Board of Management

Audit & Assurance Committee

Date of Meeting	**Tuesday 24 November 2020**
Paper No.	**AAC2-H**
Agenda Item	**5.5.3**
Subject of Paper	**Internal Audit Report – Follow Up Reviews**
FOISA Status	**Disclosable**
Primary Contact	**Henderson Loggie**
Date of production	**20 November 2020**
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 and Assurance 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 some progress in implementing the recommendations followed-up as part of this review with 18 (33%) of the 54 recommendations which are past their completion date being classified as 'fully implemented'. 21 recommendations (39%) were assessed as 'partially implemented' and six were classified as 'little or no progress made'. Six had not yet reached their due completion date. These 41 recommendations will be subject to follow-up at a later date. A further three recommendations were considered by management but were not implemented.

3. **Impact and implications**

   Refer to internal audit report.
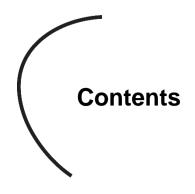
City of Glasgow College

Follow-Up Reviews

2019/20

Internal Audit Report No: 2020/13

Draft issued: **20 November 2020**

Final issued: **20 November 2020**

Now, for tomorrow

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Contents

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1. Management Summary

Introduction and Background

As part of the Internal Audit programme at City of Glasgow College ('the College') for 2019/20 we carried out a follow-up review of the recommendations made in Internal Audit reports finalised during 2019/20 (to date) and reports from earlier years where previous follow-up identified recommendations outstanding. These were:

> 2019/08 – Quality Assurance
> 2019/09 – Staff Organisational Development
> 2019/11 – Follow Up Reviews
> 2019/12 – Business Continuity
> 2020/02 – Payroll
> 2020/03 – Risk Management
> 2020/04 – Procurement and Creditors / Purchasing
> 2020/05 – Web Based Services

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 2019/20 (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 some progress in implementing the recommendations followed-up as part of this review with 18 (33%) of the 54 recommendations which are past their completion date being classified as 'fully implemented'. 21 recommendations (39%) were assessed as 'partially implemented' and six were classified as 'little or no progress made'. Six had not yet reached their due completion date. These 41 recommendations will be subject to follow-up at a later date. A further three recommendations were considered by management but were not implemented.

We did not receive a progress report for the outstanding agreed actions arising from the 2018/07 Internal Audit of Learning Support, therefore in the absence of evidence to confirm full completion we are not in a position to close these off as fully implemented. These two recommendations are reflected as Partially Implemented in the table below.

From Original Reports							
Area	Rec'n Grades	Number Agreed	Fully Implemented	Partially Implemented	Little or No Progress Made	Considered but not implemented	Not yet past completion date
Quality Assurance	1						
	2						
	3	1			1		
Total		**1**			**1**		
Staff Organisational Development	1						
	2						
	3	3		3			
Total		**3**		**3**			
Follow Up Reviews	1						
	2	13		13			
	3	17	9	3	4	1	
Total		**30**	**9**	**16**	**4**	**1**	
Business Continuity	1						
	2						
	3	1				1	
Total		**1**				**1**	
Payroll	1						
	2						
	3	1				1	
Total		**1**				**1**	
Risk Management	1						
	2						
	3	2	1				1
Total		**2**	**1**				**1**
Total carried forward		**38**	**10**	**19**	**5**	**3**	**1**

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Overall Conclusion (continued)

From Original Reports							
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		38	10	19	5	3	1
Procurement and Creditors / Purchasing	1						
	2						
	3	9	8	1			
Total		9	8	1			
Web Based Services	1						
	2						
	3	7		1	1		5
Total		7		1	1		5
Grand Total		54	18	21	6	3	6

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

Gradings for recommendations from MHA Henderson Loggie internal audit reports:

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 – Internal Audit of Quality Assurance & Improvements 2019/08

Internal Audit of: Quality Assurance and Improvement 2019/08					
Recommendation	**Priority**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update November 2020**
R1 Consider how to strengthen existing processes to ensure that all agreed changes to the PAG action plans are fully and accurately captured and recorded. This could be achieved through the use of nominated scribe who can make changes to the plan during the PAG meeting or the Curriculum Head could produce a tracked changes version of the action plan for the Performance Team to review.	3	Revisions to action plans for improvement will be captured at PAG meetings.	Performance and Improvement Director	Next round of PAG meetings – So by the end of academic year 19/20 on 31 July 2020	Due to the impact of COVID-19 and the departure of the Director, the planned PAG meetings did not take place in June 2020. A new Director of Excellence recently started and will review the current PAG and academic quality processes. ***Little or No Progress Made*** **Revised Completion Date:** 30 June 2021

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Appendix II – Internal Audit of Staff / Organisational Development 2019/09

Internal Audit of: Staff / Organisational Development 2019/09					
Recommendation	**Priority**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update November 2020**
R1 Future development of OD systems should include identifying a workable solution which allows OD to capture data on completion of staff departmental integrations. One potential solution could involve incorporating a confirmation question within the final section of the online integration pack.	**3**	Agreed	Head of OD and OD Manager	30 June 2020	The entire integration process is under review and will be refreshed commencing January 2021. This will ensure that participation in specific elements for lecturers, managers as well as departmental requirements can be automatically evidenced. ***Partially Implemented*** ***Revised Completion Date:*** 31 March 2021

Follow-Up Reviews 2019/20

Internal Audit of: Staff / Organisational Development 2019/09					
Recommendation	**Priority**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update November 2020**
R2 A process should be adopted to ensure that all staff complete all post-employment mandatory training, inclusive of integration, no later than 12 weeks from the date of commencing employment. Exception reporting arrangements should be put in place to manage and mitigate risks.	3	Agreed	Head of OD and OD Manager	30 June 2020	The COVID-19 situation has resulted in the College updating its approaches on how it integrates new employees and ensures attendance to mandatory learning elements. This will be addressed concurrently with R1. ***Partially Implemented*** ***Revised Completion Date:*** 31 March 2021
R3 Consider issuing a second training evaluation form six months after the training activity has been delivered to assess whether training has had the desired impact on work performance. Feedback should then be reviewed by line managers with further training or action organised accordingly.	3	Agreed	Head of OD and OD Manager	30 June 2020	The OD function is currently automating several processes, one of which involves individual and group development requests. Evaluation forms part of this process and will be included in the second phase of this development. ***Partially Implemented*** ***Revised Completion Date:*** 30 June 2021

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Appendix III – Internal Audit of Follow Up Reviews 2019/11

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Follow-Up Reviews 2019/20

Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
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.	City of Glasgow College underwent a leadership reorganisation during 2018 resulting in roles being redefined. A new Associate Director Brand & Communications was created. A key feature to enable improved staff / internal communication was identified as the need for a new College intranet site. The existing portal is 10 years old, not user friendly nor widely used by staff. The Assoc Director Comms has established a small project team to identify what improvements were required for the site and to investigate a platform which would better integrate with the College's Microsoft email system introduced in 2019.

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Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
(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	Consideration was given to redesigning Connected with the aim of better aligning the platform to deliver on College business goals and meet staff needs. The communications business goals identified were: 1. Increasing staff engagement and enabling colleagues to contribute to the college community 2. Enabling access to the latest information regarding College developments 3. Making it easier for staff to find each other and find what they need to do their job. A great deal of work has been done to date including consulting widely across the College to encourage 'buy in' from staff and to develop a new site in line with their needs. An audit of some 40,000 pages of content on the existing system was included. Guides have been produced also to ensure content is written in a consistent style while following GDPR requirements.

Follow-Up Reviews 2019/20

Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
(Continued)						Procurement of a new platform is due to start at the end of August. The College's Strategic Plan is being redeveloped in light of the impact of Covid-19. A draft Communications Policy will follow. A number of other communications methods have been employed during the move to home / remote working including a new Staff Hub portal linked to the College website with regularly updated information for staff. A new staff magazine, available online, has been regularly produced with input from a wide range of staff. A questionnaire is due shortly to gain feedback on the future regularity of the magazine and the topics to be included. It is hoped that the information on the Staff Hub as well as the creation of a socially interactive space to encourage two-way communication will be made available within the new intranet site.

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Follow-Up Reviews 2019/20

Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
(Continued)						A College Communications Policy with procedures will also be available on the new platform and shared with staff – expected Autumn 2020. For noting With the recent appointment of a new Communications Director (not yet joined in role) a refreshed Communications Strategy is expected to be in place by the end of 2020. ***Partially Implemented*** **Revised Completion Date:** 31 December 2020

Follow-Up Reviews 2019/20

Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
(Continued)					***Progress at August 2018:*** 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. 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. 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. ***Partially Implemented*** ***Revised Completion Date:*** 31 December 2018	

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Follow-Up Reviews 2019/20

Internal Communications – 2015/16						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
(Continued)					***Progress at October 2019:*** 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. 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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Curriculum Planning – 2017/05						
Recommendation	**Priority**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress update November 2020**
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	**Progress at August 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 **Progress at October 2019:** 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	No further progress has been achieved on a potential replacement of the SRP system, this recommendation will not be continued and will be closed. *Considered but not implemented*

Follow-Up Reviews 2019/20

Teaching Staff Utilisation/Timetabling – 2018/02						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	***Fully Implemented***

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Follow-Up Reviews 2019/20

Business Development / International Activities – 2018/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. ***Little or No Progress Made*** **Revised Completion Date:** 31 January 2020	***Fully Implemented***

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Follow-Up Reviews 2019/20

Business Development / International Activities – 2018/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	***Fully Implemented***

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Follow-Up Reviews 2019/20

Business Development / International Activities – 2018/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	*Fully Implemented*
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	*Fully Implemented*

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Follow-Up Reviews 2019/20

Infrastructure Contract Management / Help Desk – 2018/06						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. ***Little or No Progress Made*** **Revised Completion Date:** 31 August 2020	This action is now being carried forward within the recently commissioned "Review IT Effectiveness" (conducted by Scott Moncrieff) with an action to have specified, procured and implemented an new Service Desk platform by March 2021 ***Little or No Progress Made*** **Revised Completion Date:** 31 March 2021

Follow-Up Reviews 2019/20

Data Protection / Freedom of Information – 2018/05						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update August 2020**
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	***Fully Implemented***

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Follow-Up Reviews 2019/20

Learning Support – 2018/07						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	No progress update received. ***Partially Implemented***

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Follow-Up Reviews 2019/20

Learning Support – 2018/07						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. ***Partially Implemented*** **Revised Completion Date:** 30 June 2020	No progress update received. ***Partially Implemented***

Follow-Up Reviews 2019/20

Data Protection – 2019/02						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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*	Since February 2020 the College has not had a DPO in post from the HE/FE Shared Technology & Information Services (HEFESTIS) and plans to employ a DPO directly. HEFESTIS is currently only providing an advisory service should issues arise but has not been engaged with the developmental work the previous DPO started. This update was produced by the DPO for the Audit Committee meeting in November 2019. New Training modules had been authorised by the Depute Principal & Chief Operating Officer as mandatory courses. One general GDPR course for all staff with several other modules specific for lecturers and staff using College systems were being written by the DPO for roll out before end January 2020. *Partially Implemented* **Revised Completion Date:** 31 January 2021

Follow-Up Reviews 2019/20

Data Protection – 2019/02						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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*	The work on compliance, departmental procedures, policy document upgrades, data privacy training and full data governance was to be achieved through the Article 30 project that was 1/3 complete (at 31 October 2019); with 80% of full data governance expected to be achieved by March 2020; working closely with the Head of Marketing on process identification and implementation. *Partially Implemented* **Revised Completion Date:** 31 January 2021
R3 IT department project workflows should be updated to incorporate the need to routinely undertake a DPIA.	**2**	This recommendation is accepted.	IT Director	March 2020	*Not Yet Past Completion Date*	New upgraded DPIA that depicts risk mathematically had been finalised for the College and sent to IT department – training in use was to be provided to key IT staff. DPIA was to be posted for use by other departments once the training module was complete. *Partially Implemented* **Revised Completion Date:** 31 January 2021

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Follow-Up Reviews 2019/20

Data Protection – 2019/02						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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.	Data map was not found. Article 30 document had been widened to include identification of each lawful basis (LB) (and support data governance with training) by processing activity. This project included the above and also Article 6 b, c & e where appropriate. A Consent project across the College was at the design stage, for automation and compliant usage of Consent, including automated processing of withdrawal of consent forms. *Partially Implemented* **Revised Completion Date:** 31 January 2021

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Follow-Up Reviews 2019/20

Data Protection – 2019/02						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	Were 1/3 of the way through Article 30 project (at 31 October 2019) and expecting to achieve 80% of full data governance by end of March 2020 (providing R8 is supported by the Board). Once completed this would identify all items necessary for document compliance. ***Partially Implemented*** **Revised Completion Date:** 31 January 2021
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***	One of several technical solutions for archiving historical data needed to be confirmed by SMT, together with robust organisational methods expected to be put in place by mid-February 2020 so each Department's Head of Privacy (person) (HOP) could archive their data prior to final erasure at a later date (to effect compliance). ***Partially Implemented*** **Revised Completion Date:** 31 January 2021

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Follow-Up Reviews 2019/20

Libraries and Learning Technologies – 2019/03						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. 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. 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*	This has not been progressed due long term staff illness *Little or No Progress Made* **Revised Completion Date:** 30 June 2021

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Follow-Up Reviews 2019/20

Libraries and Learning Technologies – 2019/03						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. 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 recategorized 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. ***Little or No Progress Made*** **Revised Completion Date:** 30 June 2020	This has not been progressed due long term staff illness ***Little or No Progress Made*** **Revised Completion Date:** 30 June 2021

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Follow-Up Reviews 2019/20

Libraries and Learning Technologies – 2019/03						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. 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*	This has not been progressed due long term staff illness *Little or No Progress Made* **Revised Completion Date:** 30 June 2021

Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
R1 Review the H&S Policy statement, H&S Policy – Organization 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	The H&S Policy Statement and Policy have been reviewed and are currently being renewed/replaced with a fully updated organisation and arrangements. Next stage is consultation by H&S Committee and executive leadership team (ELT). Once complete full communication and training will take place in January 2021 to all staff and managers. ***Partially Implemented*** **Revised Completion Date:** 31 March 2021

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Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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***	A Health and safety management system is being developed alongside the H&S policy. The system is being developed and measured against ISO 45001. The Workrite system has been procured and is being developed to deliver all aspects of an effective Health and Safety. ***Partially Implemented*** **Revised Completion Date:** 30 June 2021

Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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*	Upon the launch of the new H&S policy in January 2021 alongside the training planned there will be tasks set of all faculty and directorate areas to renew and further develop local procedures to comply with corporate H&S organisational policy and arrangements. *Partially Implemented* **Revised Completion Date:** 31 March 2021
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	*Fully Implemented*

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Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. 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*	*Fully Implemented*

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Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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*	Operational difficulties have hampered this progressing since, however a full training course will be implemented and completed in January for all managers in relation to risk assessment and COSHH in January 2021. Further discussion and decisions on the level of training required for each manager will also take place after January 2021. ***Partially Implemented*** **Revised Completion Date:** 31 March 2021

Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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***	Training needs assessment currently being undertaken by H&S team along with faculty and directorate areas. This process is ongoing and is not yet complete. ***Partially Implemented*** **Revised Completion Date:** 31 March 2021

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Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	The H&S Policy Statement and Policy have been reviewed and are currently being renewed/replaced with a fully updated organisation and arrangements. This approach has still be approved by the H&S Committee and executive leadership team (ELT), it is expected to be fully ratified by the college board by 16th December 2020. Plans are in place to communicate the updated approach and provide the necessary training from January 2021 onwards. ***Partially Implemented*** **Revised Completion Date:** 31 March 2021

Follow-Up Reviews 2019/20

Health and Safety – 2019/04						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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	Beginning January 2021 along with launch of the H&S policy there will be a requirement for all faculty and directorate areas to develop and implement audit/inspection programmes in line with the monthly themed activity plan. There is a planned programme of audits in place to assess and report on compliance with the H&S polices within all areas of the college. *Partially Implemented* **Revised Completion Date:** 31 March 2021

Follow-Up Reviews 2019/20

Student Fees – 2019/07						
Recommendation	**Grade**	**Original Management Comments**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Review October 2019**	**Progress update November 2020**
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. ***Partially Implemented*** ***Revised Completion Date:*** 31 January 2020	***Fully Implemented***

Appendix IV – Internal Audit of Business Continuity 2019/12

Internal Audit of: Business Continuity 2019/12					
Recommendation	**Priority**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update November 2020**
R1 Ensure that an exercise is undertaken to compare all departmental BRPs to ensure that each individual plan is achievable based on documented inter-dependencies. Planned scenario testing of BRPs should test the robustness of RTOs for any dependencies to ensure RTOs are realistic and achievable.	**3**	Agreed	S Thompson VP Corporate Services; P Clark, College Secretary/Planning	30 April 2020	This exercise had been planned for mid-April and had been presented by C. Lintern (Ashton Resilience) to the February 2019 meeting of the Finance and Physical Resources Committee. However this exercise was cancelled due to the Covid-19 pandemic and subsequent closure of College buildings, with a move to remote operations for all aspects of College activity. As the BCP has been invoked to deal with the Covid 19 Pandemic and the experience gained in responding successfully to an emergency situation far in excess of the challenges planned within the exercise, this recommendation has been superseded and is no longer required. ***Considered but not implemented***

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Appendix V – Internal Audit of Payroll 2020/02

Internal Audit of: Payroll 2020/02					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update November 2020**
R1 Consider whether it would improve efficiency to operate one Support Staff payroll rather than the current configuration of two.	3	We have previously reduced the number of payroll runs and acknowledge that there is the potential for limited further efficiency improvement by operating one Support Staff payroll run. There is however a significant challenge in achieving this efficiency saving due to strongly held preferences from a range of staff and unions.	HR Director	30 September 2020	There is a significant challenge in achieving merging the four-weekly and monthly support payrolls. Many staff still want to keep the four-weekly payroll and it would be difficult to achieve switching staff over to the monthly support payroll without paying financial compensation to the staff affected. There are strongly held views and preferences by staff and unions on this matter. ***Considered But Not Implemented***

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Appendix VI – Internal Audit of Risk Management 2020/03

Internal Audit of: Risk Management 2020/03					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R1 The SMT should give consideration to how the new College assurance map will be rolled out, which should include some elements of staff training on risk management techniques. (Training may require to be delivered online in the short/medium term).	3	Agreed.	P Clark, College Secretary/Planning and SMT	31 October 2020	Not yet progressed. ELT still requires to complete the Assurance Framework checklist (map), due to Covid-19 emergency. The College's Risk Management Guidance is under revision to include reference to the Assurance Framework. This will be complete by 31 December 2020. ***Not Past Agreed Completion Date***

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Follow-Up Reviews 2019/20

Internal Audit of: Risk Management 2020/03					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R2 The standard template used for SMT papers should be adapted to incorporate a section to identify risks associate with significant projects. This template should include a risk table with standard headings (such as governance, stakeholders, finance) to be used as an aide memoire to help identify significant project risks, with supporting narrative to be provided around the impact and likelihood of the significant project risks identified.	**3**	Agreed.	P Clark, College Secretary/Planning	30 June 2020	*Fully Implemented*

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Appendix VII – Internal Audit of Procurement and Creditors / Purchasing 2020/04

Internal Audit of: Purchasing and Procurement 2020/04					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R1 Ensure that someone independent of the person preparing the scoring spreadsheet checks the final scoring, including: a) ensuring that quality scores agree to the evaluation panel decision; b) prices agree to the values shown on the PCS tender documentation; and c) that the final spreadsheet figures, calculations and final rankings of bidders are accurate.	3	Agreed	Vice Principal Corporate Services	Already implemented	*Fully Implemented*

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Follow-Up Reviews 2019/20

Internal Audit of: Purchasing and Procurement 2020/04					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R2 Insert into the Current & Future Tender Plan spreadsheet columns for total contracted spend and contract lifespan and on a regular basis compare actual cumulative spend for these suppliers against total contracted spend (across the life of the contract), following up any contracts where actual spend is well ahead of projected levels of spend.	3	Agreed	Vice Principal Corporate Services	September 2020	*Fully Implemented*
R3 Instigate independent file reviews of all procurements to ensure that all procurement documents have been fully and appropriately completed. Any areas for improvement should be noted and fed back to staff as improvement points for actioning.	3	Agreed	Vice Principal Corporate Services	July 2020	*Fully Implemented*

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Follow-Up Reviews 2019/20

Internal Audit of: Purchasing and Procurement 2020/04					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R4 All staff receiving cash advances should fill in a template form setting out for each expense item the date; a description of the nature of the spend; justification as to why this is a valid business expense which relates to the College; the amount claimed; and supporting receipts which match the amount claimed. This should be reviewed and authorised by the claimants line manager prior to submission to the Finance department.	3	Agreed	Vice Principal Corporate Services	July 2020	*Fully Implemented*
R5 Review the level of the petty cash float held in the safe to ensure that the value of cash held is aligned to identified need.	3	Agreed Float has already been reduced to £10,000.	Vice Principal Corporate Services		*Fully Implemented*

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Follow-Up Reviews 2019/20

Internal Audit of: Purchasing and Procurement 2020/04					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R6 Ensure that controls are put in place to ensure that the payment file generated by the Finance system cannot be manipulated prior to being uploaded into payment transmission software. This may also include final checking that the correct bank account details for larger payments (such as the GLQ payments) are used.	3	Agreed	Vice Principal Corporate Services	July 2020	*Fully Implemented*
R7 A training programme should be developed to remind all staff involved in raising and authorising POs, and all staff involved in authorising invoices, of the importance of remaining vigilant in checking that there is a robust rationale for all expenditure requests. In addition, written guidance should be provided to staff describing the types of scenarios to be aware of, and outlining what they should do if they are unsure whether there is a valid reason for requested expenditure.	3	Agreed Further training and communication will be delivered to budget managers after lockdown to the ensure the required attitude, awareness and compliance from the start of the 2020/21 financial year.	Vice Principal Corporate Services	September 2020	Due to continuing restriction direct training has been delayed however an online training module was developed. The PECOS order approval process was amended with procurement reviewing and providing final approval. *Partially Implemented* **Revised Completion Date:** 31 January 2021

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Follow-Up Reviews 2019/20

Internal Audit of: Purchasing and Procurement 2020/04					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R8 Implement written procedures describing the responsibilities and key tasks to be completed when authenticating requests for amendment of existing supplier bank account details.	3	Agreed	Vice Principal Corporate Services	August 2020	*Fully Implemented*
R9 We recommend that the Finance Manager should continue to carry out periodic checks on bank account details, including checking whether the required authentication checks have been undertaken (see **R8** above), and where these procedures are not being followed then improvement points should be fed back to the staff concerned. We would also recommend that spot checks by the Head of Finance should be introduced as an additional layer of control to ensure that changes to standing supplier details are legitimate.	3	Agreed	Vice Principal Corporate Services	August 2020	*Fully Implemented*

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Appendix VIII – Internal Audit Web Based Services 2020/05

Internal Audit of: Web Based Services 2020/05					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R1 Develop mechanisms for obtaining the views or feedback of College departments on how well the website has served the needs of departments during the year. This could include Marketing issuing an annual internal customer satisfaction and future requirements survey for the website. Over time this could be extended to obtain user feedback on the College intranet after the new platform has been implemented.	3	Agreed	Vice Principal Corporate Development & Innovation	30 June 2021	*Not yet past completion date*

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Follow-Up Reviews 2019/20

Internal Audit of: Web Based Services 2020/05					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R2 Review the feasibility of developing single sign-on for accessing College systems and services to provide a more efficient and seamless user experience and to provide improved accessibility.	3	Single Sign On (SSO) is a strategic objective of the IT Team and is a key functional requirement for all future system developments and integration. There are a number of legacy challenges to overcome, in terms of system development, authentication methodologies and hosting decisions however Microsoft Active Directory provides the foundation for providing federated access to all College Systems.	Director of IT	30 June 2021	*Not yet past completion date*
R3 A detailed review should be conducted which examines the case for potentially moving to another VLE platform. Consultation on the review should include curriculum staff and students to test perceived benefits, costs, and opportunities and to identify further risks and opportunities which may not have been considered in the assessment of MyCity.	3	Agreed	Depute Principal	31 October 2020	The College has recently established a new steering group, Digital Learning Group to assess, approve and monitor progress in improving the College digital teaching infrastructure and resources. The group are already working on the review of the current VLE and a business case for a potential replacement system. *Partially Implemented* **Revised Completion Date:** 30 June 2021

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Follow-Up Reviews 2019/20

Internal Audit of: Web Based Services 2020/05					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R4 A review of user access permissions should be conducted by each business system owner at least annually to ensure that access to systems and data remains appropriate. Creation of user group profiles which allow users access only to the data required to fulfil their roles. Separate group profiles should be created for senior curriculum staff and senior support staff.	3	Agreed. Enquirer has evolved over a number of years based on an outdated data access model. To fully meet this requirement would require an entire re-write of the Enquirer system which isn't a cost-effective option. To minimise the risk the strategic objective to remove functionality from Enquirer will reduce the number of users having access to the wider system.	Director of IT	31 July 2021	*Not yet past completion date*
R5 Consideration should be given on ways to mitigate business continuity risks relating to the Enquirer system, such as knowledge transfer, training, and development of user guides.	3	It is recognised that Enquirer functionality requires to be reviewed and "de-coupled" onto the most appropriate technology platform. There are a number of staff within IT who have worked with Enquirer for over 10 years so there is not a risk of a single point of failure. We will be conducting a full review of Enquirer functionality and migration plan (as required) for next year's operational plan.	Director of IT	31 March 2021	*Not yet past completion date*

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Follow-Up Reviews 2019/20

Internal Audit of: Web Based Services 2020/05					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R6 The College should: • Develop and agree a set of defined metrics and key performance indicators, which reflect the customer focussed approach of the IT Service Desk team, in order to monitor and assess the performance of the service. • Define the operational requirements for achieving the defined metrics and implement a procedure to monitor and report on performance issues as they are encountered.	**3**	Agreed. Development of SLA's is part of the 2019/20 IT Operational Plan and is underway.	Director of IT	31 July 2020	At present a draft IT SLA has been developed which still has to be taken to SMT, however there is no reporting capability within the current Enquirer Service Desk system to provide meaningful SLA reports This action is now being carried forward within the recently commissioned "Review IT Effectiveness" (conducted by Scott Moncrieff) with an action to have specified, procured and implemented an new Service Desk platform by March 2021 ***Little or No Progress Made*** **Revised Completion Date:** 31 March 2021

Follow-Up Reviews 2019/20

Internal Audit of: Web Based Services 2020/05					
Recommendation	**Grade**	**Original Management Response**	**To Be Actioned By**	**No Later Than**	**Progress update at November 2020**
R7 a review should be conducted to explore the benefits of implementing a new service desk solution which tracks and reports performance metrics and also allows the capture and reporting of user feedback on service desk performance in much shorter timescales, such as immediately after an IT Service Desk ticket is closed off. This would allow the IT Service Desk team access to up to date data which could inform service delivery and improvement decisions more quickly.	**3**	While the IT Service Desk solution based on Enquirer isn't a modern solution, users are able to log calls through the portal (or over the phone) and the IT Team are able to log, fix and close calls as required. Basic logging and resolution reports can be run however they are time consuming, while there is a recognition and aspiration to improve the Service Desk functionality including, dynamic reporting.	Director of IT	31 March 2021	*Not yet past completion date*

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