CITY OF GLASGOW COLLEGE

Board of Management
Audit & Assurance Committee

Date of Meeting	**Wednesday 15 September 2021**
Paper No.	**AAC1-H**
Agenda Item	**5.2.3**
Subject of Paper	**Internal Audit Report – Follow Up Reviews**
FOISA Status	**Disclosable**
Primary Contact	**Henderson Loggie**
Date of production	**8 September 2021**
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 good progress in implementing the recommendations followed-up as part of this review with 29 (57%) of the 51 recommendations which are past their completion date being classified as 'fully implemented'. 20 recommendations (39%) were assessed as 'partially implemented'. These 20 recommendations will be subject to a further follow-up at a later date. A further two 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 2020/21

Internal Audit report No: 2021/06

Issued: 8 September 2021

Henderson Loggie

Contents

Management Summary

Introduction and Background

As part of the Internal Audit programme at City of Glasgow College ('the College') for 2020/21 we carried out a follow-up review of the recommendations made in Internal Audit reports finalised during 2020/21 (to date) and reports from earlier years that had either not been subject to follow-up or where previous follow-up identified recommendations outstanding. These were:

- 2020/06 IT Systems Development
- 2020/07 External Communications and Marketing
- 2020/08 Recruitment, Retention and Staff Development
- 2020/09 Budgetary Control
- 2020/10 Asset Management
- 2020/11 Leadership Reorganisation
- 2020/13 Follow Up Reviews 2019/20
- 2021/02 General Ledger

Report 2020/12 – Student Activity Data 2019/20 did not contain any recommendations and therefore no follow-up was required as part of this review.

Objectives of the Audit

The objective of our follow-up review was to assess whether the 51 recommendations made in internal audit reports from 2020/21 (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 each of the reports listed above we ascertained by enquiry and review of supporting documentation, as appropriate, whether they had been completed or what stage they had reached in terms of completion and whether the due date needed to be revised.

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

Overall Conclusion

The College has made good progress in implementing the recommendations followed-up as part of this review with 29 (57%) of the 51 recommendations which are past their completion date being classified as 'fully implemented'. 20 recommendations (39%) were assessed as 'partially implemented'. These 20 recommendations will be subject to a further follow-up at a later date. A further two recommendations were considered by management but were not implemented.

Overall Conclusion (Continued)

Our findings from each of the follow-up reviews has been summarised in the table below.

From Original Reports			From Follow-Up Work Performed				
Area	Rec. Priority	Number Agreed	Fully Implem-ented	Partially Implem-ented	Little or No Progress Made	Not Past Agreed Completion Date	Considered But Not Implemented
2020/06 IT System Development	1	-	-	-	-	-	-
	2	1	-	1	-	-	-
	3	-	-	-	-	-	-
Total		**1**	**-**	**1**	**-**	**-**	**-**
2020/07 External Communications and Marketing	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	2	-	2	-	-	-
Total		**2**	**-**	**2**	**-**	**-**	**-**
2020/08 Recruitment, Retention and Staff Development	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	1	-	1	-	-	-
Total		**1**	**-**	**1**	**-**	**-**	**-**
2020/09 Budgetary Control	1	-	-	-	-	-	-
	2	1	1	-	-	-	-
	3	3	1	2	-	-	-
Total		**4**	**2**	**2**	**-**	**-**	**-**
2020/10 Asset Management	1	-	-	-	-	-	-
	2	1	1	-	-	-	-
	3	4	2	2	-	-	-
Total		**5**	**3**	**2**	**-**	**-**	**-**
2020/ 11 Leadership Recognition	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	4	-	4	-	-	-
Total		**4**	**-**	**4**	**-**	**-**	**-**
2020/13 Follow Up Reviews 2019/20	1	-	-	-	-	-	-
	2	13	10	3	-	-	-
	3	20	13	5	-	-	2
Total		**33**	**23**	**8**	**-**	**-**	**2**
2021/02 General Ledger	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	1	1	-	-	-	-
Total		**1**	**1**	**-**	**-**	**-**	**-**
Grand Total		**51**	**29**	**20**	**-**	**-**	**2**

Overall Conclusion (Continued)

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 Henderson Loggie internal audit reports:

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

Gradings for residual recommendations from BDO internal audit reports, which are captured within the Follow-Up Reviews 2019/20 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.

Acknowledgements

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

Appendix I - Updated Action Plan
Internal Audit Report (2020/06 IT Systems Development)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 Consider producing a suite of systems development project documents, as outlined in this report, and develop summary guidance for staff in relation to the College's approach to project management. Guidance should outline: the methodology to be adopted; in what circumstances the methodology should be applied; the governance arrangements and standard documentation which should be prepared (including outline business case; PIDs; system and user specifications; project plans; and post-implementation reviews).	**2**	The College are planning to develop a College wide Project Management methodology with additional Project Management capability. The IT methodology will be based on 2 formats; "waterfall"\PRINCE 2 for "infrastructure-based" projects and "agile" which was noted has started to be embedded within the Team using JIRA for requirements gathering and timebox\sprints for System development. The key improvement opportunity is to develop a robust "benefits realisation plan" which will be based on metrics agreed as part of the business case and revisited after project delivery. The newly created IT Business Engagement Manager Role will have responsibility for the robust development of business cases, co-ordination of the IT Development pipeline and formalising customer project "sign off" and measurement of project benefits. A new Digital Futures Forum (formally proposed as Digital Steering Group) has now been formed and will major input on College-wide IT\Digital projects and shape project scope (including funding) and benefits to be delivered.	Yes	Director of IT	28 February 2021	The College has now created and fully resourced a dedicated, cross-functional Project Management Office (PMO) providing Project Management support and management cross-college. One of the initial projects is the new Visual Learning Environment (VLE) implementation. A cross-College Digital Transformation Group is now established, and its Terms of Reference was agreed and is meeting regularly. We evidenced the Terms of Reference for the Digital Transformation Group and minutes that demonstrate the governance arrangements. Planning for the development of the suite of project documentation by the newly created PMO function was underway at reporting. ***Partially implemented*** **Revised date:** 31 August 2022 to allow time for guidance and new ways of working with the PMO to embed

Appendix II - Updated Action Plan
Internal Audit Report (2020/07 External Communications and Marketing)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 A formal review of the College's Communications Strategy, Communications Policy and Social Media Policy should be conducted to ensure these documents are up to date; are aligned to the College's Strategic Plan and reflect current working practices.	3	As part of the Colleges Strategic Planning framework, a refreshed Corporate Development Strategy is planned for the end of September 2020. This will incorporate details of an updated Communications Strategy going forward. The Communications Policy and Social Media Policy will be updated to reflect an accurate position on the use of internal & external mediums and our new Intranet by the end of October 2020.	Yes	Vice Principal, Corporate Development & Innovation and Associate Director for Brand & Communications	30 November 2020	An updated Social Media Policy has been re-written by the Brand & Communications team and was approved by the Legal team. It is available to all staff on the staff intrant, MyConnect. A revised Internal Communications Strategy plan (and supporting Communications Policy) was in the process of being developed currently by the new Director Communications and Associate Director Brand & Communications in line with the College's refreshed Strategic Plan 2021-30. ***Partially implemented*** **Revised date:** 30 July 2022

Appendix II - Updated Action Plan
Internal Audit Report (2020/07 External Communications and Marketing) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R2 Consideration should be given to the development of a specific Communications Plan for students which will set out the key communication milestones from application to graduation	3	A full plan will be established which will set out both the timings and methods of communications to students throughout their studies. Work will also take place with the Student Association 'CitySA' to fully engage in the student experience from application to graduation. This communications plan will take into consideration areas such as guidance, timetable arrangements, blended learning, block changes, local and national surveys, career/progression advice and Alumni enrolment.	Yes	Student Experience Director and Associate Director for Brand & Communications	30 November 2020	A revised Internal Communications plan (and supporting Communications Policy) was in the process of being developed currently by the new Director Communications and Associate Director Brand & Communications in line with the College's refreshed Strategic Plan 2021-30. ***Partially implemented*** **Revised date:** 30 July 2022

Appendix III - Updated Action Plan
Internal Audit Report (2020/08 Recruitment, Retention and Staff Development)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 Review the Recruitment and Selection Policy and associated Procedures to ensure that these are up to date and reflect current working practice	3	Workforce planning is active within the college - tools such as student recruitment and timetabling systems (which shows staff utilisation) are what managers use to plan. What the college want to do is create something more collaborative, and sophisticated to make this more holistic and meaningful, one where there is one system that captures it all. Following feedback from our Deans/Directors - the level of complexity of capturing this on a spreadsheet need reviewed. This is currently being reviewed at ELT to establish if the current direction of travel, utilising existing technology will deliver the intended results	Yes	Human Resources Director	31 January 2021	The Recruitment and Selection Policy 2014 and associated procedures were subject to internal desktop review by management and are up to date to current practices and will be documented that they have been reviewed by management through version control and republished in due course. However, management noted a full review of the policy is required. For example, there is ambitions to improve the wider recruitment and selection policy to adopt a more holistic, collaborative, and sophisticated approach. Accordingly, the People & Culture strategy and operational plans have been updated with review of Recruitment and Selection being integral to the strategy and plan, i.e. to revise recruitment methods and current systems. Internal audit was able to evidence this review as part of the People & Culture Strategy. Future policy update will incorporate the output of these actions. For example, the policy currently states the candidate will submit an Application Form, however, this may change in future to CV but will depend on the system used - which may involve a tender process and discussion with the College's Trade Union partners. ***Partially Implemented*** **Revised date:** August 2022

Appendix IV - Updated Action Plan
Internal Audit Report (2020/09 Budgetary Control)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 The College should develop and introduce a documented standard approach for undertaking the annual budget process to ensure consistency in developing the annual budget for the College.	3	Agreed	Yes	Vice Principal Corporate Services	31 March 2021	Management attend monthly meetings and have adopted a reporting schedule. This recommendation is marked partially implemented as we await evidence of arrangements documented in procedure. ***Partially implemented***
R2 The College should adopt a more robust challenge process around the annual process to set the revenue budgets for goods and services cost centres in order to remove any budget slack built into historic budgets and to maximise the opportunity for identifying further potential savings.	2	Agreed The finance team currently engage with budget managers to prepare the annual budget; however, an improved and fully documented process will be developed for 2021/22. The engagement will also confirm the overall financial constraints and challenges faced by the College.	Yes	Vice Principal Corporate Services	31 March 2021	Through the meetings and process adopted in R1, there was greater engagement conducted in the development of the 2021/22 annual budget. ***Fully implemented***

Appendix IV - Updated Action Plan
Internal Audit Report (2020/09 Budgetary Control) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R3 The College should develop an approach to identify and deliver savings both in terms of reductions in current expenditure and set out the changes in delivery which will be required in order to secure future financial sustainability. This approach should include: • Definition of what constitutes a saving (cash short term i.e. not recruiting a vacancy for a period of time, or long-term recurring saving i.e. savings from collaborative contracts or procurement), or removal of posts; • Setting of annual savings targets; and • A mechanism for quantifying and reporting on progress with the agreed savings targets.	3	Agreed A detailed guide and process for identifying, setting targets and reporting of efficiency savings will be developed.	Yes	Vice Principal Corporate Services	30 November 2020	Management reported that this is an integral part of the monthly budget meetings with ELT & SMT reporting the potential, planned and actual savings identified and discussed. This recommendation is marked partially implemented as we await evidence of arrangements documented in procedure. ***Partially implemented***

Appendix IV - Updated Action Plan
Internal Audit Report (2020/09 Budgetary Control) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R4 The College should develop a training programme for budget holders, which they are required to complete before they undertake their budget holder role. This should incorporate specific training for all budget holders and managers on the use of the BluQube system. In addition, budget holders and managers access to BluQube should be monitored and discussed at the regular budget meeting with Finance, to identify any additional support they require to use this budget monitoring tool more effectively.	3	Agreed All budget holders were given 'live demos' of the BluQube budget monitoring tool and a loom video session that went out to all Budget Managers, which was a 15/20mins demonstration taking them through the BluQube dashboard tool. Additional BluQube budget manager training will be delivered. Ongoing use of the system will be monitored and discussed at the monthly budget meetings.	Yes	Vice Principal Corporate Services	31 October 2020	The use of BluQube budget monitoring tool is promoted at the monthly budget meetings. The College also recently purchased from Symmetry an enhanced reporting tool for BluQube. *Fully implemented*

Appendix V - Updated Action Plan
Internal Audit Report (2020/10 Asset Management)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 A formal evaluation is required on a long-term approach for managing assets, ideally based around a complete IT solution to move the process forward to achieve alignment with the business needs and policy aims of the College for managing its assets.	3	Agreed Tight controls are currently in place to manage the College asset register. We recognise the requirement for a specific asset management software to streamline to current process and enable devolved management of the assets.	Yes	Vice Principal Corporate Services	31 March 2021	The College has created a Digital Transformation group to manage the ambitious plans to improve the digital performance. The specific asset management software is delayed as other projects were assessed as more urgent during the pandemic. ***Partially implemented*** **Revised date:** 31 March 2022

Appendix V - Updated Action Plan
Internal Audit Report (2020/10 Asset Management) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R2 The College should develop an approach to identify and maintain central records of all software licenses in use across the College and their requirements (including numbers of authorised users).	3	Agreed. Improvements will be made to the current software licence register to enable more effective management of the licences by the IT team. The new specific asset management software will also improve the management of software licences.	Yes	Director of IT	31 December 2020	Discussions with the Director of IT noted there are two main management portals used to track the status of software licenses by the College across the estate. These are: • Windows System Centre Configuration Manager (SSCM); and • Jamf for Apple Devices *Fully implemented*

Appendix V - Updated Action Plan
Internal Audit Report (2020/10 Asset Management) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R3 The periodic spot checks by the IT team should be expanded beyond physical verification in order to ensure that the asset tag and bar code on IT equipment agrees with the relevant entry in the asset register to ensure accuracy and to allow any discrepancies to be investigated and rectified.	3	Agreed. Additional training will be delivered to all staff issuing laptops to staff or students to ensure accurate and consistent recording of information.	Yes	Director of IT	30 November 2020	The College has a process to immediately asset tag all new assets. A digital NINTEX form was developed to provide a consistent approach the capture any mobile devices issued to staff and students. *Fully implemented*

Appendix V - Updated Action Plan
Internal Audit Report (2020/10 Asset Management) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R4 With the planned increased level of IT equipment loans to students, there is an urgent need for the College to strike the right balance between enforcement, in order to manage the financial impact of loss or damage to loaned equipment and meeting Scottish Government expectations around the issue of 'digital poverty'. Therefore, we would recommend that realistic recovery rates are discussed and costed in order to inform the development of a proportionate process which will manage the losses to the College, arising from damage to loaned devices or failure to recover the loaned equipment from students to manageable levels**.**	**2**	Agreed. The College recognises the potential substantial risk of high volumes of laptops being issued to students. Unfortunately, there will be some laptops we fail to recover. A fully documented and agreed recovery process will be implemented balancing the financial impact of non-recovery and the potential reputational risk from negative publicity.	Yes	Vice Principal Corporate Services	31 October 2020	The College has agreed and implemented a laptop loan recovery process and invoice students for the device where the recovery of the device has been unsuccessful. *Fully implemented*

Appendix V - Updated Action Plan
Internal Audit Report (2020/10 Asset Management) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R5 The disposal process should be updated to include a physical check of the number of similar items remaining in the specific location against the number of similar assets recorded in that location on the asset register.	3	Agreed. The disposal process will be updated ensuring no assets are removed from the register, only the status will change. The new asset management software will provide a more robust enforcement of disposed assets.	Yes	Vice Principal Corporate Services	30 November 2020	There has been a delay in procuring a new asset management system however management are now only changing the status or redundant equipment rather than remove the equipment from the asset register. *Partially implemented* **Revised date**: 31 March 2022

Appendix VI - Updated Action Plan
Internal Audit Report (2020/11 Leadership Recognition)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 The College should introduce a protocol which ensures that in future all completed organisational change programmes (or projects) are formally reviewed to assess whether all of the expected benefits have been realised and to identify (through a lesson learned exercise) how future change programmes could be more effectively delivered. The outcome of this evaluation should be reported to the Committee which approved the original business case.	3	Agreed. Proposals for the creation of a Project Management Office for the College are being actively discussed and developed and should be approved before Christmas 2020. Developing protocols for the management of all our projects will be a key part of its role.	Yes	Depute Principal	June 2021	The proposal to create a Project Management Office was approved in January 2021. Three staff were duly recruited, and on 10 August 2021 the following posts were taken up: Associate Director, Project Management Project Co-Ordinator Project Officer. The Associate Director reports to the Depute Principal. Creating protocols, processes, and procedures for evaluating and reporting on the success of each project is an early task for the new PMO team. ***Partially implemented*** **Revised date:** 31 August 2022 to allow time for guidance and new ways of working with the PMO to embed

Appendix VI - Updated Action Plan
Internal Audit Report (2020/11 Leadership Recognition) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R2 The College should develop and implement a proportionate project management methodology for the planning and delivery of transformational projects which meet specific criteria.	3	Agreed. Again, this will be central to the work of the proposed Programme Management Office.	Yes	Depute Principal	June 2021	The PMO is charged with supporting every project leader in identifying the best project management methodology for their project, and then for monitoring progress so that projects are delivered on time and within budget. *Partially implemented* **Revised date:** 31 August 2022 to allow time for guidance and new ways of working with the PMO to embed
R3 As an integral part of the business planning process the College should ensure that sufficient resources are allocated to programmes and projects to ensure that they can be successfully delivered without adversely impacting on current performance levels for the project manager's substantive post.	3	Agreed. This will follow from the creation of our Project Management Office, as each project will need to follow a methodology that includes rigorous planning. Arrangements for resourcing the project, including backfill for the project manager, will be a central part of this process.	Yes	Depute Principal	June 2021	The PMO is charged with ensuring that the resourcing of each project has been fully considered and steps taken to confirm that appropriate resources are in place. *Partially implemented* **Revised date:** 31 August 2022 to allow time for guidance and new ways of working with the PMO to embed

Appendix VI - Updated Action Plan
Internal Audit Report (2020/11 Leadership Recognition) Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R4 The College should take steps to ensure that in future all training is subject to completion of a formal evaluation by all participants and is evaluated to gauge effectiveness. Where identified as ineffective, training provision should be reviewed and improved upon. This approach should be applied to both training delivered internally and also training delivered by external training providers	3	Agreed. 1. Again, this will be stipulated in the documentation and guidelines for all projects introduced by the new Project Management Office. 2. The HR Director, who leads the Organisational Development group, had already agreed to ensure that, with immediate effect, all training is formally evaluated, reviewed, and improved / enhanced.	Yes	1 Depute Principal 2 HR Director	1 June 2021 2 With immediate effect.	1. The College's Project Management Handbook will stipulate that appropriate training is delivered, and the Project Manager will check that evaluation of that training has taken place. ***Partially implemented*** **Revised date:** 31 August 2022 to allow time for guidance and new ways of working with the PMO to embed 2. This action is duplicated by R3 from the 2019/09 Staff/ Organisational Development which will be monitored for completeness. Therefore, it was agreed with the Director of HR/OD that this action be removed.

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews)

Quality Assurance and Improvement 2019/08							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress Previous Reviews**	**Progress at August 2021**
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.	Yes	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	Due to new arrangements now established superseding the original finding, management agreed that the action be "considered by not actioned". The College has commenced a new approach to Faculty reviews as part of a move toward evidence-based enhancement. The key principles underpinning the new approach are using data for enhancement; supporting reflection to build deeper understanding; focussing on impact and the difference we are making (and contributing); and building a quality culture through ownership and empowerment. This is part of work to support a quality cycle whereby Faculties undertake their own monitoring, making the most effective use of Faculty boards and onwards to the Academic Board on an annual basis. The cycle supports a formal review, end of year meetings to review practice, allied to decisions on low performing courses to support curriculum planning.

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Quality Assurance and Improvement 2019/08 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previous Reviews	Progress at August 2021
							Embedded within the approach is engagement with students as part of the evaluation of our services and curriculum. This includes the My Student Experience surveys and, this year, the launch of a new 360-Curriculum Review to better link evaluation to systematic planning of improvement of the Student Experience. We have also enhanced operational planning to better align the phases of planning, delivery, and review and to better purpose operational planning in support of performance reporting. Key to the new approach is the establishment of new Performance Coordinator posts, who will collate data on a regular basis to help contextualise progress relative to the contribution being made by teams. Mindful of external pressures on Faculties, implementation is iterative. Operational planning is to be completed before the start of the current academic year. ***Considered but not implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Staff/ Organisational Development 2019/09							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	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	The College is in the process of procuring a new learning experience platform (LXP). This will enhance current digital learning content provision and enable automated tracking, monitoring, and recording of participation. A 'blended model' of integration will be incorporated within the platform and automated recording of completions and facilities for escalating non-completions escalated will be included as standard. A project plan detailing the implementation of the new learning experience platform is to be developed and supplied to Internal Audit by the Director of HR/OD. ***Partially implemented*** **Revised date:** 30 April 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Staff/ Organisational Development 2019/09 Continued							
Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	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	As with R1, the automated tracking, monitoring, and reporting features of the LXP will automate the management of enrolments, due dates for completions and generate notifications on any qualification renewals. This will augment the periodic monitoring and exception reporting processes, currently in place. This should be brought into the project plan detailing the implementation of the new learning experience platform is to be supplied to Internal Audit by the Director of HR/OD on its documentation. ***Partially implemented*** **Revised date:** 30 April 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Staff/ Organisational Development 2019/09 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 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	Yes	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	As with R1 and R2, evaluations will be built into the system and a 6-month trigger point for evaluating learning experiences will be designed. This and evaluation of training feedback should be brought into the project plan detailing the implementation of the new learning experience platform is to be supplied to Internal Audit by the Director of HR/OD on its documentation. *Partially implemented* **Revised date:** 30 April 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Vice Principal – Infrastructure, Vice Principal – Student Experience	June 2018 **Revised:** 31 December 2020	Progress on this action was received in August 2016, October 2017, August 2018. For ease of monitoring, we have reported the progress over the last 2 years: *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.	The Associate Director Brand & Communications (B&C) continued to lead the project (working with colleagues from IT and across the college) to develop and procure a new integrated Microsoft-friendly platform as our intranet during late 2020/early 2021. Sharepoint was procured and the site was designed to give a more seamless end-user experience and focus on increasing staff engagement and encouraging a college community. A newly branded 'MyConnect' was launched in March 2021 with a firm focus on: 1. Increasing staff engagement and enabling colleagues to contribute to the college community

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications Continued							
Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
						October 2019 continued 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 ***November 2020*** City of Glasgow College underwent a leadership reorganisation during 2018 resulting in roles being redefined. A new Associate Director Brand & Communications was created.	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. The site received 8,000 visits within the first 24 hours of going live with more than 70 percent of staff fed-back directly that they found it simple and intuitive to use, with a similar percentage more able to find the information that they need to do their job. The site has been continually monitored and refreshed and includes a clear How Do I section with FAQs and a video guide.

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications Continued							
Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
						November 2020 Continued A key feature to enable improved staff / internal communication was identified as the need for a new College intranet site. The existing portal was 10 years old, not user friendly nor widely used by staff. The Associate Director Communications 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. 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:	To encourage direct 'ownership', each faculty and directorate have a dedicated Hub Admin who is responsible for uploading content to their area. ***Fully Implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
						November 2020 Continued 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. Management consulted staff across the College to encourage 'buy in' 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.	

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
						November 2020 Continued Procurement of a new platform was due to start at the end of August 2021. Several other communications methods were 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, and • A new staff magazine, available online, has been regularly produced with input from a wide range of staff. Feedback from staff via a questionnaire was due in November 2020 to gain feedback on the future regularity of the magazine and the topics to be included.	

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

2015/16 Internal Communications Continued							
Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
						November 2020 Continued The College's Strategic Plan was to be redeveloped considering the impact of Covid-19. A draft Communications Policy was to be developed and communicated to staff by 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	

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Infrastructure Contract Management / Help Desk 2018/06

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Head of Technical Support	31 December 2018	***Progress at October 2019*** 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*** ***Progress at November 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 a new Service Desk platform by March 2021 ***Little or No Progress Made*** **Revised Completion Date:** 31 March 2021	Management discussions have commenced internally with colleagues in various support departments to elicit business requirements for a Support Service Desk (rather than simply IT). This process is underway with several key business requirements documented. Several potential solutions have also been identified who will be invited to demo their systems. Due to change of the College's priority to implement a new VLE (Virtual Learning Environment) for the new academic year 2021/22, this is where the Team focus has been. The plan is to be in a position in December 2021 to move to invite tenders from suppliers and implementation for the next academic year 2022/23 when the reporting needs from the Service Desk will be determined. ***Partially implemented*** **Revised Date:** 31 August 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Learning Support 2018/07

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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	Yes	Head of Student Development	31 December 2018	***Progress at October 2019*** 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*** ***Progress at November 2020*** No progress update received. ***Partially Implemented***	Several comprehensive awareness raising and communication resources, including videos, guides and electronic leaflets, have been devised. We were able to evidence learning support pages on the College website, Student Services microsite, and Learning Support Assistive Technology microsite. A standardised email was created in December 2020 to be sent to students confirming their PLSP interview. The introduction of this standardised email within a formal Learning Support Team meeting to ensure clarity in understanding and consistency in approach. All staff are to send a reminder text to students prior to their interview to remind them of the details and request that they contact Learning Support to reschedule if they cannot make the appointment. The standardised email was introduced in January 2021. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Learning Support 2018/07 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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	Yes	Head of Student Development and Learning Services Co-ordinator	30 September 2018	***Progress at October 2019*** 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*** ***Progress at November 2020*** No progress update received. ***Partially Implemented***	Due to remote working during the COVID-19 pandemic, considerable effort was spent supporting staff in working from home and, in turn, supporting students to attend remote support meetings via video conferencing or phone. Guides and supporting documents were created for staff and saved within a "Remote Working" folder within the Learning Support shared drive. This included a working guidance document on how to complete PLSPs and support students remotely, which has been regularly updated. We were able to evidence the "How to Complete a PLSP" (2021) document and no further issues were noted as outstanding for this review. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Data Protection Officer (DPO)	Ongoing, but with a first pass of refresher training completed by December 2019	***Progress at November 2020*** 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	Over the course of June and July 2021 the DPO delivered 11 training sessions to staff which covered general data protection awareness as well as more specific aspects such as Data Protection Impact Assessments and data sharing agreements. In addition, tailored training was also provided for the Marketing team. Further focused sessions for staff in higher risk teams are planned for later in the current academic session. ***Fully Implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	DPO working with the Organisational Effectiveness Manager	December 2019	***Progress at November 2020*** 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	Following transition from the previous HEFESTIS DPO provision, the current DPO has reviewed and updated the College's data protection policies and procedures framework, which is now complete. These will be subject to future periodic reviews to ensure that they remain up to date. ***Fully Implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02 Continued							
Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
R3 IT department project workflows should be updated to incorporate the need to routinely undertake a DPIA.	**2**	This recommendation is accepted.	Yes	IT Director	March 2020	***Progress at November 2020*** 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	The College DPIA template has been updated and aligned with the ICO model guidance. IT project procedures have been updated to consider data protection risks and the requirement to complete DPIAs where relevant. ***Fully Implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	DPO	August 2019	***Progress at November 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	Departmental Record of Processing Activities (RoPA) templates have now been updated by the DPO to align with the ICO model guidance, which now record the lawful basis for each type of processing activity and include a link to where supporting documents are held. ***Fully Implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	DPO	August 2019	***Progress at October 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 ***Progress at November 2020*** Management were one third 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	Since the date of the last internal audit follow-up review the College has focused on updating the RoPAs, development of the data protection policies and procedures framework and delivery of training to staff. Whilst the DPO is involved in specific elements of compliance monitoring, such as ensuring that Data Subject Access Requests are appropriately managed, the form and frequency of compliance checks to be conducted by departmental leads on areas such as data retention, completion of DPIAs and recording evidence of consent, has still to be fully developed. ***Partially Implemented*** ***Revised Date:*** 31 July 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Data Protection 2019/02 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 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.	Yes	DPO with Operational Effectiveness Manager	December 2019	***Progress at November 2020*** 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	The DPO is currently working with the College departmental leads to review the retention policies in place and to understand where technical solutions can be implemented to allow automatic deletion, archiving or anonymisation of data once the agreed retention date has been reached. ***Partially Implemented*** ***Revised Date:*** 31 July 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Libraries and Learning Technologies 2019/03							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	VP Student Experience and Learning Technologies Manager	December 2019	***Progress at November 2020*** This has not been progressed due long term staff illness ***Little or No Progress Made*** **Revised Completion Date:** 30 June 2021	Libraries and Learning Technologies have now been re-branded as the Learning & Teaching Academy focusing on 4 pillars of Pedagogy, Practice, Reflection & Accreditation. This also entailed the College moving from City Learning 4.0 to the ABC Learning Design Model which includes the College's Online Learning Standard which sets out the target and minimum expectations for learning provision for all courses. Further guidance was created on the Blended Learning Model in consultation with staff from across the College. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Libraries and Learning Technologies 2019/03 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Learning Technologies Manager	July 2019	***Progress at October 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*** ***Progress at November 2020*** This has not been progressed due long term staff illness ***Little or No Progress Made***	New ways of working online and collecting data indicated that management confidence in using Moodle has increased. Due to COVID–19, the Learning Technologies Team moved to running daily workshops through webinars using Zoom and completely online from March 2020. These workshops improve users confidence in using Moodle, Zoom and Teams for online student and staff collaboration. The team also produced training videos that are hosted on Click View. A checklist was created for teaching staff to provide additional support for supporting students learning online. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Libraries and Learning Technologies 2019/03 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Learning Technologies Manager	November 2019	***Progress at November 2020*** This has not been progressed due long term staff illness ***Little or No Progress Made*** **Revised Completion Date:** 30 June 2021	The Acceptable Use Policy was updated in May 2020 and approved by the Finance and Physical Resources Committee and Board of Management. Our review of the documented policy noted the amendments as required. To minimise the risk of improper use of software, the Libraries and Learning Technologies team provide Teaching staff with information on a range of technology tools that they can provide support on Mandatory training on General Data Protection Regulation is also in place for staff on MyCity and staff are directed to the GDPR statement on each tool. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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	Yes	H&S Compliance Manager / Depute Principal / Operational Efficiency and Marketing and Research Manager	August 2019	***Progress at October 2019*** Policies have been partially reviewed. ***Partially Implemented*** **Revised Completion Date:** 30 June 2020 ***Progress at November 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	We reviewed evidence of the H&S Policy reviewed by the H&S Committee in November 2020 and ratified by the Finance & Physical Resource Committee and Board of Management meeting in December 2020. Full staff training was delivered in March 2021. This was delivered along with Principal's briefings over 12 sessions with all staff attending. The training involved overview of the H&S policy, H&S management system, Risk assessment, Incident reporting, Fire & evacuation, and other subjects. There is permanent senior management in place to support staff on H&S matters and ensure compliance with policy. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	H&S Compliance Manager / Depute Principal / Operational Efficiency and Marketing and Research Manager	December 2019	***Progress at November 2020*** 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	Procedures have been updated with the revised H&S policy. In addition, management have implemented the H&S Management system alongside the H&S policy. However, the system is not fully implemented in Workrite as it has had some suitability issues. Procurement of a more advanced and suitable system to support H&S management is underway. ISO 45001 accreditation has not yet been achieved but is aimed for in the next year 2021/22. The action for this recommendation, however, has been: ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Deans/ Directors	March 2020	***Progress at November 2020*** 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	Departmental procedures are aligned to their risk assessments and consequently safe systems of work. These are lodged with the H&S team and held in our MyConnect intranet page along with the departmental procedures. When auditing these are used as the tools for the Monthly Themed audits/inspections. More evidence can however be available at a later date, so it is prudent to hold off closing this action. ***Partially implemented*** **Revised date:** 30 April 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Head of Organisational Development / Deans / Directors / Depute Principal / H&S Compliance Manager	December 2019	***Progress at November 2020*** 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	As R1 - Training was completed in March 2021 together with the Principals Briefings where Managers were trained and reminded on Risk assessment and H&S management system. Procedures local to their area should be developed. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Deans / Directors / Head of Organisational Development / Depute Principal / H&S Compliance Manager	December 2019	***Progress at November 2020*** 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	Each new employee receives the H&S induction, and all employees receive regular and ongoing training with monthly themed activities. Organisational development teamwork alongside H&S team to procure, administer and record H&S training. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Head of Organisational Development / Depute Principal / H&S Compliance Manager / Deans / Directors	August 2019	*Progress at October 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* *Progress at November 2020* 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	Procedures have been updated with the revised H&S policy including roles and responsibilities. *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Health and Safety 2019/04 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Deans / Directors / H&S Compliance Manager / Depute Principal	August 2019	***Progress at October 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*** ***Progress at November 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	These audits were held back due to the ongoing COVID-19 pandemic. However, were initiated in July 2021 and we evidence reports of recent audits completed. There is also a programme established for further audits to be undertaken with the monthly themed activities. H&S team resources require review to address the size and scale of expected activity. In addition, the H&S Compliance Manager post remains vacant. We were able to evidence a sample of H&S audit reports completed from July 2021 and they are in line with good practice. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Risk Management 2020/03							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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	College Secretary/ Planning and SMT	Yes	College Secretary/Planning and SMT	31 October 2019	***Progress at November 2020*** Not yet progressed. ELT still requires completing 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***	Assurance Framework completed, reviewed, and approved by the Audit and Assurance Committee. Risk Management Guidance (January 2021) was revised and published on the staff intranet, MyConnect. Risk and Assurance Framework training was delivered to ELT & SMT in February 2020. ***Fully implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Purchasing and Procurement 2020/04							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Vice Principal Corporate Services	September 2020	***Progress at November 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	Due to continuing restriction direct training has been delayed until in person training can be delivered. The PECOS ordering process continues to be monitored and supported. ***Partially Implemented*** **Revised Date:** 31 January 2022

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
R1 Develop mechanisms for obtaining the views or feedback of College departments on how well the intranet 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	Yes	Vice Principal Corporate Development & Innovation	30 June 2021	*Progress at November 2020* *Not yet past completion date*	Management ran a staff user survey around six weeks after launch of the intranet in July 2021 and used feedback to tweak elements as well as recently adding a new searchable staff events/courses booking app. It enables the creation, and registration of events via the intranet and automatically links to staff work calendars. More than 70 percent of staff fed back that they found it simple and intuitive to use, with a similar percentage more able to find the information that they need to do their job. Enabling access to the latest College developments, and providing information to assist with daily tasks, were earmarked as the two most important purposes of the platform. There will be ongoing user survey completed with teaching staff and students on how well the intranet has served requirements. *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Director of IT	30 June 2021	*Progress at November 2020* *Not yet past completion date*	The College adopt SSO by design. As previously recorded, given the number of legacy systems, SSO across all systems is an aspirational project that will take years to develop a Federated Access\Single Sign on model. However, every new system introduced including the MyConnect intranet, for example, adopts SSO as default. *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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	Yes	Depute Principal	31 October 2020	*Progress at November 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	The new VLE is Canvas which is now configured and implemented. Initial student onboarding in pilot areas within Block 1 late 2021, with the rest of the students migrating over during the year 2021/22. This was led primarily by the Learning & Teaching Academy with Academic Staff. IT/IS are supporting rather than leading *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Director of IT	31 July 2021	*Progress at November 2020* *Not yet past completion date*	Working with the College Data Protection Officer, changes were made to limit some of the personal identifiable data from certain areas of Enquirer. This mitigated the risk of Staff having access to data that was not required/justifiable. For example, the full Enrolment form PDF was removed from staff access to limit the personal data of the student that can be viewed (albeit staff still had to log into Enquirer to even see this data). *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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 several 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.	Yes	Director of IT	31 March 2021	*Progress at November 2020* *Not yet past completion date*	This recommendation was raised due to management change in the IT team. Review of Enquirer not yet completed due to the College's prioritisation over previous 18 months & COVID challenges. Additional functionality continues to be migrated to more suitable platforms where identified, such as room bookings which is now completed within Outlook (and the Enquirer functionality decommissioned). However, discussion with the Director of IT noted there is no intention to document user guides. This is due to college-wide understanding of the system, such as timetabling, and support staff knowledge. For example, experienced Enquirer Technical Developers have recently been internally promoted reducing the risk of loss of organisational knowledge. ***Considered but not implemented***

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at Previous Reviews	Progress at August 2021
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.	Yes	Director of IT	31 July 2021	*Progress at November 2020* *Not yet past completion date*	Draft SLA are now completed and available for feedback. SLA metrics will only be possible when the new Support Service Desk has been implemented. The metrics however are stated within the SLA. *Fully implemented*

Appendix VII - Updated Action Plan
Internal Audit Report (2020/13 Follow-Up Reviews) Continued

Web Based Services 2020/05 Continued							
Original Recommendation	**Priority**	**Management Response**	**Agreed**	**To Be Actioned By**	**No Later Than**	**Progress at Previous Reviews**	**Progress at August 2021**
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.	Yes	Director of IT	31 March 2021	*Progress at November 2020* *Not yet past completion date*	A review of implementing a new service desk has been completed. Management discussions have commenced internally with colleagues in various support departments to elicit business requirements for a Support Service Desk (rather than simply IT). This process is underway with several key business requirements documented. Several potential solutions have also been identified who will be invited to demo their systems. IT team focus in 2021/22 has been to implement a new VLE (Virtual Learning Environment) for the new academic year. The plan is to be in a position in December 2021 to move to invite tenders from Service Desk suppliers to implement a solution for the next academic year 2022/23. It will be on implementation that reporting themes as per metrics documented in the SLA will be implemented. *Fully implemented*

Appendix VIII - Updated Action Plan
Internal Audit Report (2021/02 General Ledger)

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at August 2021
R1 The College should investigate the introduction of an automated monthly journal process to improve both the business efficiency and controls in place when updating the GL accounts.	3	The senior finance staff utilise the journal upload functionality within bluQube. The journals are not currently manually entered however there is staff time involved in preparing the spreadsheet for uploading. There is potential for improved integration with iTrent in generating the monthly payroll journals.	Yes	Vice Principal Corporate Services	31 December 2021	The payroll journal process has been reviewed and amended however full integration between bluQube and iTrent is not achievable. ***Fully implemented***

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