officer can access LinkedIn to add information directly. From discussions with Business Development staff it was considered that adequate work had been completed to improve the interface between The Commercial Development Team and the Marketing Team. *Fully Implemented* |
| **R5** Consider in detail the way in which marketing activity is carried out for previous students under the 'soft opt-in' exemption. This should consider the resource involved, and it may be beneficial to conduct a pilot exercise to gauge the resource involved and to quantify the benefits driven by the marketing activity. | 3 | We agree that this is an area that does need reviewing. The team will review email software options along with automation. | Eleanor Doull, Head of Marketing | 31 August 2018 | This has been considered but a decision has been taken not to pursue this further. However, this may be revisited in future if the College decides to implement a CRM that will facilitate this. *Considered but not Implemented* |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R6** Consider ways to raise the awareness of existing and potential commercial customers on the range of services the College can provide as part of its commercial offering. | 3 | The commercial and marketing team to consider ways to raise the awareness of potential customers on the range of services the college can provide. | Carla Gethin, Head of Business Development and Industry Academies; Jacqui Massie, Business Manager and Eleanor Doull, Head of Marketing | 30 September 2018 | There are plans to amend the existing Flexible Development Workforce Fund brochure, which includes a comprehensive list of the College's commercial offering, to develop this into a more generic brochure which can be used to initiate discussions with new and existing clients. This will include use by Business Development Officers when they are networking and seeking out new clients. *Partially Implemented* **Revised Completion Date:** 31 January 2020 |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R7**     Formally calculate the percentage of international visa applications refused. At times of less activity this may be undertaken quarterly, but at peak times it may be appropriate to conduct this exercise monthly. | 3 | We agree it would be a good idea to make a formal refusal calculator on our rolling figures throughout the year, and we will look into implementing this. The International Office do collect all details on visa refusals and update our records accordingly. All of our visa refusals are kept on file and are also reported to UKVI. We also store and review our quarterly reports received from UKVI, which feature our refusal metrics. The College is required to submit a yearly Basic Compliance Assessment (BCA) to UKVI. The visa refusal percentage is calculated from the total number of refusals from the total number of assigned Confirmation of Acceptance for Studies (CAS) that are "used" by students for a Tier 4 Application, for the preceding year from the date the BCA is submitted. We calculate the refusals percentage using all our CAS Data before submitting the BCA application. We also keep the Executive Director, Corporate Development and Innovation informed of the status of the BCA application. | Mervyn Adams, International Compliance Manager and Sheryl Nicolson, International Compliance Manager | 30 June 2019 with work ongoing throughout academic session 18/19. | Staff have decided against performing a calculation throughout the year as a monthly report from UKVI is received listing KPIs and this includes a monthly refusal rate calculation.  Staff also look weekly at the spreadsheet to monitor the refusal rate and this is undertaken through a filter option on date on the spreadsheet. *Considered but not Implemented* |

**Follow-Up Review 2018/19**

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R8** Provide training to all Commercial Development Team staff who travel internationally regarding the pertinent requirements of the Bribery Act 2010 and the details of the College's Anti-Bribery and Corruption Policy. | 3 | It is good governance to continue to undertake training in this area. This will be done for all staff participating in overseas visits on College business. | Roy Gardner, Executive Director, Corporate Development and Innovation (together with Organisational Development). | 30 September 2018 | This has yet to be implemented, although the Anti-Bribery and Corruption Policy is now signposted within the International Travel Process. *Little or No Progress Made* **Revised Completion Date:** 31 March 2020 |
| **R9** For areas of international activity without formal procedures work should be undertaken to ensure that these are developed. For areas with flowchart procedures ensure that there are accompanying notes explaining how the actions are to be carried out, who is responsible, where key documents are to be stored, and how authorisations are to be retained (such as saving copies of emails). | 3 | We are in the process of developing an international process along with supporting information for all staff engaged in international activity. | Carla Gethin, Head of Business Development and Industry Academies and Stuart McDowell, Partnership Development and Academy Manager | 31 August 2018 | Flowcharts have been prepared for International Partnerships and International Travel which include references to relevant procedures or policies which set out the specifics of how activities should be undertaken. *Fully Implemented* |
| **R10** Add a column into the EU and international activity log to record when income has been claimed or invoiced. | 3 | We are content with these findings and the actions are a fair representation of the discussions that took place. The activity log will be amended. | Stuart McDowell, Partnership Development and Academy Manager | 31 August 2018 | This has been done. *Fully Implemented* |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R11** Amend the costing form to include the specific enhancements noted in this audit report. | 3 | Discussions around the costing model really identified that although we do checks on costs, we do not record this. Also, the auditor suggested some improvements to the business case / business opportunity model that would make the process more streamlined. This will be actioned, and faculties would follow it. We are already looking at additions to the cost sheet top include this. | Carla Gethin, Head of Business Development and Industry Academies and Jacqui Massie, Business Manager | 31 August 2018 | The costing forms have been amended as suggested in the audit report. Each proposal has a folder, and the cost sheets are saved within that folder. *Fully Implemented* |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R12** Undertake a formal competitor price comparison and consider the need for the revision of current course prices. | 3 | Agreed. The team will engage in this process. | Carla Gethin, Head of Business Development and Industry Academies; Jacqui Massie, Business Manager and Sharon Sime. Business Development Officer | 30 September 2018 | The College has a focus on bespoke training with clients, where prices are considered on a client by client basis rather than against a market comparison. There has also been some comparison undertaken with external competitors on courses open to the public. Given the resources deployed to undertake this work, and the fact that other ad hoc market information is obtained by Business Development staff, we consider that the underlying risk this recommendation relates to have been adequately addressed.<br><br>***Fully Implemented*** |

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R13**    Review target course participant numbers used by Faculties in setting their income targets against participant numbers on the same or similar courses run in the past for reasonableness. Where proposed target participant numbers are significantly higher than historic actuals the Faculties should provide a justification for these variances. | 3 | Agreed. | Roy Gardner, Executive Director, Corporate Development and Innovation; Joanna Campbell, Vice Principal, Student Experience and Stuart Thompson, Vice Principal Finance & Resources | 31 August 2018 (and reviewed throughout the academic session.) | Faculties are responsible for setting realistic course figures. The SRP is now updated every two weeks, and the actual course participant numbers are used to generate projections once the courses have commenced. This means that course number projections are more accurate. Although there is not a formal independent review of target course participant numbers, we consider that the other checks conducted, as outlined above, are adequate.

***Fully Implemented*** |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R14** Provide a formal variance analysis (including any action being taken to reverse negative variances) on all variances over parameters for Faculty and international student recruitment targets in the Development Committee performance against targets report. | 3 | This variance analysis will be incorporated into a quarterly review looking at Faculty performance against targets. | Roy Gardner, Executive Director, Corporate Development and Innovation and Stuart Thompson, Vice Principal Finance & Resources. | 30 September 2018 and monthly thereafter in relevant months. | The Development Committee report on 'Performance against Targets (Commercial & International)' for October 2018 and April 2019 were reviewed and it was noted that the reports did not include reasons for the variances shown. *Little or No Progress Made* **Revised Completion Date:** 31 January 2020 |

## Appendix VIII - Internal Audit Report 2018/05 – Data Protection / Freedom of Information

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Work should be progressed to develop and publish information about Freedom of Information and Environmental Information on the College's intranet so that staff have access to information on the relevant legislation and what steps they should take if they receive a written FOISA / EIR request. | 3 | Agreed. | Paul Clark, College Secretary and Julia Henderson, Director of Corporate Services | 31 July 2018 | The intranet has been updated to include a section on freedom of information and environmental information, and a search conducted on the intranet search engine identified this area. This also includes information setting out the steps staff should take should they receive a FOISA / EIR request.<br><br>*Fully Implemented* |

**Follow-Up Review 2018/19**

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** Create a detailed FOISA/EIR procedure or guidance manual which sets out specific requirements of the FOISA/EIR, processes for responding to FOISA/EIR requests (ensuring these incorporate all the FOISA/EIR requirements; individual responsibilities; response timeframes; information to be recorded; and reporting upwards). Once these have been created these should be published in an appropriate location, such as the intranet, and highlighted to staff. | 3 | Agreed. | Paul Clark, College Secretary and Julia Henderson, Director of Corporate Services | 31 July 2018 | Additional information has been provided as part of the FOI and EIR Guidance document which is published on the intranet (Connected). ***Fully Implemented*** |
| **R3** Review the College's Model Publication Scheme against the Scottish Information Commissioner's 2017 Model Publication Scheme and update as necessary to ensure full compliance and update the document for information available relating to data sets. | 3 | Agreed. | Paul Clark, College Secretary and Julia Henderson, Director of Corporate Services | 31 October 2018 | This has yet to be undertaken. ***Little or No Progress Made*** **Revised Completion Date:** 31 December 2019 |
| **R4** Enhanced information should be developed and published on the College website about FOISA and EIR requests, including details on how to make a FOISA/EIR request. This should be made available on a separate webpage on the College website, accessible via a straightforward search for either FOISA or EIR. | 3 | Agreed. | Paul Clark, College Secretary and Julia Henderson, Director of Corporate Services | 31 July 2018 | There is a separate section on the website with FOISA and EIR information, which includes details on how to make a FOISA/EIR request ***Fully Implemented*** |

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## Follow-Up Review 2018/19

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R5** Review the requirements of the Environmental Information Regulations in relation to the dissemination of environmental information to the public and put in place improved arrangements to achieve appropriate and proportionate sharing of the relevant information. | 3 | Agreed. | Fares Samara, Vice Principal Infrastructure; Fergal McAuley, Head of facilities Management and Julia Henderson, Director of Corporate Services | 31 December 2018 | A list of the requirements of the EIR has been prepared. *Fully Implemented* |
| **R6** Include information about the FOISA and EIR within the standard induction programme for new staff members. | 3 | Agreed. | Douglas Dickson, Director of Performance and Martin Taylor, Head of Organisational Development | 31 December 2018 | This has been included in the induction programme. *Fully Implemented* |

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# Appendix IX - Internal Audit Report 2018/06 – Infrastructure Contract Management / Help Desk

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Review the checks that are currently undertaken on Paymech with a view to improving the checking process and providing enhanced reporting and efficiency through the use of standard spreadsheet functionality. | 3 | This is a helpful recommendation that we accept. We have over the past 2 years continuously improved how we do this. We are however willing to look again at adding various automation tools to the process. | Head of Estates | 31 December 2018 | We discussed with Estates staff the enhanced checks they undertake on the Paymech spreadsheet and consider that these are adequate to address the original recommendation. *Fully Implemented* |
| **R2** The Paymech Review Procedure should be amended to include a specific requirement for Estates staff to check that the penalty rates are uprated on a timely basis, to reflect RPI rate changes, and are correctly calculated. | 3 | This recommendation is sensible and accepted. The RPI for the contractual year was audited and found correct. | Head of Estates | 30 April 2019 (to coincide with annual review date of RPI). | This was completed for 2019/20 and is now included in the Paymech Review Procedure. *Fully Implemented* |

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**Follow-Up Review 2018/19**

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R3**   An exercise should be conducted to evaluate the type of trend analysis that would be useful for monitoring Estates and ICT reactive requests. This exercise should include evaluation of current formal reporting and the way that key messages arising from trend analysis are translated into action points to deal with the underlying issues. Results of this evaluation should be reported upwards to senior management for their oversight. Given that the contract with GLQ has only been in place for a relatively short period of time the College should seek to develop trend analysis over time. | 3 | We accept this recommendation and we will look to add the trend analysis on the College Performance Dashboard. | Head of Technical Support | 31 December 2018 | The IT Director advised that the IT Operational Plan contains a project to progress this recommendation - either through the upgrade or the replacement of the current IT Service Desk software and this will be complemented by a series of mutually agreed IT Service KPIs.<br><br>***Little or No Progress Made***<br><br>**Revised Completion Date:** 31 August 2020 |

# Appendix X - Internal Audit Report 2018/07 – Learning Support

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R1** Enhance the standard email wording sent to individuals confirming their PLSP interview time by including a link to details of the Learning Support services offered and send a reminder text prior to the interview to remind the individual of their interview details and to request that if they cannot attend at the scheduled time they should contact Learning Support to reschedule. | 3 | Agreed | D. Gallacher, Head of Student Development | 31 December 2018 | We noted from review of the SMS log on Enquirer (for a number of students with PLSPs) that texts were not yet being sent. *Little or No Progress* **Revised Completion Date:** 31 December 2019 |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R2** Determine the best format to communicate the PLSP procedure notes (such as online or on network drives) and update the PLSP procedure notes to provide definitive guidance for Learning Support staff in filling in PLSP forms and completing PLSP actions. | 3 | Agreed | D. Gallacher, Head of Student Development and C. Quinn, Learning Services Co-ordinator. | 30 September 2018 | The PLSP form has been evolving on Enquirer over the last 18 months, and further changes are planned. No formal procedure notes have been prepared, although there is a flow chart in place and the Learning Support team is planning to prepare quality assurance procedures to ensure that PLSPs are appropriately and consistently completed. There is also planned to be a PLSP procedure and guidance note.<br><br>***Partially Implemented***<br><br>**Revised Completion Date:** 30 June 2020 |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R3** Put in place a robust format for periodic PLSP reviews which is focussed around identifying individual student support needs and considering whether the support provided is adequate or requires to be revised. Regular checks should also be undertaken to ensure that all such PLSP reviews have been undertaken on a timely basis. | | Agreed | D. Gallacher, Head of Student Development | 30 November 2018 | **PLSP Reviews:** The quality assurance procedures discussed under **R2** above will include a checklist for PLSP creation and review. *Little or No Progress Made* **Revised Completion Date:** 30 June 2020 **Completeness of PLSP reviews:** From 2019/20 the review process involves emailing all students with a PLSP 8 weeks into both blocks 1 and 2, and in block 3 to send out an end of year questionnaire. If students do not respond to this communication then this will not be followed up, with a focus on ongoing engagement with students when support is needed, rather than having a review milestone at a fixed point in time. *Considered But Not Implemented* |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at October 2019 |
|---|---|---|---|---|---|
| **R4** Consider what further information on learner outcomes should be gathered to provide insights to improve Learning Support services. | 3 | Agreed | D. Gallacher, Head of Student Development | 30 April 2019 | Consideration of additional ways to obtain insights into the effectiveness of Learning Support has been undertaken and is being taken forward. *Fully Implemented* |
| **R5** Ensure that lecturing staff and Learning Support lecturers are aware of their responsibilities regarding follow up of students who are absent and not on track and how the actions being taken by various each party will be communicated to each other. | 3 | Agreed | D. Gallacher, Head of Student Development | 31 December 2018 | Since the original audit review was carried out the role of following up students who are classified as 'absent' or 'not on track' rests with the Academic Advisors. Procedures have been put in place to document the role of the Academic Advisors. *Fully Implemented* |

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# Appendix XI - Internal Audit Report 2018/08 – Follow-Up Reviews 2017/18

| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at August 2018 | Progress at October 2019 |
|---|---|---|---|---|---|---|
| *2017/05 – Curriculum Planning* | | | | | | |
| **R4** Migrate the information from using the static SRP system towards using a real-time system. | 3 | As part of the systems integration strategy a method of capturing a "real-time" curriculum planning tool should be implemented. This will then be used to support the revised curriculum planning / performance management process. | Vice Principal – Infrastructure, Vice Principal – Student Experience | June 2018 | Consideration of this will not be made until the procurement for a new MIS commences.  The cost of implementing a bespoke system is prohibitive and should only be considered as part of a broader approach to systems integration.  A College wide process review will also inform this approach.  The process review is due to commence September 2018. *Little or No Progress Made* *Revised Completion Date:* Post-September 2018 | This has not yet been actioned as ICT are working on a range of higher priority items. *Little or No Progress Made* *Revised Completion Date:* 30 June 2020 |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress at August 2018 | Progress at October 2019 |
|---|---|---|---|---|---|---|
| *2017-10 – Corporate Planning* | | | | | | |
| **R2** Ensure that there is an explicit link in individuals' PDRs to the Operational Plan actions aligned to that individual, where relevant, to ensure that PDRs are updated to reflect new actions introduced between formal PDR reviews. The requirement for this explicit ongoing linkage between PDRs and the Operational Plans should be reflected in the Planning Guidance. | **3** | Operational planning is to be revised (dates to be confirmed) to align new delivery strategies and associated initiatives to the plans. Appropriate PDR linkage will be considered in this context. | Director of Performance / College Secretary | 31 January 2018 | New operational planning template drafted. All delivery strategies now with operational initiatives and associated yearly targets to 2020/21.<br><br>The PDR process has been revised. This process aligns individuals 'Development Conversations' to operational planning. Initial consultation is complete in August 2018 with implementation during academic year 2018/19.<br><br>***Partially Implemented***<br><br>**Revised Completion Date:** 31 March 2019 | A new scheme, 'Development Conversations', is in the process of being rolled out. The template includes a section called 'Business Objectives' and which captures the link to Operational Plan actions which are relevant for each staff member.<br><br>***Fully Implemented*** |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress Previously Reported | Progress at October 2019 |
|---|---|---|---|---|---|---|
| **2015-16 – Internal Communications** | | | | | | |
| We recommend that feedback is regularly obtained for each of the communication mechanisms in place. Following the receipt of feedback, we recommend that an action plan is produced to address any findings arising from the feedback, and that actions taken are recorded and tracked through to completion. | **Medium** | Agreed. In working across the college, the Senior Management Team are very aware of Survey fatigue amongst staff, therefore a wider group will be set up to review the best mechanism & timings for undertaking regular feedback on communications. This will include Executive staff, Quality & Performance staff, HR team and Communications team. | Vice Principal – Infrastructure, Vice Principal – Student Experience | June 2018 | ***Progress at August 2016:*** Feedback has been received from staff on the College's communications via a staff survey. The results have been analysed and reported, which were distributed to all staff. However, there has been no feedback received for each communication mechanism, and therefore no action plans have been put developed to make improvements. *Revised Management Response*: At the time of the audit, the Head of Communications was not in post. However, the above recommendations are now reflected and some of the KPI's feature in the Operational Plan. (Continued on next page) | The roles of Head of Marketing and Head of Communications have been replaced with an Associate Director of Communications role in March 2019 following a college-wide leadership reorganisation. Internal Communications, the processes and supporting technology required to deliver improved delivery of messaging to all College staff and students is currently under review. That includes how staff can provide feedback. Aligned with that is a review of staffing and responsibilities in the Brand & Communications section. |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress Previously Reported | Progress at October 2019 |
|---|---|---|---|---|---|---|
| **(Continued)** | | | | | ***Progress at October 2017:*** The College obtains regular feedback from staff on communication mechanisms through meetings between the Head of Corporate Communications and Faculties and has used this where possible to develop its policy. The College has not yet developed an action plan formally recording findings and actions arising as a result of feedback. ***Partially Implemented*** ***Revised Completion Date*** 31 January 2018 (Continued on next page) | An outline internal communications plan will be delivered to the College's Executive team by the end of 2019 for consideration of resource needed to support delivery of this. ***Partially Implemented*** **Revised Completion Date:** 31 December 2020 |

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| (Continued) | | | | | ***Progress at August 2018:***<br><br>As reported at October 2017 the Head of Corporate Communications had been meeting with Faculty teams to review the communication mechanisms, which led to the development of an agreed communications policy.<br><br>The College is currently undergoing a leadership re-organisation and one of the areas directly affected by this is the Marketing and Corporate Communications functions.<br><br>It is anticipated that the new Associate Director for this area will review and revise the communications policy, align the roles and responsibilities for staff within the Directorate and create an action plan (in line with their operational plan) to record findings from the wide range of internal communications that are in place.<br><br>***Partially Implemented***<br><br>***Revised Completion Date:*** 31 December 2018 | |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress Previously Reported | Progress at October 2019 |
|---|---|---|---|---|---|---|
| **2015-16 – Green Travel** | | | | | | |
| We recommend that an action plan is produced detailing more detailed SMART objectives which will contribute to the achievement of the green travel plan objectives. We further recommend that there is regular review and reporting of progress against the green travel plan objectives on at least a quarterly basis. As described in recommendation one, the Healthy Working Lives Group may be the most relevant forum for this. | **Medium** | Agreed. The aforementioned Healthy Working Lives Group and Student Executive will develop an Action Plan with initiatives aimed at staff and at students. This Plan will include mechanisms for monitoring uptake. Progress on uptake will be reported to the Group on a quarterly basis and to SMT twice a year. | Responsible Officer: Jill Weatherill - Faculty Director & Chair of HWL Group | 31/3/16 | **_Progress at August 2016:_** City of Glasgow College has arranged annual calendar activities for staff, include walking & bike events in order to encourage people to consider other methods of transport. Students attended information sessions and took part in competitions to win prizes for the most mileage achieved. Pop up initiatives will be introduced, and a new activity calendar. However, a formal action plan has not been created with SMART targets. The only targets documented are those in the green travel plan. **Revised Management Response:** Agreed (Provisional – JW to confirm at Sept 7th). | The Environmental Sustainability Working Group meets to discuss matters, including issues relating to green travel, and identifies actions to be undertaken which are detailed in their minutes and accompanying SMART action plan. **_Fully Implemented_** |

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| Recommendation | Priority | Original Management Comments | To Be Actioned By | No Later Than | Progress Previously Reported | Progress at October 2019 |
|---|---|---|---|---|---|---|
| **(Continued)** | | | | | ***Progress at October 2017:*** The formal action plan for the College has still to be completed. Going forward the College will be reviewing green travel within a new Environmental Sustainability Group while certain initiatives will still be part of the Healthy Working Lives Group remit. Green travel has now also been incorporated into the College's Sustainability Strategy. The Sustainability Strategy leaders have re-examined the detail of the Green Travel Plan and are currently awaiting the post occupancy evaluation report which will contain an assessment of the Green Travel. ***Partially Implemented*** ***Revised Completion Date:*** 30 November 2017 (Continued on next page) | |

| (Continued) | | | | | ***Progress at August 2018*** | |
|---|---|---|---|---|---|---|
| | | | | | The Healthy Working Lives Group is being reconvened and its role reviewed following the completion of the College's current Leadership Reorganisation which will take effect from 15 October 2018. | |
| | | | | | The College is supporting the uptake of cycling amongst staff and students in a number of ways: | |
| | | | | | • The College has a Cycle Campus Officer (CCO) starting in September. Cycle Scotland fund this and have appointed 15 CCO's to Scottish Universities and Colleges starting in Sept 2018 on a full-time basis for 35 weeks. The CCO will work on obtaining Cycle Friendly Campus status for the College and will also try to promote more active travel. <br> • The College arranges Dr Bike Sessions 3-4 times per year. <br> • The College has bike tools, puncture repairs, pumps, to allow staff / students to fix their bikes. | |
| | | | | | (Continued on next page) | |

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|---|---|---|---|---|---|---|
| **(Continued)** | | | | | • The College also has locks that it can lend to staff / students<br>• The College has an internal cycle store at City that accommodates 268 bikes and an external cycle store at Riverside that accommodates 200 bikes.<br><br>The College has continued to arrange a calendar of events for staff in order for staff to consider other methods of transport.<br><br>This is still on-going.<br><br>The College will undertake a further travel survey and update report for 2018. It is planned that the survey will be issued in January / February 2019 with report to follow in April 2019.<br><br>***Partially Implemented***<br><br>***Revised Completion Date:*** April 2019 | |

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