



Internal Audit Recommendation Tracker

Outcome requested	Audit and Risk Committee is asked to note the progress on internal audit recommendations.
Executive Summary	<p>Updates from lead officers have been provided for all of the actions scheduled for report in September 2015. Note to QMSE: updates from the Chief Operating Officer will be provided in advance of the Audit and Risk Committee meeting.</p> <p>13 items have been progressed to completion. 20 items remain open and are being progressed.</p> <p>The report is presented with the areas yet to be completed listed first, The following item has been prioritised as 'red' by the Internal auditors:</p> <ul style="list-style-type: none"> • BFM01 Scheme of Delegation • CFS01 Independent review of payroll data and exception reporting. <p>Column J details the revised deadlines for these items proposed by the responsible officers. The Executive will provide any further updates at the meeting.</p> <p>Column I details the latest updates provided by the responsible officers. Column D: items in red = not completed, items in green = completed.</p>
QMUL Strategic Plan reference and sub strategies	Internal audit supports all areas of the strategic plan.
Strategic Risks:	Internal audit considers all risk areas.
Subject to prior and onward consideration by:	QMSE 25 August 2015
Confidential paper under FOIA/DPA:	No
Equality Impact Assessment:	Not required
Timing:	Regular report to Audit and Risk Committee
Author(s):	Eleanor Crossan, Governance Administrator
Date:	17 August 2015
Senior Management/External Sponsor	Mike Shore-Nye, Chief Operating Officer

Audit Plan Year	Audit Title Code	Auditor Priority	Agreed due by date Red = not complete Green = complete	ARC meeting to report progress to	Finding / Risk / Recommendation	Management Response in Audit	Responsible Officer	Management Notes on progress	Revised deadline proposed by Management Red = high priority
1213	BFM01	Red	01/04/2013	September 2015 ARC	<p>Scheme of Delegation Authorisation limits on the finance system (Agresso) often exceed the Scheme of Delegation ('SoD') and there is no process for budget holders to monitor those able to charge against their cost centres.</p> <p>We also found evidence of signatories on manual purchase invoices exceeding their authority per the SoD. This issue was previously raised in the 2010-11 Core Financial Systems review, but has been re-raised as the recommendations were said to have been implemented. The Financial Regulations and SoD have also not been updated for the recent QMSE restructuring and the web-link to the SoD in the Financial Regulations does not work. There is a risk that purchases are made without the consent of QMSE and that budget holders cannot effectively control the costs charged to their centres.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> - Agresso limits for all staff are revised so that they are consistent with the Scheme of Delegation. - The IT Team should report to budget holders quarterly on the authorisation limits for staff to charge against their cost centres. - Manual purchase invoices authorisers should state their role and authorisation limit per the Scheme of Delegation. - The Scheme of Delegation and the Financial Regulations are updated for the QMSE restructuring exercise. - The link to the Scheme of Delegation 	<p>Accepted This is incorporated within the FCIP, where we will ensure the Scheme of Delegation is reflected in the Agresso approver limits and consistent with non-Agresso approval.</p>	Janice Trounson - Deputy Director of Financial Control	<p>Update July 2015: there is one remaining Institute in the medical school to enliven. This will be completed by the end of August 2015 ready for the new academic year.</p> <p>Background: An updated Scheme of Delegation of Financial Authority was approved by Council in July 2013. We are now moving forward with a pilot to align approval limits and workflows (based on budget holder responsibility) on Agresso. Pilots to start from August 2013. Following successful implementation of pilots, an implementation schedule will be put together for the rest of the College. This is a significant piece of work as it changes the current workflow structure in Agresso from the line manager of the individual raising a requisition to the budget holder for the cost centre incurring spend.</p>	August 2015
1314	CFS01	Red	31/01/2014	September 2015 ARC	<p>Independent review of payroll data and exception reporting The HR Officers are currently responsible for creating new starters and assigning grades and spinal points in ResourceLink (HR and Payroll system). These determine the employee's salary. The HR team are also responsible for processing changes to the payroll, such as changes in hours or non-incremental pay rises. At present there is no routine review of the creation of new starters or changes made to the payroll. Our testing identified the following exceptions:</p> <ul style="list-style-type: none"> - Six out of our sample of ten new starters created in the system had not been reviewed; and - No evidence was available to confirm the amendments processed had been checked for validity. <p>We also found that checks were undertaken on a sample basis of amendments to payroll data and where there were significant changes to pay. There is an increased risk that ghost employees are added to the system or that unauthorised changes to salaries are made to the payroll.</p> <p>We recommend:</p> <ul style="list-style-type: none"> - All new starters are independently reviewed prior to being made active on the payroll system; and - All amendments to employee salaries and significant changes to pay should be reviewed on at least a monthly basis; and - Other amendments could be reviewed on a sample basis if necessary to ensure accuracy. A sample of 20% of changes is suggested if this is deemed necessary. 	<p>Accepted We do need to ensure risks are adequately mitigated. It is helpful that audit have identified the levels of checking that will be necessary to give assurance of satisfaction.</p> <p>We have very high volumes of transaction and we are introducing more e-enabled processes to minimise the level of intervention necessary and reduce human error.</p> <p>We will need during the year to review our use of contracts that require frequent updating, and payment methodologies that allow lack of precision or fluctuation in payments that could be modified to make regular consistent payments. And thus reduce effort and error.</p> <p>We will introduce routine processes that comply with audit recommendations.</p>	Margaret Ayers	<p>August 2015 Update: KPMG have started the Review and will be reporting by the end of August. On the HR side we will meet in September to discuss the implementation of appropriate routine checking processes.</p> <p>Background: Currently a "Net Pay Difference" check, is carried out where we compare a staff member's current net pay with the previous month's net pay and using a £20 or 20% variance, the payroll officers look at any differences and why. In addition, any new HRA's input is reviewed prior to actions being made active. This oversight remains in place for a number of weeks during induction. While continued automation will reduce keying error and keying volume the current HR Operations model is not resourced to provide an 'independent' review for fully trained HRAs.</p> <p>Update August 2014: Project established to begin review of contract variations, and also reviewed with Finance process of payment methodologies for irregular employment. A full review of payroll is to take place this quarter and this will review issues of process, risk mitigation and further e-enablement to minimise human intervention and error.</p> <p>Update: November 2014: Payroll review commissioned and due to take place November 2014. Will include a review of adequacy of processes; MyHR Phase2 being rolled out at present to minimise paperwork and rekeying of payment details; QMSE approved changes to one off payment processes in Oct 2014. Will limit risk arising from irregular and variable payments; HR and Finance about to launch revised procedure on contract allocation to minimise irregular employment and comply with HMRC regulations, which will minimise errors in employment practice and risk; new starter details checked in detail by senior member of staff when being set up by a new HR assistant; new employees can only be paid post verification of starting; on some occasions schools informing HR late of ending of employment and discussions continue to be held with schools to reduce this issue.</p>	Proposed revised deadline: End of August 2015

1415	CFS01	Red	Immediate	September 2015 ARC	<p>Management of Overpayments</p> <p>The College should review how it manages overpayments. Our walkthrough and sample testing identified the following:</p> <p>i. Payroll and finance meet to discuss overpayments and identify issues arising however while the aim is to meet monthly this doesn't always happen. Our sample testing found one example where an overpayment was recorded as outstanding when the a deduction had already been made to clear the overpayment. There was a second example in the overpayment schedule that following investigation was found not to be an overpayment but an advance made to an employee that was deducted the following month. This would indicate that a complete list of overpayments held.</p> <p>ii. When the payroll officer who deals with overpayments was on leave for a month during the year there was no cover for managing the overpayment process and therefore no action taken in relation to managing overpayments.</p> <p>iii. Our sample testing found two cases where there was insufficient evidence to support actions taking in dealing with the case. We understand the employees are repaying the overpayments but there is no document the agreement. Our sample testing found two instances of delays in managing the overpayment process. For one case the overpayment was not transferred to credit control until August 2014 despite the employee leaving the College in January 2013 and one case where no follow up was undertaken since the overpayment was originally identified in October 2014.</p> <p>Management should review its processes for managing overpayments and build actions into the monthly closedown process. This will ensure that payroll and finance are liaising regularly to discuss overpayments and deal with errors and exceptions. This will also provide a structure to ensure that the various stages of the overpayment process is being managed (so overpayments are being chased at the appropriate times for example). The closedown process should also allocate actions to named individuals should the payroll officer be on leave. HR operational staff should also be reminded of their responsibility to inform the overpayments team when overpayments are occurring so the overpayment process can be implemented promptly.</p>	<p>Accepted</p> <p>i. Not all overpayments require the involvement of the Senior Payroll Officer, as they are often resolved between HR and the individual and repaid in the following pay period. However, there are occasions when it is not possible to reclaim the overpayment, e.g. the amount is high and therefore needs to be recovered over a longer term or the individual has left. In these instances notification of the overpayment should be given to the Senior Payroll Officer who manages the process. I will reiterate to all HR staff of the process that they need to follow. I will also contact Finance with a view to commencing monthly meetings which can be diarised in the calendar up to one year in advance aspart of a monthly closedown.</p> <p>ii. The Senior Payroll Officers leave for a period of more than 2 weeks is exceptional, unfortunately the instance of one month was due to illness. However, due to a reduction in staff resources, there is no capacity in the payroll team to cover chasing overpayments whilst she is on leave. I will review this once system changes have been implemented to see if a resource becomes available.</p> <p>iii. Once again I will reiterate the procedure to all HR staff for them to follow, so notification is given at the appropriate time.</p>	Tony Pettit - Head of Payroll and Pensions	<p>August 2015 Update: We are meeting on a quarterly basis with Finance to discuss this. These meetings will become monthly in the 15/16 financial year. Finance have requested changes to the procedure and we will discuss this at the next meeting.</p>	
1213	SMDP06	Amber	01/08/2013	November 2015 ARC	<p>Partner payments for placement students</p> <p>Whilst we confirmed that the College was prepared to withdraw funding from the Health Service Bodies (including BHT) in the event that standards fell, we could not identify a specific framework against which providers were assessed.</p> <p>There is a risk that if student numbers were withdrawn from a provider, the deemed lack of transparency over the process could lead to tensions in the partnerships. A formalised framework for assessing suppliers could also reduce the risks of conflicts of interest arising in decisions on partner placement numbers arising from the number of staff that hold joint roles within the SMD and BHT.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> - The SMD define standards expected of the Health Service Bodies in receipt of funding for supporting placement students under the Service Increment For Teaching (SIFT) arrangement and benchmark the performance of the difference partners against these criteria. - The SMD inform partners on a timely basis where they are under-performing against the criteria and ultimately use performance as a determinant for allocations 	<p>Accepted</p> <p>Action is already in place, to be augmented by agreed quality metrics and backed up with clear accountability for resources disbursed for the support of Education in partner Trusts.</p> <p>This will be managed by the SMD's Dean for Education</p>	Dean for Education	<p>Update May 2015: The Service Level Agreement items now all been agreed and Barts Health NHS Trust staff are ready to implement them. Lesley Elias is progressing this within the Trust. Once it has been formally signed off, we will reproduce this with our other partner Trusts. This action is likely to require a further two months for implementation in BHT (due to ongoing internal problems) and six months for full completion.</p> <p>Update November 2014: We have been developing a Service Level Agreement (SLA) with our NHS Partners to manage this relationship. In order to achieve consistency we are trying to develop SLAs that will apply across the whole of London. Our draft SLA was tabled at the Pan-London SIFT ("Service Increment for Teaching" the route by which Trusts have historically been recompensed for undergraduate teaching) Working Group on September 1st. This group consists of representatives from the 3 London Local Education and Training Boards (LETBs) (both Finance and Quality) and the 5 London Medical Schools. Feedback from members is expected at the next meeting in November. Members supported the introduction of an SLA but School Managers noted the schedule would need to be amended to reflect the requirements of their programme and those of particular service provider Trust. As the main section is the standard NHS contract, this is seen as being appropriate for all SLAs.</p> <p>Members of this working group include Health Education North West and South London: Silvio Giannotta, Quality and Performance Manager, Head of Finance, Martin Livesey, Jane Pauley, Deputy Head of Finance. Health Education North Central East London: Helen Jameson: Director of Finance/Deputy Managing Director</p> <p>This draft was also shared in July with: Dawne Bloodworth, Managing Director and Lesley Elias Associate Director Education Academy (Delivery), Education Academy - Academic Health Sciences, Barts Health NHS Trust and Peter Rolland, Head of Quality NCEL and Paul Martin, Head of Medical & Dental Commissioning South London.</p>	Nov-15
1213	SMDP07	Amber	01/08/2013	November 2015 ARC	<p>Partner payments for placement students use of facilities</p> <p>We identified that certain partners are being paid significantly more for use of facilities by placement students than other partners, which creates a risk that the College is not getting value for money in its medical placements. Two areas merit special attention.</p> <ul style="list-style-type: none"> - PCTs (Tower Hamlets and City & Hackney) together provide only three medical student placements and yet have a combined facilities charge of £509k (the equivalent charge for three placements from the other partners combined would be just £138k). - The BHT facilities charge is £31.8m, which represents £78k per placement compared to an average of £15k for the other non-PCT partners who combined provide 51% of the total placement numbers. <p>It is recommended that:</p> <ul style="list-style-type: none"> - Facilities payments to SIFT partners are monitored in the context of placement numbers and where these are significantly higher for certain institutions, the College should consider re-negotiating the fees and the allocation of any students to these partners. 	<p>Accepted</p> <p>New tariffs from the DoH deal with this issue which is a legacy issue that has been out of the SMD's hands.</p>	Dean for Education	<p>Update May 2015: The Service Level Agreement items now all been agreed and Barts Health NHS Trust staff are ready to implement them. Lesley Elias is progressing this within the Trust. Once it has been formally signed off, we will reproduce this with our other partner Trusts. This action is likely to require a further two months for implementation in BHT (due to ongoing internal problems) and six months for full completion.</p> <p>Update November 2014: Before 1 April 2013, funding for clinical education and training was based on local agreements between SHAs and providers. As noted, this led to inequity in the funding of similar placements across the country. In particular, the distribution of funding for clinical placements varied widely across clinical placement providers, in a fashion that was not related to volume or quality of training provided, and did not cover all clinical professions. This was mainly due to the fixed' facilities' funding that was given to providers which was not based on volume of placement activity and, indeed, had no transparent basis whatsoever.</p>	Nov-15

1415	ROR01	Amber	31/12/2015	November 2015 ARC	<p>Research Strategy</p> <p>During our review we identified that the Research Strategy 2012-15 does not include reference to how overheads will be maximised on individual projects and by the overall approach to the types of research the College focuses on.</p> <p>The approach at the highest level is to increase activity, be in a better position to support large multi-discipline applications and liaise better with industry. However this is not articulated in any document that includes practical steps on how this vision is going to be realised, so that the College targets resources to undertake the most strategically beneficial and profitable research.</p> <p>We recommend that the College develops a plan for maximising overhead recovery that takes into account the overhead recovery of different types of research and seeks to develop the areas that have the best overhead recovery rates, while balancing this with academic requirements to maintain a high quality of research. This should be documented within the 2016 update to the Research Strategy.</p>	<p>Accepted</p> <p>The College has accepted that it needs to develop a strategy to maximise the overhead recovery rate to the organisation to ensure continued growth.</p> <p>A review will look at the current research portfolio, agree the strengths and ambitions of the organisation and the financial contributions required to ensure that the infrastructure is sufficient to enable growth. This will be articulated and disseminated throughout the organisation and used as a model and process when applying for externally funded research.</p>	Bill Spence, VP Research		
1213	SMDP03	Amber	01/03/2013	September 2015 ARC	<p>Monitoring and enforcing embedded space agreements</p> <p>In relation to the new property developments at BHT, we found that the Head of Property had copies of both the embedded space agreements between the College and BHT and the PFI agreement between BHT and the PFI contractors (Capital Hospitals Ltd). However, despite there being evidence of meetings taking place to review progress on the buildings there was little evidence of effective performance monitoring against these space agreements (e.g. to confirm that repairs and maintenance were being performed in a timely manner). Without appropriate performance monitoring of the embedded space agreements there is a risk that the College will not receive the size and quality of space required to achieve the SMD's objectives in teaching and research.</p> <p>A specific issue was identified in relation to the Clinical Research Centre which was scheduled to open in March 2012. The Head of Property confirmed that there was no time penalty clauses built into the contracts for delivery of new space in the PFI buildings and there has as a result been little progress from BHT in this area.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> - The College should request copies of the KPI reports prepared by the PFI contractors (Capital Hospitals Ltd) for the properties where embedded space agreements are in place. - The College should ensure that BHT enforces its rights under the PFI agreement with regard to repairs timescales in the PFI agreement. - The College should aim to obtain a timetable for the completion of the remaining units and should consider potential compensation for the ongoing loss of space for a Clinical Research Centre. - In future contracts, the College should consider inserting time penalty clauses for delays in the receipt of units. 	<p>Accepted</p> <p>To be implemented by College Property Management team.</p>	Head of Property	<p>Update July 2015: Agreement has been reached with BHT over the appropriate reduction in the service charge for the failure to open the CRC, and appropriate financial adjustments have been made. Importantly the agreement to reduce the service charge does not release BHT from an obligation to provide a CRC.</p> <p>QMUL has put BHT on notice that BHT will need to find a new home for the current CRC (located in a QMUL building) within two years.</p> <p>Agreement on the amount of space BHT will provide in KGV at Barts is awaited.</p> <p>The QMUL occupation of the Dental Hospital and the RLH has yet to be documented, but some progress has been made. QMUL are arranging for the Student Association Building to have independent gas, water and electrical supplies installed (at BHT's cost) so that QMUL is not dependent upon BHT performing its obligations to provide heating, hot water and air handling to this building.</p>	On-going
1314	CFS02	Amber	31/01/2014	September 2015 ARC	<p>Nominal rolls</p> <p>Staff listings are presented at budget holder meetings along with the monthly payroll charge and charge to date. We understand that these are sense checked by the budget holders for reasonableness, however no evidence of this was available for review.</p> <p>HR, Finance and Departmental Administrators should work together to produce a list of staff under each budget and ensure these are reviewed and signed off periodically (at least quarterly).</p>	<p>Accepted</p> <p>There are three sources of data for staffing rolls on checking which can become out of sync due to timing, effective dates, and information processes.</p> <p>HR agrees to work with Finance colleagues and Dept Administrators to establish processes and common reports which will be accessible and common Management Information that will meet all parties' needs.</p> <p>The review and alignment of payroll processes and reporting will be undertaken in Q1 FY 2013/14. The new quarterly staff listing reports will be issued to departments to review and agree by Jan 2014.</p>	Margaret Ayers Andrew Corti – Deputy Director of Finance, Financial Management	<p>Update August 2015 Andrew Corti: The Cognos development project will deliver budgets for 2015-16 consistently loaded into Agresso for reporting at employee level. This currently only happens in some areas and will improve the level of financial reporting for payroll. As part of the Financial Management restructure we are rolling out a standard agenda for budget review meetings from Sept 2015-16 which will include confirmation from the budget holder that they have reviewed payroll costs and have not identified any issues.</p> <p>Update August 2015 HR: We have seen the response from Finance on this which is helpful. Separately we are arranging to meet with Andrew Corti and colleagues in Finance in September to discuss how we might agree the setting up of an establishment model.</p> <p>Update April 2015: HR will use the Payroll Review in June as an opportunity to review this action. PS and SMD are reviewing staff costs at each months budgets review, but this still needs to be consistently applied to HSS and S&E and then recorded as such.</p> <p>Update December 2013: the new standing meeting agenda to be rolled out in January for School / Institute monthly finance reviews will include an item on payroll to ensure review occurs regularly. These meetings will be documented as part of the rollout of the standing agenda. We will meet with payroll in January to understand their processes to be able to better support the schools to manage their payroll.</p> <p>Ultimately we believe that proper control over payroll requires the use of an "establishment" which we will work with HR to develop in the longer term.</p>	Proposed revised deadline: August 2015
1314	SS03	Amber	31/03/2015	September 2015 ARC	<p>Targets for student satisfaction</p> <p>QMSE do not set target levels for satisfaction scores at an individual School, Faculty and Professional Services Department level. There are also no formal targets for individual sections of surveys. The College adopts this approach to reflect the nuances and different challenges faced by the different Schools and Departments and avoid a one size fits all strategy.</p> <p>We recommend specific priorities are set for each School and Professional Services department, to ensure that the objectives of individual Schools/departments are in line with the College's overall strategic objective and reflects the results from surveys and the overarching messages that come out from them. These key priorities should be linked to actions in the individual Taught Programmes Action Plans focusing on key areas for development as part of the Schools' annual Planning and Accountability Round.</p>	<p>Accepted</p> <p>As the report acknowledges, Schools and Institutes identify targets for the KPIs set out in the Strategic Plan for the NSS and ISB as part of the PAR process and agree appropriate targets with their respective Faculty Executives, in the context of other School targets and those of the Faculty.</p> <p>An equivalent process at a more detailed level happens in APR, where Schools/Institutes, in discussion with Faculty Deans, consider survey results as part of QA and programme improvement, to determine priorities and actions (recorded in Taught Programmes Action Plans). We will check that these operate satisfactorily to address the recommendation</p>	Susan Dilly VP Teaching and Learning	<p>Update August 2015: A number of the Indicators of Progress in the new Student Experience, Teaching, Learning and Assessment Strategy draw on evidence from student surveys: NSS, PTES and PRES, but in particular the new QMSS. Performance against these targets is monitored at College level (reported on via annual stocktake to Education Quality Board). The first stocktake took place in March 2015.</p> <p>Results of all core surveys will be made available in time for APR and if felt necessary, targets could be set during this period.</p>	01-Sep-15

1314	SS04	Amber	31/03/2015	September 2015 ARC	Review of current surveys being undertaken We understand there are around 40 surveys undertaken across the College. There has been no review process undertaken to ensure that the surveys do not overlap and are appropriate for the needs of the College. Some surveys such as the NSS or ISB contain questions that cover academic areas as well as non-academic areas and so there could be overlap in the surveys undertaken. We recommend that a review of all surveys is undertaken to ensure that effective use of student and staff time is being made, and that the surveys are being appropriately targeted.	Accepted The Surveys TFG will be reviewing all surveys and their content as it develops its coordinated approach to surveys and moves towards delivering them via a single survey system linked to the new Business Intelligence Tool. Preliminary surveys of existing surveys have already been undertaken, and this will inform the work of the TFG as it reconvenes after the summer	Susan Dilly VP Teaching and Learning	Update August 2015: An audit of Professional Services survey was submitted to the final meeting of the Student Surveys Task and Finish Group in June 2015, and the new surveys group, the Student Surveys Development and Coordination Group (SSDCG), will continue to monitor the number of surveys aimed at current students. The new Student Surveys Policy will be available online in August 2015, and includes a procedure for new surveys: a SSDCG subgroup will receive applications for all new student surveys in order to approve or advise based on potential overlaps with existing datasets, or times of the year in which target student populations are already being surveyed.	01-Sep-15
1415	PBI01	Amber	01/09/2015	September 2015 ARC	Evidence provided for proof of engagement We understand that the College is in the process of designing a new task for Supervisors which will require them to have monthly contact with all postgraduate research students. Communication will be through the MySIS system, and will therefore be automatically recorded. Once this task is implemented, it needs to be overseen by senior academic staff to ensure that it is adopted by all supervisors. In addition, we recommend that the adoption of this task should be monitored as part of each supervisor's yearly performance appraisal process (particularly for postgraduate research students which have been most difficult to get evidence for).	Accepted We will take the following action: •The new system will be rolled out at the beginning of Semester 2 2014-15 in January 2015. There will be email communications to all research students, academic staff and school / institute administrators with advice on using the system, uploading reports on supervisions, and about how the information in the system may be used to monitor supervision activity and student progress. •Drop-in sessions will be run by ITS in January 2015 to offer training and advice to students and supervisors on using the new system. Staff will be briefed on the new system and requirements at the faculty DGS Forums and in school meetings. Supervisors will be asked to discuss the system with their students •At the end of Semester 2 reports will be run to check that all registered research students have at least one supervision recorded on the system and that all students have at least one response from the supervisor. The reports will be reviewed by the DGS and PGR administrator in each school/institute. Students who have not recorded a supervision interaction and supervisors who have not responded to a student's report will be sent reminders by their school/institute and asked to submit a supervision report/response via the system to an appropriate deadline. Other types of report are under discussion as part of the on-going system development.	Head of the Research Degrees Office	Update July 2015: The new Supervision Log accessed through MySIS was launched in January 2015 as planned. All research students and their supervisors have access to the supervision log. Professor Jon May, the Director of the Doctoral College, wrote to all research students and to all academic staff to introduce the log and explain its purpose and uses. The Deputy Deans for Research in each faculty include information about the Supervision Log in training for supervisors. As the log was launched part way through 2014-15 it was seen as a period of embedding the new system. Use of the Supervision Log will become mandatory for students and supervisors from Semester 1 2015-16. It is expected that full-time students should upload ten reports per annum to the log (pro-rata for part-time students). This equates broadly to one report per month, taking into account holiday periods, but the intervals between reports may vary according to the stage of the student's research and the requirements for frequency of contact with their supervisor. Reporting from the log is being developed through the Business Intelligence tool and should be available shortly. Therefore it has not been possible to produce the reports proposed in the management response.	Proposed revised deadline: December 2015 to confirm development of BI reports
1415	SBCS01	Amber	01/09/2015	September 2015 ARC	SMART controls We obtained the School Risk Register and sampled three risks to ensure control activities were operating as stated and were documented in a way that is SMART. Whilst we confirmed that control activities are being performed in line with the School Risk Register, the actions identified were not all considered to be SMART, meaning that risks can not be appropriately tracked and staff held to account. We recommend that during the next School Risk Register update that documentation of control activities are changed to be SMART. Controls should be allocated timelines for completion and metrics for measurement.	Accepted When we next update the risk register we will ensure that the control activities will be rephrased to ensure that they are SMART. We have asked for guidance as to what this entails	Fiona Marsh, SBCS School Manager	Update July 2015: this is always an iterative process and will be reviewed quarterly to ensure that the risks are relevant and SMART. There are some that are still not "SMART" and will be worked on in discussion with the Director of Taught Programmes or Director of Research.	Sep-15
1415	SDS01	Amber	01/09/2015	September 2015 ARC	Co-ordination of staff development activities From the survey results, discussion with staff and analysis of spend there is diverse practice in provision of courses and the amounts being spent. This may not be achieving best value for money as many courses are procured locally by professional services and faculties. We recommend that staff development activities are co-ordinated through the CAPD to provide courses and activities to staff in order to ensure value for money is achieved.	Accepted This appears to be a rational suggestion which will significantly contribute to the success of strategic aim 1 of the QMUL2015 strategy. It will be difficult to achieve, given current custom and practise across the university and will require a significant change in culture. The successful implementation of this will be absolutely contingent on the purchase and use of a learning management system. CAPD will develop a strategy to deliver staff development, starting with central Professional Services, outlining key interventions over a five year period, leaving only the specialised areas for directorates to purchase their own training. We will aim to roll this approach out to faculties. It will be necessary to have high-level agreement that PS departments will not simply continue to purchase generic courses.	Professor Joy Hinson, Director of CAPD	Update July 2015: No progress. Will be taken forward by HoLPD.	Jun-16
1415	SDS02	Amber	01/09/2015	September 2015 ARC	Suite of development courses to match staff needs From the survey results we identified a number of courses which were consistently being procured from organisations outside the College. The most common courses were First Aid, Lean Six Sigma, Social Media and Fair Selection and Interview Skills. We recommend the College develops a suite of courses to match the common needs of the academic departments and professional services. This should be refreshed and updated at least annually.	Accepted CAPD will conduct a thorough needs analysis to determine the range of courses needed and the appropriate level of provision. This analysis will include faculties as well as Central PS. We will carry out a value for money analysis and determine whether an external or internal provider present best value. Where internal providers are used, CAPD will run a number of train the trainer sessions to allow colleagues at QMUL to deliver this training. For external providers CAPD will establish and maintain a list of preferred suppliers.	Professor Joy Hinson, Director of CAPD	Update July 2015: A vetted list of providers is underway (CAPD done, rest of PS in progress). Will be progressed by HOLPD. The plan for 2015-16 is to send reports out in October, January and April.	Proposed revised deadline: March 2016 in time for planning for 16/17

1415	SDS03	Amber	01/09/2015	September 2015 ARC	<p>Engagement plan for CAPD with the Faculties and Professional Services</p> <p>In order for the academic departments and professional services to become aware of the courses offered, the CAPD needs to ensure the services they offer and courses available are marketed appropriately.</p> <p>We recommend that the CAPD develops an engagement plan for faculties and professional services to ensure they are aware of the courses and activities available to staff. A named individual should be identified as a key liaison point in each academic department and professional service.</p>	<p>Accepted</p> <p>This piece of work has already started with the project being undertaken by our graduate management trainee.</p> <p>We will develop an engagement plan with the faculties, but we are not convinced that identifying a single faculty contact is the most effective way to achieve good communication with all our stakeholders. It is probably more appropriate for each team in CAPD to identify a key stakeholder in each school/institute/directorate.</p>	Professor Joy Hinson, Director of CAPD	<p>Update July 2015: E-Learning and Educational Development teams have departmental contacts. Awaiting recruitment of Heads of LPD and RD to complete this action.</p>	Proposed revised deadline: January 2016
1213	BFM05	Amber	01/08/2015	September 2015 ARC	<p>Budget holder training</p> <p>There is scope for improving the training for budget holders with 43% of budget holders perceiving not to have received sufficient training to perform their role. This is supported by 40% of budget holders who do not view their budgets as realistic. There is also no training for Finance Managers on how to explain accounting matters.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> - Mandatory training is introduced for budget holders on budget setting and monitoring. - Staff should not be allowed to take on the responsibilities of being a budget manager until they have completed basic training in budget setting and budget monitoring. - Training is introduced for Finance Managers on how to explain accounting matters to non-finance professionals. - The College should consider the potential for using e-Learning software to track attendance and achieve efficiencies in recurring training programmes. 	<p>Accepted</p> <p>Budget holder training will be re-introduced, and a programme developed. The Finance Director approval will be required before a new budget holder is appointed</p> <p>Training needs will be assessed as an integral part of the staff appraisal process.</p> <p>With regards to e-Learning, this should be considered in the wider context of the HR strategy on staff development, rather than in isolation in the finance department.</p>	Deputy Director of Financial Management	<p>Update Aug 2015: This project has been delayed further by the necessity to prioritise the 5 Year Plan and as a consequence the agency resource identified to progress this project has left QMUL. New resource has been identified and a further session to review the material has been booked for August 2015. It is intended to conduct a pilot in Autumn 2015.</p> <p>Update May 2015: The training modules have been drafted. Pilot sessions have been scheduled for late June and all budget holders will be trained by end of 2015.</p> <p>Update October 2013: Budgetholder training is in the Finance departmental objectives for 2013/14 to be led by the Deputy Director of Financial Management. Dates have been agreed in conjunction with the CAPD for a pilot in late November 2013 and two further sessions in FY 2013/14. Further sessions will be held in 2014/15 as part of a rolling programme. Once this is under way we can consider the requirement for mandatory training for all new budgetholders.</p> <p>We do not currently see the use of e-learning as a fundamental part of budgetholder training though do plan to use QReview for more basic training.</p> <p>Training for finance managers is being handled as part of their ongoing development. The structure of the Financial Management team is being reviewed and this will include updating role descriptions and skillsets and evaluating staff against these revised skillsets.</p>	Proposed revised deadline: End June 2016
1112	IPG 02	Amber	30/06/2015	September 2015 ARC	<p>The level of IP participation & awareness amongst academic staff</p> <p>a) Reliance on academics to disclose inventions: Under the College's Code of Practice for the Exploitation of Intellectual Property (drafted in 2003) IP rights in inventions created by staff are owned by the College. The staff are to "notify the College of any such invention, which might have commercial value". Any income which derives from the commercialisation of the invention is shared by applying a percentage sharing mechanism. This is also brought to the attention of academics in the College's Inventor's Guide.</p> <p>b) Level of incentivisation of academics: The effectiveness of academics complying with their duty to notify the College of new inventions depends partly upon whether the academics support the fact that their research activities should be commercially exploited by the College. It is also not clear whether the incentivisation scheme is pitched at the right level.</p> <p>c) Interaction with inventors across the College: From the responses to our questionnaires and discussion with the Director of QMI we understand that QMI tends to work with a relatively small group of prolific inventors. However there are many academics that currently are not involved in the IP commercialisation process. We therefore question the sufficiency of IP capture across the College.</p> <p>Recommendations for increasing the engagement of academic staff with QMI IP training courses: QMI has a stall at the induction day for new staff. It also issues factsheets on IP, invites staff to IP training sessions and holds monthly IP surgeries. Whilst all of these are good practices, they still require voluntary participation. Introducing a training course on IP would help ensure that all academic staff receive the requisite training on a regular basis. We recommend that academics should attend IP training or undertake IP online training on an annual basis in line with other organisations. Furthermore, an online course, perhaps linked to other mandatory training, would be scalable since delivery would not require the resources of QMI's team to support it. Attendance at the course could be linked to performance goals.</p> <p>Reassessment of IP participation incentives: We recommend that the College should reassess how academics are incentivised to participate in the IP commercialisation process. QMI should consult academics at the College and on a wider basis, via Practice Unico and AURIL, to understand the levels and/or combination of incentives that will measurably increase the participation of staff.</p> <p>Prolific inventors playing a role as internal IP champions within department: Those academics whom are currently engaged with QMI could be called upon to champion the merits of the College commercialising its IP assets within their departments. The voice of academic staff rather than simply that of QMI could be a useful tool for promoting a wider culture of participation. The use of academics as champions may strengthen the message that the commercialisation of the College's IP will be vitally important for ensuring the future of the College's capacity to be a leading research institution. Prolific inventors should also be a key consultation partner if the College chooses to design mandatory IP training programs and reassess its incentivisation system.</p>	<p>Accepted</p> <p>The level of student awareness and understanding of IP regulations is a matter that was recently raised at QM's VPRAG.</p> <p>The dissemination of student IP regulations through student enrolment and other documentation shall be improved.</p>	Director of TT and QMI.	<p>Update July 2015: the IP guide book is being drafted and developed in conjunction with QMUL marketing and comms. QMI is undertaking a process of consultation with heads of school across all faculties to finalise the IP policy implementation strategies. It is anticipated that these matters will be completed by December 2015.</p>	Proposed revised deadline: end December 2015.

1415	VfM01	Amber	Ongoing	September 2015 ARC	<p>VfM Strategy</p> <p>The College currently does not have a strategy relating to VfM, which is in line with most other institutions in the sector. There is an ambition within the College to move away from the traditional procurement and cost-saving focused approach towards an integrated more robust approach to VfM. There has also been turnover within the Finance Team which has caused the VfM responsibilities to shift to new individuals. We support the actions being taken by the College, however we recognise that these ambitions have not been consolidated into one VfM strategy.</p> <p>We recommend that a strategy is developed which will set out the vision for VfM, how the vision will be achieved and the responsibilities of staff across the College, including the responsibilities for review and challenge of the methods used to calculate financial figures and the completeness of VfM report content. This should be a QMSE led initiative which is implemented by the VfM Steering Group in order to ensure the buy-in of staff across all Faculties and Schools as well as Professional Services. We have set out some of the core components of a VfM strategy in Appendix B.</p>	<p>Accepted</p> <p>This is a logical development of our approach. The vfm strategy group will accept responsibility and will share a draft strategy alongside the annual report to the September meeting of the Audit and Risk Committee.</p>	Mike Shore-Nye - Chief Operating Officer	<p>Update August 2015: The draft Strategy and report are not ready for the September Audit and Risk Committee but the final version will be provided at the next meeting</p>	November 2015
1011	CORE03	Amber	Ongoing - due 31/03/2015	September 2015 ARC	<p>Authorisation of payments/purchasing segregation of duties</p> <p>Testing of payments made through the non-purchase order (PO) route identified 1/10 cases where a payment was made despite the amount of the invoice being higher than the individual's agreed sign off limit as per the 'authorised signatories' spreadsheet held by Accounts Payable (payment of £38k versus a limit of £28k). This limit in this specific case was ignored by Accounts Payable as only one individual was allowed to sign off on commission payments. In addition, individuals are allocated limits up to which they can authorise expenditure. Within this limit however, an officer can both raise and authorise a purchase order. This lack of segregation creates the risk that fraudulent or inappropriate expenditure is not identified.</p> <p>We recommend:</p> <ul style="list-style-type: none"> - No payments are processed where the amount involved are above designated limited. In specific cases such as commission payments, the invoice should be authorised to an officer with appropriate authority - Agresso should be used to enforce segregation between the ability to raise and authorise a purchase order, regardless of the authority limits 	<p>Accepted</p> <p>The processes will be reviewed to determine the best practice and a workable solution as part of the Finance Transformation project</p> <p>Deputy Finance Director and Agresso team, To be determined</p>	Janice Trounson - Deputy Director, Financial Controls		End of August 2015
1415	SDS05	Green	01/06/2015	February 2016 ARC	<p>Preferred suppliers of courses</p> <p>Once the portfolio of courses has been developed, the trainers and providers of the courses need to be identified. We recommend that for each subject matter trainers are either developed internally or external providers of the courses and activities are identified. A cost benefit analysis should be undertaken to identify who, or which organisation, is best placed to provide the course or activity. This must consider the costs, the quality of the service provider and the qualifications needed to provide that course.</p>	<p>Accepted</p> <p>We will carry out a cost benefit analysis and develop a list of preferred suppliers, starting with the top five courses by spend.</p>	Professor Joy Hinson, Director of CAPD	The Business Continuity Manager has now started the process of creating local plans with each area of the Institution which is a process exp	Dec-15
1415	SBCS04	Green	01/03/2015	November 2015 ARC	<p>Academic 9 account monitoring</p> <p>We held interviews with several Academics at SBCS and noted that there is a need for regular reporting being provided on 9 account spend (discretionary spend). In one instance a Professor had overspent on the 9 account in the prior financial year but was not aware of it until the financial year had ended. In another instance a Professor had underspent on the 9 account due to being unaware that a budget existed. We recommend that quarterly 9 account statements be produced in the current financial year for all Academics to allow them to monitor discretionary spend.</p>	<p>Accepted</p> <p>We have discussed what might be done to provide the relevant reports from 9 accounts. The finance manager has agreed to provide Quarterly reports to academics in a standard format.</p>	Jim Belfield, Finance Manager		Oct-15
1415	ROR04	Green	31/12/2015	November 2015 ARC	<p>Business Developments Office role</p> <p>During our review we identified that the role of the Business Development Office is not clearly defined within the Standing Operating Procedures. The lack of clarity around how the roles of the JRMO and Business Development Office interact means that there is a risk that Business Development Office complete elements of the process that the JRMO are better placed to complete such as costing. There is also a risk that the relationship developed by the Business Development Office with the potential research sponsor is not utilised if they are not involved after passing the details to the JRMO. We recommend that the role of the Business Development Office is clearly documented within the Standing Operating Procedures and that this includes a clear delineation between the roles in costing and negotiating contracts. The updated procedure should however consider where an overlap in roles could be beneficial to the process.</p>	<p>Accepted</p> <p>In the last year the Business Development Unit (BDU) and JRMO have been brought together into one department. A review is currently being undertaken into the role and remit of the Business Development Unit. The report is being reviewed by QMSE in January. In addition the BDU and JRMO are working together as part of the new department to establish how to work optimally together, capitalising on each team's strengths to complement each other and to provide a seamless service to the College to ensure potential business opportunities and financial growth are maximised.</p>	Dr Sally Burtles, Director of Research and Business Services		

This action should now be closed down but it is recommended that a follow up review is completed in early 2017

1213	PRO05	Green	31/07/2013	September 2015 ARC	<p>Stakeholder Engagement</p> <p>Our discussion with stakeholders around the College found that there was a desire to be more informed when key tenders which affect all departments are taking place. There is currently no formal route in place for the Schools or Professional Service departments to provide feedback on suppliers.</p> <p>We recommend that:</p> <ul style="list-style-type: none"> - The Schools and Professional Service departments are consulted when considering suppliers to be part of a framework or when a re-tender is in progress. This could involve holding an annual survey to engage stakeholders or developing voting tools to allow stakeholders to have a say in who the key suppliers are for activities undertaken by the Schools; such as travel companies or furniture suppliers. - As part of a performance review of suppliers, the Procurement Team should request feedback from the users every six months on key suppliers. 	<p>Accepted</p> <p>We will</p> <ol style="list-style-type: none"> 1 - Ensure there is appropriate stakeholder representation on tender exercises designed for common use of goods or services across QM 2 - Design a suitable user feedback mechanism that will complement the actions to carried out in recommendation no 	Head of Procurement	<p>Update July 2015: Point 1 –Completed. Point 2 – The majority of key contracts now have milestones assigned against them for performance review. The remainder will be addressed during Q1 and Q2 in 15/16.</p> <p>Update January 2015: Point 2 – An e-contract tool has been purchased and implemented to manage material contracts. This incorporates a feedback mechanism. We have loaded all known accessible contracts and will continue to populate the tool with new contracts as they are entered into.</p> <p>IT are now using the e-contract tool, as a pilot, for the operational contract management (this will include the feedback mechanism). Following a successful pilot other areas will be given access.</p>	January 2016
1213	BFM12	Green	01/04/2014	September 2015 ARC	<p>Surplus by course</p> <p>Information provided by finance does not help budget holders identify courses that are in surplus or deficit as income and costs are reported in total for all courses in a cost centre. It is recommended that the College designs reports to show budget holders the surplus position by course. If deficits exist, strategic reasons for continuing the course should be documented.</p>	<p>Accepted</p> <p>The costing of all courses is an aspirational position for all Universities, particularly with the development of TRAC information. However developing this is a very time and resource intensive exercise, for longer term consideration.</p> <p>Where there are indicators that a course is likely to be operating at a deficit, such as the number of students on a course, the finance team will prepared targeted higher level costings to facilitate management decision making.</p>	Deputy Director of Financial Management	<p>Update Aug 2015: No further update.</p> <p>Update July 2014: No further update. The setting up of an Activity Costing Group has been approved by QMSE which will start to address some of these issues and there is an agreed objective within Finance and the COO to move to a target based budget setting process which will ultimately need to be underpinned by an understanding of course surpluses, however this understanding requires better data which will be dependent on achieving activities such as implementation of a new chart of accounts, SWARM and BI. These are planned for 2014-15, meaning that significant progress on course costing is only likely to be achieved from 2015-16.</p> <p>Update May 2014: Capacity to deliver this will be generated through the restructure of the senior finance function and additional resources identified through the PAR process.</p>	2016/17
1213	BFM14	Green	01/08/2014	September 2015 ARC	<p>Budget sign off and authorisation</p> <p>There are no sign off procedures in place to evidence the stages of approval in setting budgets, or to evidence that validation work has been performed by the budget holder as well as by the Finance Team; 60% of budget holders stated they did not sign off their final budget. There is also no sign off procedure covering amendments to budgets.</p> <p>It is recommended that School budgets are signed off by the School budget holders. The Faculty budget holder and the Deputy Director of Financial Management should then sign off a consolidated budget and confirm that they have performed validation checks (see recommendation 7). This same process should be followed for any amendments made to the budget during the year.</p>	<p>Accepted</p> <p>This will be implemented in the budget setting process for 2013/14.</p>	Deputy Director of Financial Management	<p>Update Aug 2015: No further update</p> <p>Update May 2015: It is intended to get budget holders to sign off on their budgets as part of the 2015-16 budget cycle.</p>	2015/16
1415	SDS07	Green	31/07/2015	September 2015 ARC	<p>Per capita budget for staff development</p> <p>At present professional services and faculties can allocate their own budgets to staff development activities.</p> <p>We recommend that the College considers moving towards a per capita budget for staff development activities to ensure an equitable split of activities for staff. These should be flexed locally where necessary by professional services and departments.</p>	<p>Accepted</p> <p>We will establish a per capita spend for central PS departments in the first instance and discuss with faculties whether this would be appropriate for their staff.</p>	Professor Joy Hinson, Director of CAPD	<p>Update July 2015: No progress. On reflection, this action needs to be revisited given the variation in roles and grades - a better model than per capita spend may be identified by the HoLPD.</p>	Proposed revised deadline: March 2016
1415	ROR06	Green	31/08/2015	September 2015 ARC	<p>Measures of overhead recovery</p> <p>Currently overhead recovery is reported in terms of overheads recovered (total award less directly incurred costs) as a percentage of direct staff costs. Although this provides a uniform measure on an aspect of overhead recovery it is not a true measure of the overheads recovered in relation to overheads consumed.</p> <p>We recommend that an additional measure of overhead recovery is introduced that is calculated as the overheads recovered as a % of the full economic cost of the overheads for a project. Overheads recovered would be calculated as award total less full economic cost of directly incurred and attributable costs. This is documented further in Appendix B.</p>	<p>Accepted</p> <p>Historically overheads were awarded as a percentage of direct staff involvement at a rate of 46%. This was seen as the accepted level of overheads for non-commercial studies which attracted overheads. Whilst the methodology of costing changed with the introduction of FEC this rate was still retained by the University as a target/acceptable to achieve for this type of research. All costings are presented in the FEC format but it is expected that for commercial studies we should achieve a minimum the full direct and indirect cost recovery ie 100% overhead.</p> <p>QMUL Financial Management team are currently involved in an exercise to agree the way we account and distribute the overhead element of research studies.</p>	Pardeep Dhooper, Head of Reporting and Financial Planning	<p>Update Aug 2015: Following the restructure of Financial Management this will be taken up by the new Finance Partner for Research Grants who is due to start in late October 2015</p>	April 2016
1415	VfM03	Green	01/09/2015	September 2015 ARC	<p>Faculty and Professional Services VfM reports</p> <p>During our review we noted that the VfM reporting process is performed centrally by the Finance and Procurement Teams. We also noted that the 2013-14 VfM Supersavers initiative, an initiative to encourage staff College-wide to share VfM achievements, was not successful at obtaining College-wide engagement with VfM.</p> <p>We recommend that the Professional Service division and each of the College's three Faculties develop a concise annual VfM report aligned with the VfM strategy. This could set out key measures used to assess economy, efficiency and effectiveness in the Faculty/Professional Service division, key achievements and areas for development, and any particular examples of initiatives or projects which have achieved or enhanced VfM. These documents can be used to feed into the College's VfM annual report and aid sharing of good practice.</p>	<p>Accepted</p> <p>Rather than creating separate reports from each Faculty we will include an update for each area within the next vfm report in September.</p>	Mike Shore-Nye - Chief Operating Officer	<p>Update August 2015: The Faculty/PS VfM reports will be included in the Annual VfM Report</p>	On-going

1415	VfM02	Green	01/09/2015	September 2015 ARC	<p>Development of the VfM report</p> <p>In line with other HE institutions, the College's VfM reports followed a traditional approach to VfM, assembling evidence of a variety of discrete areas such as the outcomes of benchmarking exercises in information services and procurement. We note that the College's 2013-14 VfM report has begun to move away from this traditional approach, incorporating achievements such as Performance Management and Outsourcing. However, there are a number of opportunities for development of the report in order to give the Audit and Risk Committee wider assurance as to the adequacy and effectiveness of arrangements for promoting VfM.</p> <p>We recommend that the annual VfM report is developed to include the following;</p> <ul style="list-style-type: none"> - A balance of information from professional services, academic and research activities with a focus also on students; - Quality measures such as National Student Survey (NSS) feedback, destination data and research outcomes to demonstrate effectiveness; - Areas for development and how the College will go about improving performance; - VfM activities that may not be measure financially, e.g., movement to single-source procurement; and; - Priorities for the following year including targets for key performance indicators (KPIs) aligned to the strategy. <p>We have set out further details on the ways in which the College's VfM report could be developed in Appendix C.</p>	<p>Accepted</p> <p>This is helpful guidance and we will reflect all of the suggested 'builds' in the next value for money report in September. The only area we won't address will be the final point about reporting on the strategic KPI of the QMUL strategy as this is addressed though another route by the Principle's office to Council.</p>	Mike Shore-Nye - Chief Operating Officer	<p>Update August 2015: The Annual Report will be provided at the next meeting of the Audit and Risk Committee</p>	November 2015
1415	SDS06	Green	01/09/2015	September 2015 ARC	<p>Provision of further education</p> <p>Some staff receive substantial funding for additional qualifications such as masters and bachelors degrees. There is no defined policy for when it is appropriate for professional services to provide funding for these qualifications. We recommend that the College develops a policy for provision of such qualifications which are funded wholly, or in part, by the College.</p>	<p>Accepted</p> <p>We are presently working on an overarching staff development policy which will include reference to these qualifications. We will consult depts. Across the university in the development of this policy. One option may be to allow staff to take degrees offered by QMUL but not other providers.</p>	Professor Joy Hinson, Director of CAPD	<p>Update July 2015: No progress. To be progressed by the HOLPD.</p>	Proposed revised deadline: June 2016
1415	VfM04	Green	31/06/2015	September 2015 ARC	<p>VfM Steering Group</p> <p>Terms of Reference from June 2013 were obtained for the VfM Steering Group. We noted that the Terms of Reference are very brief and do not include:</p> <ol style="list-style-type: none"> 1. Membership of the group; 2. Frequency of group meetings ; 3. Reporting mechanism for reporting to QMSE; 4. Frequency of Terms of Reference review; or 5. Responsibility to ensure Value for Money is being recognised in terms of economy, efficiency and effectiveness. <p>We also noted that the group had not met since December 2014 due to staff turnover in the group membership.</p> <p>We recommend that a review of the Terms of Reference be performed at the next group meeting. Along with updating the Terms of Reference for the above, the review should aim to align the responsibilities of the group with a College VfM Strategy. Consideration should be given to the new staff membership to ensure the group covers all areas of the College, including the Faculties and Professional Services. It would only need to be a task/finish group as once the new strategy was embedded, the group would no longer be needed.</p>	<p>Accepted</p> <p>A meeting was held in February including the new Director of HR and interim Director of Finance to re-launch the group. The next meeting will agree a revised set of terms of reference by June following a detailed review of this audit.</p>	Mike Shore-Nye - Chief Operating Officer	<p>Update August 2015: The next VfM Group will be held on the 9th September where Terms of Reference will be signed off and the new draft VfM Strategy discussed</p>	On-going
1415	CFS02	Green	Immediate	September 2015 ARC	<p>Payroll starters, leavers and amendments form completion</p> <p>Our review of payroll starters, leavers and amendments forms identified that:</p> <ul style="list-style-type: none"> - Three new starter form were not signed by payroll; and - Two leaver forms were not signed by either HR or Payroll. <p>Not fully completing payroll change forms increases the risk that incorrect or unauthorised changes are made to the payroll.</p> <p>We understand that the College is looking to implement a new system next year that will make the process entirely electronic and no longer require paper sign offs. Until the new system is implemented, staff processing new starter, leavers and change of details should be reminded that they should only approve the changes when forms have been properly completed. The College should also consider undertaking quality checks to review starter, leavers and amendments to ensure staff are only processing completed forms.</p>	<p>Accepted</p> <p>This should be eliminated once our new system providing workflows with electronic storage and view of documents is in place. However, in the meantime I have emailed all HR staff informing them of the need to either physically sign or electronically sign (depending upon the document and the way it is submitted to HR) going forward.</p>	Tony Pettit - Head of Payroll and Pensions	<p>August 2015 Update: With the introduction of Webview we will have an option to use a workflow system in relation to transactional processes. This system will allow work to flow electronically from Operations to Payroll without the need for paper appointment/leavers/change forms. We are yet to fully understand how this will work in practice and if it will work for all change types but we hope to eliminate all paper flow between the two teams. In terms of timescales, the project has started with the current aim for this to be completed in the current academic year. We will test whether it is possible to develop an electronic process using a workflow to replace the paper change form that is passed from HR to payroll now.</p>	December 2015

1415	ROR05	Green	01/08/2016	September 2016 ARC	<p>Charity research overhead rebate</p> <p>During our review we noted that when reviewing the recovery rates achieved on research projects funded by charities the College does not take into account the central government 22% rebate on overhead costs for conducting charity funded research. By not taking into account this additional contribution could make charity funded research look like it is achieving a lower recovery on overheads than it actually is. We recommend that when reviewing recovery rates in relation to charity funded research the 22% rebate from central government should be included to demonstrate the true financial position of the research.</p>	<p>Accepted</p> <p>There is no mechanism within the current costing tool to recognise the national charity support contribution to individual studies and therefore it does appear that these are under achieving in comparison to direct overhead bearing studies. We will request that finance shows the HEFCE Charity support fund income as a separate line in the Faculty and School accounts. Once the Research Grants Management System is implemented (July 2016) we ensure this information is captured and can be reported on.</p>	Gerry Collins, Contracts and Costing Manager and Manesh Patel, IT Management Accounts		
1415	ERP01	Amber	Implemented	September 2015 ARC	<p>Development and rollout roadmap</p> <p>Whilst the College has made good progress in the development of its core Incident Management Plan for responding to emergencies, the incoming Head of Security and Emergency Response should prepare a roadmap setting out target milestones for completion of key activities required for further refinement of the Plan and roll out across Schools and local sites. For example, this would include ensuring that all Schools and local sites have up to date and appropriate local Plans and trained personnel to respond to localised emergencies, in line with the College's requirements.</p> <p>Resources required to deliver the key activities in the roadmap should be identified and any gaps addressed through the additional resources where appropriate. Progress against this roadmap should be periodically reviewed by senior management such as QMSE to ensure an appropriate level of sponsorship drives timely implementation of the Plan.</p> <p>Once the foundations of the Plan have been established across all Schools and local sites, management should then introduce a periodic review process to ensure that the core Plan and local Plans are kept up to date in line with the current College requirements.</p>	<p>Accepted</p> <p>The overall lead for Emergency Planning and Business Continuity issues at QMUL lies with the Chief Operating Officer and is managed and set up as a response to the identified needs of the institution in the manner illustrated in the diagram below: Chief Operating Officer >> Assistant Director Estates & Facilities (Residential Services and Events) >> Head of Security & Emergency Planning >> Business Continuity Manager (to be appointed)</p> <p>In respect of Emergency Planning, it is the role of the Assistant Director Estates & Facilities (Residential Services and Events) to ensure the development, upkeep, communication and rollout of the QMUL Incident Management Plan (IMP).</p> <p>Having made the progress it has made in the development of a good quality core IMP there is now a need to follow this through with a full roll out across all sites and schools ensuring that local needs and plans are joined up with the core approach and Plan.</p> <p>On the 28th April 2015, a strategic level table top exercise and briefing session will be held involving all members of the QMSE in addition to key Professional Services Directors. This exercise will review and introduce the planned roll out of the IMP to Schools and Departments, a process that will involve the supported creation or refinement of local plans and the briefing of staff in a move to widen the participation and awareness of emergency planning arrangements throughout the institution.</p> <p>The appointment which is planned for a dedicated Business Continuity Manager (target 1 July 2015) will create the resource that is essential to energise and sustain the roll out process for the IMP. The extra capacity will ensure that it is possible every year to undertake briefings, training and reviews of the core and local plans at a level that is appropriate. All activity and reviews will be documented to evidence compliance with duty of care obligations.</p>	Mike Shore-Nye - Chief Operating Officer	Update August 2015: The Incident Management Plan is now in place and has been tested and all relevant staff have been briefed.	
1213	KIS03	Amber	Implemented	September 2015 ARC	<p>Information assurance framework</p> <p>The College does not have an information assurance framework in place that consolidates the risk mitigation measures into a central point and demonstrates the quality of your data. There is a risk that without such a framework that College staff will not be aware of their responsibilities to mitigate the risks that arise from managing sensitive data sets. It is recommended that the College introduces an information assurance framework that:</p> <ul style="list-style-type: none"> - Identifies risks to data quality; - Sets out the current assurances over the data; - Identifies the actions needed to improve data quality; and - Identifies the owner for the actions 	<p>Accepted</p> <p>The Records Information Compliance Manager will be the document holder for the new information assurance framework that will be based on the template provided by KPMG and information provided by the holders of the key data sets reported on by the College.</p>	Katherine Bevan - Assistant Academic Registrar (Academic Model, Programmes & Modules)	<p>Update May 2015: The KIS overview document should be completed by the end of this month, and a short paper outlining the sign-off process is being prepared for QMSE. The action point will be complete once QMSE sign off the overview document and the sign of process on the 2nd June.</p> <p>Update January 2015: The terms of reference and membership of the Student Administration Systems Steering Group have been expanded to include responsibility for the advancement of data quality standards, and the identification and management of key risks in relation to student data, and to co-ordinate with the work of the HESA Integration Group and the Information Governance Group. The KIS overview document is expected by the end of January 2015.</p> <p>Update May 2014: The only sensitive data is that of our competitors and HEFCE (now HESA) have mechanisms for ensuring that only certain individuals within institutions can access this information. We have systems for our own data quality in this context, and have already discussed how it would be difficult to have a single framework for all data sets used by QMUL.</p>	Completed

1314	Est131401	Amber	Implemented	September 2015 ARC	<p>Operational Plan</p> <p>Whilst an Estates Strategy is in place, it is rightly focussed on the high level direction of the College as opposed to specific targets on how those aims will be achieved. As a result there is currently a potential accountability gap.</p> <p>It is recommended that an Operational Plan is developed covering a shorter period than the Estates Strategy (e.g. 3-5 years). This would supplement the Estates Strategy and cover more specific and time bound targets for different sections of the Estates function, including:</p> <ul style="list-style-type: none"> - Business case preparation: The high-level appraisal criteria for all new capital projects. These will have been defined by the Project Board, noted by QMSE and authorised by the Council or one of its sub-committees. Appraisal criteria should include financial criteria (e.g. NPV and payback periods), affordability and non-financial criteria (e.g. sustainability standards or high level space standards). - Property delivery model: Criteria for when a lease should be considered as opposed to outright purchase. In particular, this could be a more appropriate strategy when significant expansion of a specific academic programme or research facility is planned but the demand has not yet been established. - Financial modelling: Guidance on when external advice will be sort to review the appropriateness of financial models used to support the case for significant capital projects. - Other: Any other targets of responsibilities for the Estates function or sub-functions of Estates as deemed appropriate by the College. 	<p>Accepted</p> <p>We will develop an Operational Plan for estates and facilities function. We will also review the current systems and processes and implement revised changes to ensure a robust process of business case development and preparation is implemented. This will involve consultation with the Chief Operating Officer, Director of Estates and Facilities and the Director of Finance.</p>	Stephen Wells, Director of Estates and Facilities	<p>Update July 2015: All areas resolved with the final objective of the EAF business plan, which is prepared in draft format indicating objectives for each areas of estates and facilities sections for the next three years and detailed objectives for next financial year clearly linked to team members personal objectives.</p>	Completed
1314	SS02	Amber	Implemented	September 2015 ARC	<p>Policies and procedures</p> <p>The College does not have a defined procedure in place to provide guidance on how surveys should be set up, the analysis of survey results and the development of action plans. The College is currently piloting a new internal survey of second year students focusing on the student experience and includes engagement and satisfaction questionnaires. The outputs from the pilot will be considered by the Task and Finish Group as part of a wider review of the approach to and use of surveys linked to the development of the College's new overall strategy.</p> <p>Recognising these developments and the potential changes in approach to surveys in the future we recommend that the College develops formal procedures for; setting up of surveys, response to the results, and delivery of a co-ordinated action plan based on the outputs. This would be supported by clarification of the roles and responsibilities for each of the Committees involved in the survey process. See Appendix D also.</p>	<p>Accepted</p> <p>The Student Surveys Task and Finish Group will commence work on developing a Surveys Policy and operational process for the management of surveys in the autumn term of 2014/15. The group will be looking at the principles and processes for running surveys, as well as the process for responding to and acting on student feedback and reporting on results, responses and actions. This will include reviewing the reporting of surveys results via committees and the dissemination of information to students. A draft of the policy will be submitted to the December 2014 meeting of Senate, with finalisation of the policy by the March 2015 meeting.</p> <p>External survey results are currently part of the evidence base that Schools/Institutes draw on in their Annual Programme Review and Planning and Accountability Rounds. It is apparent that the external survey results are too broad brush to allow the development and monitoring of suitable interventions and so the College has a systematic approach to surveying students at module level across all years of their programmes.</p>	Susan Dilly (with actions overseen and monitored by Student Surveys Task and Finish Group)	<p>Update August 2015: The Student Survey Policy, along with additional guidance documents and a surveys calendar, was approved at the June meeting of Senate and will be available to staff on Connect before the end of August 2015.</p> <p>A report that draws together results of core College surveys (NSS, QMSS, PTES and PRES) will be made available every December and submitted to Council at the February meeting annually.</p> <p>The Surveys Coordinator will work with Staff-Student Liaison Committees and Student Support Officer meetings to ensure survey results and responses to/actions arising from those results are discussed and highlighted.</p>	Completed
1314	SH03	Green	Implemented	June 2014 ARC	<p>Refuse and recycling</p> <p>During our review we noted a number of issues with the provision of refuse collection and recycling. During our site visits to halls we noted that there were no signs in three of the four advising students of the rubbish collection times. Per element 4.3 of the Code arrangement for the collection of waste should be displayed in communal areas. We also noted that the provision of recycling in halls is limited and there are no signs in kitchens on how recycling can be carried out.</p> <p>We recommend that signs advising students of refuse collection arrangement are put up in all kitchens. We also recommend that the provision of recycling is reviewed and that where possible recycling is made available in halls and is communicated to students appropriately.</p>	<p>Accepted</p> <p>Residential Services and Support (RSS) are reviewing recycling initiatives in halls with the aim of increasing the amount of waste recycled. Consideration is being given to put a green recycling bin into each flat kitchen (375) and providing information to residents about how to/ the importance of recycling. RSS will be trained in "The importance of recycling" and will work with Halls Reps to actively encourage residents to recycle.</p> <p>RSS introduced the Reuse/Rehome Campaign in June 2013 and promoted this throughout halls. RSS worked with CRISP, an organisation working nationally with HEIs with the aim of recycling items students may otherwise leave behind for landfill- a full report on the scheme is available on request.</p> <p>Following the success of the Reuse/Rehome Campaign in June 2013 RSS are currently formulating an action plan to introduce the campaign in December (Associate exchange approx. 200 students) and in September (PG Move out).</p> <p>Due to the timing of the audit, not all areas were completely ready for the arrival of the student. Within each kitchen we now have the student switch off campaign posters alongside the Tower Hamlets items that can be recycled poster, which was delivered late this year. All housekeeping assistants advise students of the waste removal procedure but at present and until the university waste task group have completed their site project and implemented changes that have been suggested, we will not be stating a time for rubbish collection as this could vary each day.</p>	Suzanne Cantelo – (Residential Support) and Joanne Bell – (Housekeeping) –	<p>Update July 2015: Waste Manager was appointed in Q3 2015. Since then, a waste management policy has been developed and approved. Waste strategy and waste management plan well advanced. Campus-wide waste audits have been carried out and a project is underway to install a new waste compound at Mile End.</p> <p>New waste bins and recycling bins have been sourced this year through the FM/Sustainability budget and these will go into ALL kitchens for September 2015 (355 kitchens/flats across the 3 sites plus 19 Academic flats = 374). An installation plan is being implemented together with a student communication plan to communicate the messages to residents. The plan will include checks /rewards to best performing flats and buildings throughout the year and Green Reps in all halls to promote the cause and encourage friendly competition.</p> <p>Residential Support will also promote this with the SU via the VP Welfare, who we meet with monthly and the team of Halls Reps who are selected by the SU from residents.</p>	Completed

1314	ITNetSec05	Green	Implemented	June 2014 ARC	<p>Synchronisation of firewall rules</p> <p>The College's new firewall design consists of two pairs of Cisco firewalls located at two separate data centres. Firewall rule sets are currently automatically synchronised between the two local firewalls only and manual synchronisation has to be undertaken across the physical sites.</p> <p>The College has recognised and identified that Cisco currently do not offer the capability for automatic synchronisation between the two physical centres with the version of firmware currently installed on the firewalls. The potential risks of rule de-synchronisation have been mitigated by implementing manual synchronisation procedures. As this is a temporary measure, the College is currently investigating upgrades to a later version of Cisco firmware that supports automatic rule synchronisation.</p> <p>We recommend that management:</p> <ul style="list-style-type: none"> - introduce a formal documented process for manual rule synchronisation (such as sign off on successful completion); and - ensure that the plan to upgrade the firewalls to the latest firmware (supporting automatic synchronisation) is completed. 	<p>Accepted</p> <p>QMUL is in the process of implementing this functionality and will complete in Q1.</p> <p>QMUL is also currently evaluating 'Cisco Security Manager' tool as a centralised tool for firewall management. Features of this application include the ability to define rules and objects centrally to ensure consistency of rules and objects across multiple firewalls.</p> <p>The provision of a centralised managed platform should remove the need for object and rules to be manually synchronised between the two data centres.</p>	<p>Mike Wearden - Network Design and Delivery Manager</p>	<p>Update July 2015: This process is documented and is followed by the network team</p> <p>Update May 2014: Networks have an undocumented manual process for firewall synchronisation. Not yet implemented. Process will be documented in May There are no plans to automate this at this time</p>	Completed
1314	ITNetSec06	Green	Implemented	June 2014 ARC	<p>Ensure completion of baseline security documentation for each of the trust zones</p> <p>Baseline security documentation is not currently in place for each type of device and each zone implemented in the new core network. This is due to zone creation and deployment being a work in progress. While high-level documentation exists, listing the type of interactions allowed and traffic flows between zones, this has not in every case been translated into a lower-level baseline document.</p> <p>A baseline policy ensures that a default set of rules is in place for each deployed zone, which addresses an accepted level of risk and reduces the likelihood of ad-hoc configuration of the network and the firewalls.</p> <p>We recommend that the College continues to develop baseline configurations for zones as and when they are implemented as part of the wider core network and ensures that once all planned zones are completed, baseline security documentation is in place.</p>	<p>Accepted</p> <p>Weekly process to review approved DTL Network specification document with an objective of:</p> <ol style="list-style-type: none"> reviewing and approving any changes required post DTL approval producing a set of Network Standards describing allowed network flow providing a baseline of network configuration and network traffic flows that is allowed or denied between each security zones. 	<p>Ian Douglas – Head of IT Security</p>	<p>Update July 2015: This document is complete and is maintained as new Security Domains are commissioned.</p> <p>Update May 2014: Currently on track and being produced in conjunction with Networks. Will be completed by May.</p>	Completed
1415	RM02	Green	Implemented	September 2015 ARC	<p>Refining structure of column 'Further actions and notes'</p> <p>The column 'Further actions and notes' was merged from two separate columns when the format of the strategic risk register was revised. The column now includes various details and without substantial knowledge of the register and on-going actions readers of the strategic risk register could be unable to understand the content.</p> <p>We recommend that the College groups relevant items together and introduces a limited number of headings. Then the College should focus on clarifying whether actions are on-going or complete in order to show the College's progress on risk mitigation. Additionally, locating notes under a separate heading contained within this column would allow readers to understand whether items included are actions the College is taking or merely clarifying in nature.</p>	<p>Accepted</p> <p>The content of the 'Further actions and notes' column will be separated into two sections distinguishing actions and notes. This will remain as one column on the strategic risk register.</p> <p>We will ensure that each action point clarifies whether the action is on-going, completed, or in progress.</p>	<p>Monique Arthur - Senior Planning Officer</p>	<p>Update July 2015: The content of the 'further actions and notes' column has been separated into two sections to distinguish between actions and notes. It remains as one column in the strategic risk register.</p> <p>Each action point now clarifies whether the action is on-going, in progress or completed.</p>	Completed
1415	RM03	Green	Implemented	September 2015 ARC	<p>Update of risk management policy</p> <p>The current risk management policy was last updated in 2012, before the changes to the strategic risk register were made. The policy should be updated to reflect the current position of risk management processes at the College, including roles and responsibilities and the reporting schedule.</p> <p>Additionally, the policy should clarify whether the Council will review the strategic risk register on an annual basis or whether the A&RC updates will be the only communication on risk the Council will receive.</p>	<p>Accepted</p> <p>The risk management policy will be updated and presented to the SRMG meeting in April. The policy will clarify the terms for Council's review.</p> <p>The review of the policy will be built into the annual SRMG meeting cycle.</p>	<p>Monique Arthur - Senior Planning Officer</p>	<p>Update July 2015: The risk management policy has been updated and now clarifies the terms for Council review. The updated policy was presented to SRMG in April. Following some revisions, the policy was viewed by QMSE and sent to ARC for approval. The policy was approved by ARC in June.</p>	Completed
1415	RM01	Green	Implemented	September 2015 ARC	<p>Clarifying links between columns on strategic risk register</p> <p>Of the 15 strategic risks included on the strategic risk register, four risks (risks 5, 13, 14 and 15) did not have the links to strategic aims explicitly stated and the column was not completed. Additionally, it is not easily traceable which risk owner is responsible for which part of the risk.</p> <p>We recommend that the links to strategic aims are updated and the Strategic Planning Office keeps a detailing which controls are assigned to which risk owner. It is advisable that this document should also include a clear link between controls and action.</p>	<p>Accepted</p> <p>The missing links to the strategic aims was an oversight rather than a deliberate exclusion. We have now rectified this in the latest version of the strategic risk register.</p> <p>A list of controls with responsible owners will be drawn up and will incorporate the links between the controls and actions.</p>	<p>Monique Arthur - Senior Planning Officer</p>	<p>Update July 2015: The missing links to the strategic aims have been rectified in the latest version of the strategic risk register.</p> <p>An additional spreadsheet has been created linking risk owners to controls and further actions. This document will be maintained in the background outside the quarterly SRMG meetings.</p>	Completed
1415	CFS03	Green	Implemented	September 2015 ARC	<p>New supplier forms</p> <p>Our testing of the new supplier process has identified one out of 25 cases where the required new supplier form was not approved by procurement before processing. Failure to undertake appropriate checks in relation to new suppliers could expose the College to the risk of fraud.</p> <p>Staff uploading new supplier details onto the ledger should be reminded of the College guidance on new supplier process. They should only be updating the ledger when they have a form that is signed off by procurement.</p>	<p>Accepted</p> <p>Staff will be reminded to ensure all new trade suppliers are approved by Procurement.</p>	<p>Janice Trounson - Deputy Director, Financial Controls</p>	<p>Update July 2015: This was communicated immediately</p>	Completed

1314	SS05	Green	Implemented	September 2015 ARC	<p>Consolidation of results of surveys and sharing good practice</p> <p>There are different teams and methods used for the analysis of the results of different surveys. Notably, the ISB results are analysed by the Media and Communications team, while the results of the National Student Survey, Postgraduate Taught Experience Survey and Postgraduate Research Experience Survey are analysed by the Strategic Planning team and the results of course/module feedback are analysed by the Academic Registry and Council Secretariat team. There are individual reports on the results of each survey provided to QMSE.</p> <p>We recommend that a delegated individual is given responsibility for creating an annual summary of the key issues and areas of good practice arising as a result of all main surveys. This will enable clearer efficient oversight of student feedback by the QMSE. It will also increase the efficiency of high level action plan development at school level and sharing of best practice, as it will reduce the risk of duplication of discussion of recurrent issues and facilitates a clear College wide action plan.</p>	<p>Accepted</p> <p>In the recent PAR, the case to appoint an administrator to coordinate the running of surveys was supported. This individual would take responsibility for developing headline reports on student surveys, ensuring that there is a coordinated approach to the delivery of surveys, follow-up on issues raised and supporting the sharing of good practice (already achieved through the Deans advisory groups). As with the other recommendations, work will begin in earnest in September 2014, with a clear policy and administrative framework developed through the year.</p>	<p>Susan Dilly VP Teaching and Learning</p> <p>Actions overseen and monitored by Student Surveys Task and Finish Group. Surveys administrator will support the coordination of good practice.</p>	<p>Update August 2015: The Student Survey Policy was approved at Senate in June 2015, alongside supporting documents sharing good practice in areas including promotions and data protection. An annual summary report of core surveys (drawing on NSS, PTES, PRES and QMSS) will be available in December 2015.</p> <p>Update May 2015: Good progress and on track. As indicated above, a Student Surveys Coordinator has been appointed and begun work to develop a more coordinated delivery of surveys and use of results. As indicated above (SS02), the report to the June meeting of Senate will report on results from NSS and QMSS (see SS02). A further overview report (drawing on NSS, PTES, PRES and QMSS) will be available in time for the next survey round and planning cycle.</p> <p>The Surveys Coordinator has also been working with Marketing and Communications and student survey contacts in the schools to share good practice on survey promotion (NB response rates are up for external surveys this year).</p>	Completed
1415	UUK01	Green	Implemented	September 2015 ARC	<p>Compliance of revised staff training</p> <p>We noted that as part of the planned review of staff training, both materials and schedules are being reviewed in order to revise, update and rebrand the training 'suite' as a whole. It is important that the training remains Code-compliant.</p> <p>We recommend that the College ensures the new training is cross-referenced to the Code requirements where applicable to make sure all necessary areas of the Code are covered.</p>	<p>Queen Mary Professional Services (of which Estates and Facilities are part) were assessed by an Investors in People specialist this summer. The assessment report was dated 14 August 2014 (see attached). References to Learning and Development and Induction are referred to on pages 5&6 of the report. Themes relating to L&D, Competencies and Capabilities and Induction are considered on pages 13, 15 & 22 of the report respectively. Therefore in these 3 areas Estates and Facilities will look to incorporate specific knowledge/training in the Code to be disseminated to all relevant staff. These can be included into Operational Plans and linked to staff objectives. A powerpoint presentation on the Student Accommodation Code has already been distributed to managers to inform their teams (see attached) as a basic overview of the Code. Generic Induction materials for Estates and Facilities will be modified to include training/understanding of the Code.</p>	<p>Barbara Ashcroft, Housing Services Manager –13 September 2015 (to achieve Bronze IIP status).</p>	<p>Update July 2015: Professional Services (of which EAF is the largest part) now meets the Investors in People (IIP) Standard. IIP follows a rigorous accreditation process for testing how well our PS departments are engaging, developing and supporting staff. The reassessment of PS took place at the end of June when members of PS staff were selected by the external assessor to participate in confidential interviews in relation to the IIP Standard. The assessor noted positive improvement in PS since our last assessment a year ago.</p> <p>As part of the Culture Change group for within E&F, as part of the ongoing development of staff, the Induction process for all E&F staff is under review. Materials are currently being produced, which will be used in future E&F staff inductions. The Accommodation Code powerpoint has been sent to Business Management with notification that this must be included in the Induction for all E&F staff who have any role that would have an impact or responsibility for the residential housing stock (e.g. residential services and support, cleaning, maintenance, sustainability, waste management, projects etc.).</p>	
1415	SDS04	Green	Implemented	September 2015 ARC	<p>Regularity of feedback on courses offered</p> <p>In order to ensure the courses continue to meet the needs of academic departments and professional services a formalised feedback mechanism needs to be developed.</p> <p>We recommend that for each of the courses and activities offered, a survey is developed to collect feedback from participants. This will ensure that the courses meet the needs of the staff and any areas for improvement can be built into future courses.</p>	<p>Accepted</p> <p>CAPD already collects feedback from participants in the majority of its activities but will extend this to ensure that every activity is appropriately evaluated.</p> <p>We are currently developing an evaluation policy for each area of our activity to measure both immediate participant satisfaction and also impact on the individual/their department and the organisation.</p>	<p>Professor Joy Hinson, Director of CAPD</p>	<p>Update July 2015: Complete</p>	Complete